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352880

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Robert Clyde King

5. DATE OF BIRTH (Month, day, year) June 15, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joshua D. King

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Winchester, Kentucky
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie L. Gumm

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Richmond, Kentucky
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mattie L. King (First name) (Last name), who is related to this child as mother (Mother, etc.)

Original record filed in Canyon County, Idaho Page 40 No. 879. 1909.

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature J. W. Gore M.D. M.D. (D.O., Midwife, etc.)
and address ..... Date .....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

NOV 5 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

585-209 001-212

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352888
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 27th and Idaho Streets
(d) Name of ~~Hospital~~ or ~~Maternity Home~~: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 27th and Idaho Street
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mabel Georgia Nye

5. Date of Birth of Child (Month, day, year) December 9, 1909

6. Sex Female **7.** Twin or Triplet 6 If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9mos. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lewis William Nye
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Shenandoah (City or town) (Page County) (State or foreign country) Iowa
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Olive Sake
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Phillips County, (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 ~~(b) Born alive and now living~~ 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 10:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Effie (First name) Olive (Last name) Nye, who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 60 years of age, that I have known this person for 32 years, ~~and that~~ Mrs. Ward & Cora West (First name) (Last name), ~~who attended this birth~~ are now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Olive Nye Signature

Boise Ida P. O. Address

Subscribed and sworn to before me this 30th day of July 1942

(SEAL)

Notary Public, residing at Boise Idaho Com. Expires 3-10-46

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1962
OCT 24 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-213-009-758

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352890
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery: IN THIS county 2 1/2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Bonner Co. Idaho

4. FULL NAME OF CHILD Marguerite Amelia Anderson
5. Date of Birth of Child (Month, day, year) June 13-1909
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oscar Arthur Anderson
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Racine, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation accountant
15. Industry or Business Public

MOTHER OF CHILD

16. FULL MAIDEN NAME Amelia Gehler
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Canton, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife (now [illegible])
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature Malcolm McKinnon M.D. Midwife Address Sandpoint Idaho Date deceased

State of Washington
County of Clallam } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 5[illegible] years of age, that I have known this person for from birth years, and that Malcolm McKinnon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oscar Arthur Anderson Signature
Port Angeles, Wash. P. O. Address

Subscribed and sworn to before this 7th day of July 1942
(SEAL) William Phillips U.S. Commissioner Notary Public, residing at Port Angeles, Wa.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by Mary F. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352897
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Van Wick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Van Wick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Van Wick, Ida.

4. FULL NAME OF CHILD Ellis Weldon Garber

5. Date of Birth of Child (Month, day, year) April 28, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Weldon Garber
11. Color or Race white
12. Age at time of THIS birth 49 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Luella Ott
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Lebanon, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Caroline Mathews (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Luella Garber — Signature
Caldwell, Idaho — P. O. Address

Subscribed and sworn to before me this 29th day of July, 1942

(SEAL) Clara Gross — Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by Mark H. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352908
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Culdesac
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Culdesac
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clara Lucile Alfrey

5. Date of Birth of Child (Month, day, year) Feb. 10th 1909

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy nine 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Oden Alfrey
11. Color or Race White 12. Age at time of THIS birth yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer (dead)
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Myrtle Hill
17. Color or Race White 18. Age at time of THIS birth yrs.
19. Birthplace Junction City Ore. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nezperce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that Dr not recall (First name) Mac Murdo (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herman X Anna Myrtle Halliday Signature

Lapwai Idaho P. O. Address

Subscribed and sworn to before me this 24 day of July, 19 42

(SEAL) O. A. Ring Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by Mark F. Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352940
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Copeland
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Copeland Idaho
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Sirena Ellen Bradley
5. Date of Birth of Child (Month, day, year) Apr, 6, 1909
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Orin Bradley,
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace State of Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Woodsman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sirena Parker
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace State of Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for ~~32~~ 33 years, and that Mrs C. M. Parker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sirena Bradley. Signature

Bonners Ferry, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of July, 1942

(SEAL) [signature] Probate Judge ~~Notary Public~~, residing at Bonners Ferry Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of the Census

AUG 3 - 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352973
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. 1st + 13 ave S.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa Ida

4. **FULL NAME OF CHILD** Harry Eldon Cornilles

5. Date of Birth of Child (Month, day, year) 6/29/09

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Cornilles
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Penn. (City or town) (State or foreign country)
14. Exact Occupation Section Foreman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evalyn Mabel McLaughlin
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Peoria (City or town) Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argoryle
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Evalyn (First name) Cornilles (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J H Murray M.D. Midwife Address Nampa Ida Date Aug 3-1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 100, 1907 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 - 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-165001-669 353006

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353006
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida.

4. FULL NAME OF CHILD Eldon George Hofhine

5. Date of Birth of Child (Month, day, year) Sept. 5, 1909

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Evan Hofhine
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Chesterfield (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl May Worden
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Soldier, (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 33 years, and that Dr. (First name) Dutton (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zada B. Russell ✓ Signature
Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of August, 1942
(SEAL) Marion E. Orr Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by Mary F. Eldon, Registrar.

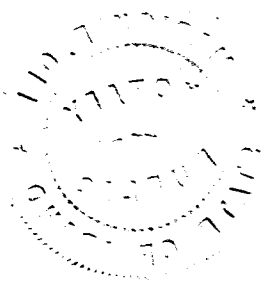
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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353030 353030

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. Shoshone St.So.
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Kimberly
   (d) Street Address or R.F.D. No. unknown
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Alvin Howard Hall

5. Date of Birth of Child (Month, day, year) Sept. 3, 1909

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd xx

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William C. Hall
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Knoxville (City or town) Tennessee (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Retail general merchandise

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Whitworth Hall
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Kay County Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5 A.M. on the date and at the place stated above, and that personal particulars were furnished by Nellie (First name) Hall (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Murtaugh Idaho Date 7/25/42

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 39 years, and that John R. (First name) Morgan (Last name), who attended this birth deceased (Is now deceased) or (~~Cannot be located~~). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Victoria Hall R.N. Signature

Murtaugh, Idaho P. O. Address

Subscribed and sworn to before me this 11 day of Aug, 1942

(SEAL) [illegible] Notary Public, residing at Murtaugh Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 15 1942 by Mavis Felger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-106025 815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353077
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. Rural Route
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. Rural Route
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Idaho

4. FULL NAME OF CHILD Charles Freeman Stewart

5. Date of Birth of Child (Month, day, year) July 6, 1909

6. Sex M

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oliver Bert Stewart
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Ottumwa, Wapplo County, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Goodwin Hanna
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Garden Plain, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 33 years, and that Dr. G. S. Stockton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[signature] Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of July, 1942

(SEAL) [signature] Notary Public, residing at Grangeville Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353078
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 2 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ora Skinner

5. Date of Birth of Child (Month, day, year) Sept. 17, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Brigham Skinner
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Paris Idaho (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith Shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Horsley
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Soda Springs Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Alice Horsley (First name) Skinner (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ellis Kackley M.D. Midwife Address Soda Springs, Idaho Date 8-1-42, 6 A.M.

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated.)

Received for filing on AUG 3 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353102
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Buhl Ida.

4. FULL NAME OF CHILD Frances Almira Grow

5. Date of Birth of Child (Month, day, year) Aug. 17, 1909

6. Sex Fem.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James L. Grow
11. Color or Race W
12. Age at time of THIS birth 29 yrs.
13. Birthplace New York (City or town) (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business Lumber Yard

MOTHER OF CHILD

16. FULL MAIDEN NAME Millie Dunken
17. Color or Race W
18. Age at time of THIS birth 33 yrs.
19. Birthplace Wis. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11 A M. on the date and at the place stated above, and that personal particulars were furnished by Millie Grow (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. N. Merkley M.D. ~~Midwife~~ Address Twin Falls Date July 27 194?

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 29 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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353144

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 3rd Avenue
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 3rd Avenue
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD WILLIAM EARL CRUM

5. Date of Birth of Child (Month, day, year) Jan. 18, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME WILLIAM FLEMING CRUM
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Morningside, Scotland (City or town) (State or foreign country)
14. Exact Occupation Railroad Fireman
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME NORA FRANCES ROHDE
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that Dr. Castle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thora Lane Signature
6143 Eleanor Street, Los Angeles, Calif. Address

Subscribed and sworn to before me this 15 day of July, 19 42

(SEAL) Sylvia R. Bullock Notary Public, residing at Los Angeles.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Sylvia R. Bullock
My Commission Expires March 20, 1943

Received for filing on AUG 3 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

717-129 019851

353184

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Clayton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Clayton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Clayton Ida.

4. FULL NAME OF CHILD William Robert Papworth

5. Date of Birth of Child (Month, day, year) 10/29/09

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Ellis Papworth
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Daisy Heartt
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Cairo, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution

23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Daisy (First name) Papworth (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Custer } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 Yrs. 9 Mo. 3 days years, and that Mrs. Ed Fitzjerald, at present Mrs. Joe Pedrini (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy Heartt Papworth Signature

Challis Idaho P. O. Address

Subscribed and sworn to before me this 1st day of August, 1942

(SEAL)

John Boyd Custer Co. Notary Public, residing at Challis Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) By Frank Bennett Dep.

Received for filing on AUG 4 1942 by ..., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1969

AUG 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

546 103 035-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353207

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: William John Edwards			2. Date of Birth (month) (day) (year): October 3, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Louis Francis Edwards			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Jessie Ethel Knapp			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: William J. Edwards	11. Present Address: Portland 4716 S.E. 34th Ave.
NOTARY (Seal)	Subscribed and sworn to before me on: 10/22 1974		12. Signature of Notary: [illegible]	13. Notary Commission expires: 7-11 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of County Register of Births (Baby Boy)	By whom issued and signed: Nez Perce County, Idaho, Bk #1 Pg.11, Karen Roll, Deputy	Date Issued: Aug.13,1974	Date Orig. Entry: ---
	Date of Birth: Oct.3,1909 / Birth Place: Lewiston, Idaho	Full Name of Mother: Jessie (Knapp) Edwards	Name of Father: L. F. Edwards	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record Bureau of the Census	By whom issued and signed: U.S. Department of Commerce (Nez Perce County, Idaho)	Date Issued: Oct.18,1974	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 6 mos. / Birth Place: Idaho	Full Name of Mother: Jessie E. Edwards	Name of Father: Louis F. Edwards	
SUPPORTING RECORD 3.	Type of Document: certified copy of census report for school	By whom issued and signed: Ind. School Dist.#1, Nez Perce County Recorder's Office, ID	Date Issued: ---	Date Orig. Entry: Sept.5,1922
	Date of Birth: Age: 12 yr. / Birth Place: ---	Full Name of Mother: ---	Name of Father: L. F. Edwards	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: NOV 14 1974

FORM BH 56067 NO CHARGE/EXCHANGE

9-16-74 gml

35320

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Lewiston
(c) Street Address or R.F.D. No. Cor. 7th & Lincoln St
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Ida
(c) City Lewiston
(d) Street Address or R.F.D. No. Cor. 7th & Lincoln St
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston Ida

4. FULL NAME OF CHILD William John Edwards

5. Date of Birth of Child (Month, day, year) Oct. 3, 1910

6. Sex boy **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Louis Francis Edwards

11. Color or Race white **12.** Age at time of THIS birth ____ yrs.

13. Birthplace Lewiston Ida (City or town) (State or foreign country)

14. Exact Occupation musician

15. Industry or Business barber.

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Ethel Knapp

17. Color or Race white **18.** Age at time of THIS birth 26 yrs.

19. Birthplace Garden Grove Iowa (City or town) (State or foreign country)

20. Exact Occupation at home.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. ~~Number of children~~ of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature Grace Knapp Campbell M.D. Midwife Address 1702 - G. St. Date Oct. 3 1910.

State of ____ } SS.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mark E. Butler, Registrar.

AUG 7 1942

AUG 16 1973

NOV 15 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-115014293

353233

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at her home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home — Days
   In THIS county X years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   X (d) Street Address or R.F.D. No. X
   X (e) How long has **MOTHER** lived in Idaho? yrs.
   (f) Mother's mailing address (For registration notice):
   ✓ Nampa Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Nampa Idaho

X 4. **FULL NAME OF CHILD** Charles Lillard Graybill

5. **DATE OF BIRTH** (Month, day, year) March 15 1909

6. Sex Male

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Graybill

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Troutville Virginia
(City or Town) (State or foreign country)

14. Exact Occupation Hardware Merchant

15. Industry Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kittie Lillard

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

X 19. Birthplace Golden Colorado
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol. of Nit.

X 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by Kittie (First name) Graybill (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) AUG 5 1942 (Date received) (b) Mabel Heiden (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

25. Attendant's OWN signature J H Murray M.D. (D.O., Midwife, etc.)
and address Nampa Ida Date Aug 1-1942

SEP 2 3 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

851-12025 296

353234

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Fenn
(c) Street Address or R.F.D. No. RT 1 - Box 48
(d) Name of Hospital or Maternity Home: Born AT Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Fenn
(d) Street Address or R.F.D. No. RT-1 Box 48
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Fenn, Idaho

4. FULL NAME OF CHILD Frank Heartburg Jr.

5. Date of Birth of Child (Month, day, year) Sept. 13, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mos **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Frank S. Heartburg Sr.
11. Color or Race White **12.** Age at time of THIS birth 54 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Johanna E Broman
17. Color or Race White **18.** Age at time of THIS birth 43 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by Frank Heartburg (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature J. D. Shumack M.D. ~~Midwife~~ Address Grangeville Idaho Date 7-31-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1942 by Mark Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for ~~the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

119-122 038-622

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **353235**
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Payette (b) City Payette
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette
   (c) City Payette
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette Ida

4. **FULL NAME OF CHILD** William Alton Jarrard

5. Date of Birth of Child (Month, day, year) 12/22/1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Paton Jarrard
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Summerville (City or town) Mo (State or foreign country)
14. Exact Occupation Common labor
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Osburne
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that O.H. Avery (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x William P. Jarrard Signature

Cottage Grove Oregon P. O. Address

Subscribed and sworn to before me this 1st day of August, 19 42

(SEAL) Chas. F. Hall Notary Public, residing at Cottage Grove Or

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com expires 7/17/46

Received for filing on AUG 6 1942 by Mabel H. Euler, Registrar.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth~~ which has occurred subsequent to such date, such report may be received and filed by ~~the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

546-22 5035 553

353242

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Vollmer Now Craigmont
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none at home
(e) Mother's stay BEFORE delivery: IN THIS county 42 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Vollmer - Now Craigmont
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 38 years
3. RESIDENCE OF FATHER (city, state) deceased

4. FULL NAME OF CHILD Virginia Nelson Edwards

5. Date of Birth of Child (Month, day, year) July 25 1909

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mo. **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Franklin Edwards
11. Color or Race White **12.** Age at time of THIS birth 53 yrs.
13. Birthplace ? (City or town) Wisconsin (State or foreign country)
14. Exact Occupation
15. Industry or Business owned store in Craigmont

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Virginia Nelson
17. Color or Race White **18.** Age at time of THIS birth 42 yrs.
19. Birthplace East (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 9 M. on the date and at the place stated above, and that personal particulars were furnished by Bernice Ryalls (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 33 years, and that Mrs. Burke (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Bernice Ryalls Signature
1347 Mt. Vernon Drive, San Mateo, Cal. Address

Subscribed and sworn to before me this 26 day of June, 1942.

(SEAL) W. E. Miller Notary Public, residing at Alhambra Calif

My Commission Expires May 15, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

286-206-028-145

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353281
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENAI (b) City Coeur d alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 8 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City Coeur d Alene
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d alene Ida

4. FULL NAME OF CHILD ESTHER SHOCKLEY

5. Date of Birth of Child (Month, day, year) OCT 6-1909

6. Sex FEMALE **7.** Twin or Triplet NO If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME WILL SHOCKLEY
11. Color or Race WHITE **12.** Age at time of THIS birth 37 yrs.
13. Birthplace WICKLIFF (City or town) KY (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business 4

MOTHER OF CHILD

16. FULL MAIDEN NAME NINA ADEY
17. Color or Race WHITE **18.** Age at time of THIS birth 17 yrs.
19. Birthplace PRESCOTT (City or town) MO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business 4

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of IDAHO } ss.
County of KOOTENAI }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 32 years, and that LYDIA E SHOCKLEY (First name) (Last name) who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nina Adey Shockley Signature
Coeur d Alene Ida P. O. Address

Subscribed and sworn to before me this 3 day of August, 1942

(SEAL) ..... Notary Public, residing at Coeur d Alene Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-202025-699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353291
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. in City North St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. 517 W. North St.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Eva Pearl Willey

5. Date of Birth of Child (Month, day, year) Nov. 2-1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy Normal **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George David Willey
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Guthrie County, Iowa. (City or town) (State or foreign country)
14. Exact Occupation Clerk in Grocery Department
15. Industry or Business Department store

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Bertha Wright
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Quitman, County, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Doctor G. S. Stockton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Bertha Willey Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of August, 19 42

(SEAL) Wilbur Campbell Notary Public, residing at Grangeville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1942 by Mabel Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 11 1975

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

958-283037691

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353292
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oywhee (b) City None
(c) Street Address or R.F.D. No. Three Creek
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 0 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City None
(d) Street Address or R.F.D. No. Three Creek
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Irene Edna Reynolds

5. Date of Birth of Child (Month, day, year) May 3rd 1909

6. Sex Female

7. Twin ~~or Triplet~~ If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lloyd William Reynolds
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Greenup County Kentucky (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Maud Frakes
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Cherokee County Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) ~~Born alive and~~ now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that Jane Estes (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie Maud Reynolds Signature
129 South Fremont Alhambra California P. O. Address

Subscribed and sworn to before me this 7th day of July, 1942

(SEAL) ..... Notary Public, residing at San Bernardino

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 6 1942 by Mabel Felder, Registrar.

AUG 5 1969

AUG 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353296
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Lava Hot Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lava Hot Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Lava Hot Springs Idaho

4. FULL NAME OF CHILD William Kidd

5. Date of Birth of Child (Month, day, year) Oct 5 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Livingston Kidd
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Kirkcaldy (City or town) Scotland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlotte Ella Baker
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Central (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes. Argyrol.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at Afternoon M. on the date and at the place stated above, and that personal particulars were furnished by Charlotte Ella Kidd (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Amy L. Toone M.D. Midwife Address Lava Hot Springs Date July 31. 1942

State of ..... }ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Sugar City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Their own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 yrs years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Sugar City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Sugar C. Ida

4. FULL NAME OF CHILD Mona Grace McQuiston

5. Date of Birth of Child (Month, day, year) MARCH 22, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Leroy McQuiston

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Colfax (City or town) Iowa (State or foreign country)

14. Exact Occupation Salesman in Sugar Mill

15. Industry or Business Sugar Refining

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria de Jesus McQuiston

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Salem (City or town) Mexico (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 33 years, and that (First name) Madaline (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Veneres Eva Kring (McQuiston) Signature
1620 Tyson St. Lewiston P. O. Address

Subscribed and sworn to before me this 25 day of May, 1942.

(SEAL) Frank E. Kerr Notary Public, residing at Des Moines Iowa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 7 1942 by Mabel Wheeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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115-229007955

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353336
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue, Idaho

4. FULL NAME OF CHILD Marjorie Jones

5. Date of Birth of Child (Month, day, year) Nov. 29, 1907

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Ambrose Jones
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Williamsburg (City or town) Iowa (State or foreign country)
14. Exact Occupation pharmacist
15. Industry or Business Drug Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edythe Mae Reel
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Sidney (City or town) Iowa (State or foreign country)
20. Exact Occupation pharmacist
21. Industry or Business Drug Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11:00 a. M. on the date and at the place stated above, and that personal particulars were furnished by David Ambrose Jones (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature D A Jones M.D. Midwife Address Box 66 Downey Calif Date Aug 5 1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of Los Angeles ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 33 years, and that Kor O. J. Allen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

D A Jones Signature

My Commission Expires April 11, 1943 Box 66 Downey California P. O. Address

Subscribed and sworn to before me this 5th day of August, 1942

(SEAL) Grace V. Small Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 7 1942 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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363 123 037 695

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **353338**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Bruneau
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3½ years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Bruneau
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Bruneau, Ida.

4. **FULL NAME OF CHILD** David Alexander Collins

5. Date of Birth of Child (Month, day, year) Sept. 23, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin F. Collins
11. Color or Race white
12. Age at time of THIS birth 51 yrs.
13. Birthplace (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Finch
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Rosebud } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 32 years, and that Marietta (First name) Finch (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Edna M. Corcoran Signature

Forsyth, Montana P. O. Address

Subscribed and sworn to before me this 3rd day of August 1942

(SEAL) Henry V. Berman Notary Public, residing at Forsyth Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 8 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1972

AUG 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353377

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Sugar City
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: at our Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Sugar City Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Afton Jesse Pulley

5. Date of Birth of Child (Month, day, year) Sept 24, 1909

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Waldrum Pulley

11. Color or Race white

12. Age at time of THIS birth 25 yrs.

13. Birthplace Malad Idaho (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Myrtle Pulley Jones

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Sandy Utah (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date

and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Clark }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 5'6 years of age, that I have known this person for all his life years, and that Dr. Shupe, (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Myrtle Pulley Jones Signature

B.95 C Star Route Ball Ground P.O. Address

Subscribed and sworn to before me this 30th day of July, 1942

(SEAL) Tillie Rasmussen Notary Public, residing at Vancouver Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-119044162

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353390
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Wash (b) City Weiser
(c) Street Address or R.F.D. No. 520 W. Comm
(d) Name of Hospital or Maternity Home: at our home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash
(c) City Weiser
(d) Street Address or R.F.D. No. 520 W. Comm
(e) How long has **MOTHER** lived in Idaho all her life yrs.

3. RESIDENCE OF FATHER (city, state) 520 W. Comm

4. FULL NAME OF CHILD Edgar Orval Ferguson

5. Date of Birth of Child (Month, day, year) Aug 19, 1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Wm T. Ferguson
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Near Hardin Missouri (City or town) (State or foreign country)
14. Exact Occupation Bicycle shop
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lulu M Joslin
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Weiser Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by Lulu M Ferguson (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Frank Guesa M.D. Midwife Address Weiser Idaho Date June 3 042

State of Oregon
County of Baker } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Mrs Frank Guesa 61 years of age, that I have known this person for 32 years, and that ~~Mrs A. E. Ferguson~~ (First name) (Last name) who attended this birth has signed above (~~Is now deceased~~) or (~~Cannot be~~ located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lulu M Ferguson Signature
2304 Ninth St. P. O. Address

Subscribed and sworn to before me this 7th day of August, 1942
(SEAL) Irene Loney Notary Public, residing at Baker, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES AUGUST 24, 1945.

Received for filing on AUG 10 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-207 014-685

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353394
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. Cleveland Blvd
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. Cleveland Blvd
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida.

4. **FULL NAME OF CHILD** Grace Elizabeth Blake

5. Date of Birth of Child (Month, day, year) Oct. 7, 1909

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Herbert Hopkins Blake
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace New Bedford (City or town) Mass. (State or foreign country)
14. Exact Occupation pharmacist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace VanWyngarden
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Pella (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, ~~stillborn~~) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Grace V. (First name) Blake (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho }
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that John Gue (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace V. Blake Signature

Twin Falls, Idaho, R.F.D. #1 P. O. Address

Subscribed and sworn to before me this 7th day of August, 1942

(SEAL) Alice C. Taylor Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 10 1942 by Mabel Hollins, Registrar.

JUL 1 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-130-035 259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353401
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Slickpoo
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Slickpoo
(d) Street Address or R.F.D. No. ----
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Slickpoo, Ida.

4. FULL NAME OF CHILD Melvin Aloyisus Hardin

5. Date of Birth of Child (Month, day, year) September 30, 1909

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd --- **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Arthur Eugene Hardin
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Pomeroy, (City or town) Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Kernan
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Becker (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Agriculture

22. Name prophylactic used to prevent Ophthalmia Neonatorum ----

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Dr. Ragsdale (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Hardin Kennedy Signature

Lapwai, Idaho P. O. Address

Subscribed and sworn to before me this 7 day of August, 1942

(SEAL) Richard M. Mitchell Notary Public, residing at Nezperce, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on AUG 10 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 13 '42

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

585 222029 293

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353407
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Juliaetta, Idaho

4. FULL NAME OF CHILD Clara Camille Nye

5. Date of Birth of Child (Month, day, year) December 22, 1909

6. Sex Female **7.** Twin or Triplet Neither If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Fred Nye
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Bozeman, Montana (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Laborer

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna A. Kite
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Johnson, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr. Borns (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna A Nye Signature
Juliaetta, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of February, 1942.

(SEAL) ____ Notary Public, residing at Kendrick, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

AUG 10 1942

Received for filing on ____ by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

715-209-026-259

Delayed Report

353443

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (formerly Fremont Co)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home at home Days
   In **THIS** county 2 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Jefferson
   (c) City Menan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs. yrs.
   (f) Mother's mailing address (For registration notice):
   Menan, Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Menan (now dead)

4. **FULL NAME OF CHILD** Thelma Marie Tanner

5. **DATE OF BIRTH** (Month, day, year) March 1909

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bertrand A. Tanner

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Provo, Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Elizabeth Berry

17. Color or Race White

18. Age at time of THIS birth 40+ yrs.

19. Birthplace Chickasaw Co, Mississippi
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was b. alive (born alive, stillborn) at 10 30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Martha E Tanner (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) AUG 1 2 1942 (Date received) (Registrar's signature)

25. Attendant's **OWN signature** H. A. Anderson M.D. (D.O., Midwife, etc.)
and address Rigby, Idaho Date Mar. 11, 1942

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

AUG 1 4 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon ~~conviction thereof, shall be fined not less than $10 nor more than $300.~~

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

296-125037-263

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353452
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City De Lamar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City De Lamar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) De Lamar Ida.

4. FULL NAME OF CHILD Alfred Richard Adamas Brown

5. Date of Birth of Child (Month, day, year) Sept. 25, 1909.

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Harvey Scott Brown
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Cleveland (City or town) Ohio (State or foreign country)
14. Exact Occupation Mining Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Idaho Ellen Sothern
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace War Eagle Mt. (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 31 years, and that Dr. Wm. Farrar (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Daisy Sothern Wilson Signature

My Commission Expires May 5, 1943

3435 Brayton Long Beach Cal P. O. Address

Subscribed and sworn to before me this 7th day of August, 1942

(SEAL) Stella C. Dunn Notary Public, residing at Long Beach California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

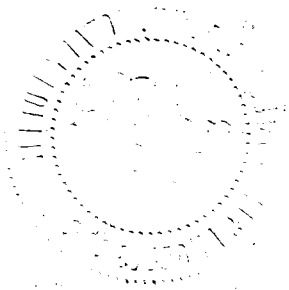
AUG 1 4 1942

APR 1 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



354-218006-714

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353461
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Firth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 9 years 4 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Firth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Firth, Idaho

4. **FULL NAME OF CHILD** Una Aurora Cederberg

5. Date of Birth of Child (Month, day, year) July 18, 1909

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Gustav William Cederberg
11. Color or Race White
12. Age at time of THIS birth 60 yrs.
13. Birthplace Orebro (City or town) Sweden (State or foreign country)
14. Exact Occupation Baptist minister & farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Paulson
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Hassleholm (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature G W Cederberg M.D. Father Midwife Address Firth, Idaho Date August 6, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by Mark Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-223025951

353469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. At Home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 8 years 9 months 19 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Odaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville Idaho

4. **FULL NAME OF CHILD** Viola Mae Helkenberg

5. Date of Birth of Child (Month, day, year) 11-23-1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Helkenberg
11. Color or Race Whit
12. Age at time of THIS birth 28 yrs.
13. Birthplace Clinton (City or town) Missourl (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie Ready
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Cedar Co. (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Kansas
County of Montgomery } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for During lifetime Child years, and that Dr. (First name) Stockton (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lizzie Helkenberg Signature

Coffeyville, Kansas P. O. Address

Subscribed and sworn to before me this 31st day of July, 1942

(SEAL) [signature] Notary Public, residing at Coffeyville, Ks.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 12 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, ~~when such report is~~ accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-117025-265

353473

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353473
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO (b) City FERDINAND
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City FERDINAND
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD WERNER - LAUER

5. Date of Birth of Child (Month, day, year) 3-17-1909

6. Sex MALE **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME MICHAEL - LAUER
11. Color or Race WHITE **12.** Age at time of THIS birth 41 yrs.
13. Birthplace WADRIL (City or town) GERMANY (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNA CATHERINE KOETTER
17. Color or Race WHITE **18.** Age at time of THIS birth 32 yrs.
19. Birthplace RICHMOND (City or town) MINN. U.S.A. (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOUSEKEEPING

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that MRS. JOHN-TERWILIGAR (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna R Lauer Signature

FERDINAND IDAHO P. O. Address

Subscribed and sworn to before me this 8th day of August, 1942

(SEAL) H. Silbernagel JUSTICE OF THE PEACE, residing at Ferdinand Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Cottonwood Precinct, Idaho County, Idaho

Received for filing on AUG 12 1942 by ____, Registrar.

AUG 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433 115006-766

353475

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. near railroad yards
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county --- years 5 months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. near railroad yards
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD GEORGE HAROLD MC CULLOUGH

5. Date of Birth of Child (Month, day, year) Jan. 15, 1909

6. Sex Male

7. Twin or Triplet ---

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Rush McCullough
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Greene Co., (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Powell
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Dick's Mill, (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of CALIFORNIA } ss.
County of KERN }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Doctor Padres (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Powell McCullough Signature
318 Lierly Avenue, Taft, California P. O. Address

Subscribed and sworn to before me this 6th day of August, 19 42

(SEAL) Notary Public, residing at Taft, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Comm. Exp. Jan 29, 1946

Received for filing on AUG 10 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1942
AUG 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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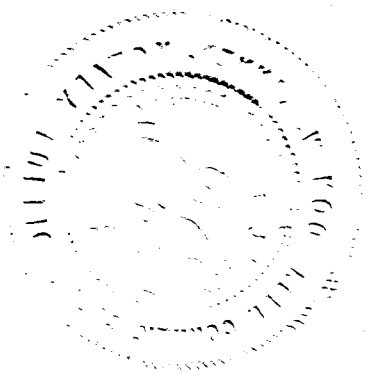

249-128-022-659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353541
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Driggs
(c) Street Address or R.F.D. No. 1 Box 16
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Driggs,
(d) Street Address or R.F.D. No. 1 Box 16
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Driggs, Idaho

4. FULL NAME OF CHILD Lee Octave Smith

5. Date of Birth of Child (Month, day, year) Dec. 28, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Octavus Smith
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Hyrum (City or town) Cache Co. Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Ferguson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Hanash (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4.0 o'clock a M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ellen Smith (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ora D Keith M.D. ~~Midwife~~ Address Driggs Ida Date Dec 28 '09

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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718-215-043, -364

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353551
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City McCall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley Co
(c) City McCall
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) McCall Idaho

4. FULL NAME OF CHILD Lexie Ellen Payton

5. Date of Birth of Child (Month, day, year) Aug 15 - 1909

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Martin Harlen Payton
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace McCall (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie Ellen Cody
17. Color or Race White **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Idaho (City or town) Idaho Falls (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living:

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Riverside }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty years of age, that I have known this person for thirty-two years, and that Doctor (First name) Johnson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nettie E. Payton Signature
4943 Jurupa Ave., Riverside, Calif P. O. Address

Subscribed and sworn to before me this 11th day of August, 19 42

(SEAL) Flora Kauffman Notary Public, residing at Riverside, Calif.
My Commission Expires July 24, [illegible]

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 12 1942 by Mabel Weeden, Registrar.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

193-124-030-785

353555

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LEMHI (b) City LEMHI
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City LEMHI
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) LEMHI, IDAHO

4. FULL NAME OF CHILD WILBUR SHERMAN GILL

5. Date of Birth of Child (Month, day, year) FEB. 24, 1909

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME WALTER HAMILTON GILL
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace DU QUOIN, (City or town) ILL. (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNA PYEATT
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace JUNCTION, (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 10:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by ANNA (First name) GILL (Last name), who is related to this child as MOTHER (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO, County of LEMHI } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that Dr. C. F. Hanmer (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Pyeatt Gill Signature

SALMON, IDAHO P. O. Address

Subscribed and sworn to before me this 10 day of Aug., 1942

(SEAL) Maurine E. McBride Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1942 by Mabel Hedelund, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789-101-010-414

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353577
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Weiler
(d) Name of Hospital or Maternity Home: V.I.S. Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Albert Wylie Phillips

5. Date of Birth of Child (Month, day, year) 10, 1, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8+

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Phillips, Horace Albert
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Odessa (City or town) Missouri (State or foreign country)
14. Exact Occupation Electrician [for U.P.L.]
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** McGuire, Maud
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Cheyenne (City or town) Wyoming (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Maud Phillips (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Idaho Falls, Ida. Date July 7-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1942 by Mabel L. Elsfers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764-101-038-469

353607

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fayette (b) City New Plymouth, Idaho
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State New Plymouth, Idaho (b) County Fayette
(c) City New Plymouth, Idaho
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) New Plymouth

4. **FULL NAME OF CHILD** John E Gould ~~Margarita Susan Morton~~

5. Date of Birth of Child (Month, day, year) July 1st 09

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Amos Gould
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Shirley, Calif (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margarete Susan Morton
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Emmett Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farmers Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 A.M. on the date and at the place stated above, and that personal particulars were furnished by Susan Morton (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address 26 2nd St, Richmond, Calif

State of California
County of Contra Costa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Minnie Patton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Susan Gould Signature

26 2nd St, Richmond, Calif P. O. Address

Subscribed and sworn to before me this 27th day of July, 1942

(SEAL) [signature] Notary Public, residing at Richmond, Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

A Notary Public in and for the County of Costa, State of California My Commission Expires Dec. 12, 1942

HUTT BROWN

Received for filing on AUG 14 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

193-106-036-297

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353613
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) dead

4. **FULL NAME OF CHILD** Chester Archibald
5. Date of Birth of Child (Month, day, year) Dec 6 1909
6. Sex Male
7. Twin or Triplet One If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willard Archibald
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Wellsville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Bigler
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Farmington, Utah (City or town) (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I **HEREBY CERTIFY** That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Dr. J. Kerns Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 68 years, and that Dr. J. M. Kerns (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Archibald Signature
Malad, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of August, 1942

(SEAL) Jno. W. Clark Notary Public, residing at Malad, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 13 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 12 1962

AUG 21 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-103-26-419 353627

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353627

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Oakley

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Minidoka

(c) City Rupert

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Idaho

4. FULL NAME OF CHILD Ray Martindale Johnson

5. Date of Birth of Child (Month, day, year) May 3, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Herman Alfred Johnson

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Brigham City, (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Self

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Matilda Martindale

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Brigham City, (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Norma M. Johnson (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 33 years, and that Dr. Nielsen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Norma Martindale Johnson Signature

1004 Thatcher, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of August, 19 42

(SEAL) Marion E. Doe Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 19 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-123-201-739

353644

353644

United States Department of Commerce
Bureau of the Census

AUG 21 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Lee Wright

5. Date of Birth of Child (Month, day, year) Nov. 23, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arch Wright

11. Color or Race white

12. Age at time of THIS birth 27 yrs.

13. Birthplace Bentley, Illinois (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Arnettie Glines

17. Color or Race white

18. Age at time of THIS birth 27 yrs.

19. Birthplace Carthage, Illinois (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for life years, and that Minerva Perry (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Arnettie Wright Signature

Parma, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of August, 1942

(SEAL) Marion E. Orr Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1942 by Mabel F. Felton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

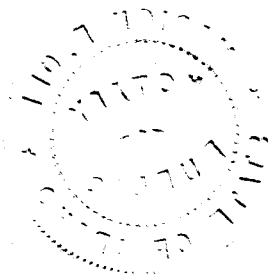
JUL 29 1964

AUG 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



753-201-014-986 353653 353653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 418 Arthur
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 418 Arthur
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Idaho

4. FULL NAME OF CHILD Annalee Getts

5. Date of Birth of Child (Month, day, year) Oct. 1, 1909

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Royal Warner Getts
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Oregon (City or town), Wisconsin (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Frances Rhodes
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Arvada (City or town), Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that I. F. (First name) Isham (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kate Getts Signature
818 S. Chapel P. O. Address

Subscribed and sworn to before me this 22nd day of August, 1942 Alhambra Calif.
(SEAL) Nella S. Pfalzer Notary Public, residing at 150 So. Temple Ave Temple City, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Oct. 22, 1944

Received for filing on AUG 22 1942 by Maud F. Elder, Registrar.

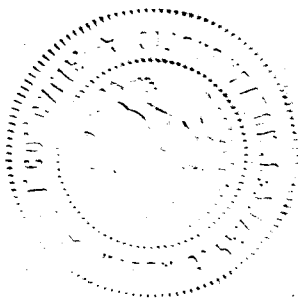
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2[illegible] 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



855-206-030-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353689
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. Rural District.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho, (b) County Lemhi,
(c) City Salmon, rural district.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon, Idaho

4. FULL NAME OF CHILD VELLA MAE HENDRICKS

5. Date of Birth of Child (Month, day, year) Dec. 6, 1909

6. Sex Female 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Monroe Hendricks,
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Jackson Co. Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary A. Sattler
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Jackson Co. Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Arizona,
County of Maricopa. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother - - - - (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person since her birth, and that Dr. F. S. Wright, - - - - (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A. Hendricks. Signature
Cactus, Maricopa County, Arizona. P. O. Address

Subscribed and sworn to before me this 5th day of August, - - - - - - 1942.
(SEAL) Albert D. Leyke Notary Public, residing at Phoenix, Arizona
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

[redacted] of a child born prior to the effective date of [redacted] ssion Laws, has not been recorded, or in case of [redacted] birth which has occurred subsequent to such [redacted] y be received and filed by the local registrar for [redacted] u of Vital Statistics for the purposes and uses [redacted] ter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-126-009-449

353709

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 915 Maine St.
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 915 Maine St.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint, Idaho

4. **FULL NAME OF CHILD** Clarence August Wendt

5. Date of Birth of Child (Month, day, year) September 26, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gustave Frederick Wendt
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace (City or town) Brandenburg, Germany (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kathryn Murr
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace (City or town) Thurmansbang, Germany (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 33 years, and that Dr. McKinnon (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gustav Wendt Signature

513 Poplar St. Sandpoint Idaho P. O. Address

Subscribed and sworn to before me this 17 day of August, 1942.

(SEAL) [signature] Notary Public, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 18 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed ~~by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316-215-001-613

353735

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Meridian
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: **IN THIS** county 37 years 7 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Meridian
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Mary Idaho La Force

5. Date of Birth of Child (Month, day, year) 5/15/1908

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Edmond La Force
11. Color or Race white
12. Age at time of THIS birth 51 yrs.
13. Birthplace Kansas Territory (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leggie Waslingberger
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Princeton Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Leggie La Force (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 69 years of age, that I have known this person for 37 years, and that Dr. (First name) Paine (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leggie La Force Signature
1301 Lilac Terrace, Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 13th day of July, 1942

(SEAL) Mary Lavagnino Notary Public, residing at 1572 Sunset Blvd., Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires July 1, 1945

Received for filing on JUL 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-126-036-551

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353740
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Delivery
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Malad, Idaho.

3. **RESIDENCE of FATHER** (city, state): Malad, Ida

4. **FULL NAME OF CHILD** Lorenzo Lloyd Davis

5. Date of Birth (Month, day, year) Sept. 26, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Regular

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Richard B. Davis
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Willard, Utah (City or town) (State or foreign country)
14. Exact Occupation Druggest
15. Industry or Business Drugs

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther C. Evans
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 10:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by R.B. Davis (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature D C Ray M.D. (D.O., Midwife, etc.)
and address Pocatello Idaho 8-10-42

26. (a) AUG 15 1942 (Date received) (b) Mary Nielsen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269-205-028-453

353743

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls, Ida.

4. FULL NAME OF CHILD Neva Oretta Swisher

5. Date of Birth of Child (Month, day, year) June 5, 1909

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elmer Bailey Swisher

11. Color or Race white

12. Age at time of THIS birth 25 yrs.

13. Birthplace (City or town) Missouri (State or foreign country)

14. Exact Occupation Sawyer

15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie Jane Mellick

17. Color or Race white

18. Age at time of THIS birth 21 yrs.

19. Birthplace Rapid City (City or town) So. Dakota (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argerol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:06 A.M. on the date and at the place stated above, and that personal particulars were furnished by Orville (First name) Swisher (Last name); who is related to this child as Uncle (Mother, etc.)

25. Attendant's **OWN** signature John O'Neal M.D. Midwife Address Coeur d'Alene Ida Date Aug. 8. 42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 15 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-115-028-386

353746

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Spokane Bridge WASH.
(c) Street Address or R.F.D. No. RD #1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Spokane Bridge WASH.
(d) Street Address or R.F.D. No. #1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Francis Harold Webb

5. Date of Birth of Child (Month, day, year) July 15th 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Samuel Webb
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Mercer County Pa. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Harriet Thorne
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Chicago Ill (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Pennsylvania
County of Clarion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Walter S Webb (~~Mother, etc.~~) Brother of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 33 years, and that Samuel Webb (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter S. Webb Signature

My Commission Expires March 5, 1945

RD #1, Knox Pa. P. O. Address

Subscribed and sworn to before me this 10th day of Aug, 1942

(SEAL) [signature] Notary Public, residing at Knox Pa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-113-006-219

353753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 years yrs.

3. RESIDENCE OF FATHER (city, state) Basalt, Idaho

4. FULL NAME OF CHILD Linden Olsen

5. Date of Birth of Child (Month, day, year) June 13, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ferdinand Olsen
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie A Baily
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Spring City, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for all his life years, and that Eliza Jemmett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session [illegible].

Ferdinand Olsen
Signature
Shelley, Idaho, RFD 2
P. O. Address

Subscribed and sworn to before me this 14th day of July, 1942.

(SEAL) [illegible] Notary Public, residing at Shelley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK [illegible] writer ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to [illegible] of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment [illegible] cents, money order or coin.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-109-010-249

353804

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address ~~or R.F.D. No.~~ 363 Oak Street
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Utah (b) County Cache
(c) City Logan She died a few days after
(d) Street Address or R.F.D. No. birth of son
(e) How long has **MOTHER** lived in Idaho? Nov. 24, '09 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Francis Lee
5. Date of Birth of Child (Month, day, year) 11-9-1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** William Henry Lee
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Woodruff, Rich Co., Utah. (City or town) (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Frances Smith
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Morgan, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Dr G.H. Coulthard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Henry Lee Signature

Box 617 Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of July 1942

(SEAL) [signature] Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 11 1972

AUG 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-129-016-753

353819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Island
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Island
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Island, Idaho

4. **FULL NAME OF CHILD** Albert Pettigrew Hale
5. Date of Birth of Child (Month, day, year) 29 Oct. 1909
6. Sex M
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy Reg.
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Albert H. Hale, Jr.
11. Color or Race Wh.
12. Age at time of THIS birth 23 yrs.
13. Birthplace Island (City or town) / Idaho (State or foreign country)
14. Exact Occupation Teacher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucile Pettigrew
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Carey (City or town) / Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

Dr. A. F. O. Nielson - now deceased

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32+ years, and that Dr. A. F. O. Nielson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert H. Hale Jr. Signature

Oakley, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of August, 1942

(SEAL) Henry W. Tucker Notary Public, residing at Burley, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 19 1942 by Maud F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 21 1942

MAR 10 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-225-040-349

353868

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No. P.O. Box 66
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 5 years 9 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No. P.O. Box 66
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burke Ida

4. **FULL NAME OF CHILD** Lucille May Toms
5. Date of Birth of Child (Month, day, year) May 25th 1909
6. Sex Female
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Toms
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Plymouth (City or town) England (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Jane Curnow
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Ludgvan (City or town) England (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Dr (First name) Judd (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm H Toms Signature
P.O. Box 66 Burke P. O. Address

Subscribed and sworn to before me this 14th day of August, 1942
(SEAL) Joe Burns JP ~~Notary Public~~, residing at Burke Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Mabel F. Elder, Registrar.

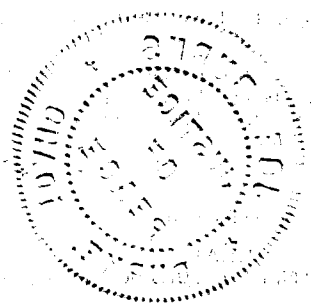
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



473-165-029-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353869
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. General
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county --- years -- months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Washington (b) County Spokane
(c) City Spokane
(d) Street Address or R.F.D. No. 29th. & Lamont
(e) How long has **MOTHER** lived in Idaho? 14 days yrs.

3. RESIDENCE OF FATHER (city, state) Spokane, Wn.

4. FULL NAME OF CHILD Harold Arnold Uglem

5. Date of Birth of Child (Month, day, year) Oct. 5, 1909

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John H. Uglem
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Selbu (City or town) Norway (State or foreign country)
14. Exact Occupation Retail Lumberman
15. Industry or Business Lumber Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie A. Larson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Avoca (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that Dr. C.L. Gritman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie A. Uglem Signature
Clarkston, Washington P. O. Address

Subscribed and sworn to before me this 10 day of Aug, 1942
(SEAL) A. N. Rognstad Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

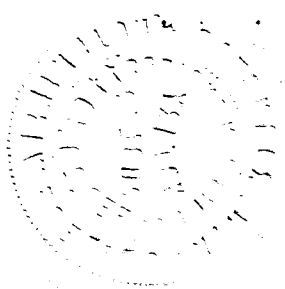
JAN 16 1975

AUG 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



381-108-010-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353891
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 31 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Chester Chase

5. Date of Birth of Child (Month, day, year) May 8, 1909

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Marcellus Chase
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Springfield, Utah, USA (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Lowder
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Virginia, USA (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that Dr. Fisher (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena Chase Conklin Signature
Crescent Rooms, Toppenish, Wash. P. O. Address

Subscribed and sworn to before me this ~~29th day of~~ July, 1942

(SEAL) [signature] Notary Public, residing at Toppenish Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942-229 042 318

354929

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 354929
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to Idaho Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Near Filer
(c) Street Address or R.F.D. No. Ranch
(d) Name of Hospital or Maternity Home: At home on ranch
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho, (b) County Twin Falls
(c) City near Filer
(d) Street Address or R.F.D. No. Ranch
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Filer, Idaho

4. FULL NAME OF CHILD Dorothy Helen Ruscoe

5. Date of Birth of Child (Month, day, year) August 29, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clifford Roy Ruscoe
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Eureka, California (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marion Taylor Ruscoe
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Leitchsfield, Grayson County (City or town) (State or foreign country) Kentucky.
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Marion Taylor (First name) Ruscoe (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Stanislaus } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that Mrs. Wilson (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marion Taylor Ruscoe Signature

608 11th St, Modesto, Calif. P. O. Address

Subscribed and sworn to before me this 17th day of August, 1942.

(SEAL) M. R. Pitts Notary Public, residing at Modesto, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Mabel McElvain, Registrar.

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-103042-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 354934
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 3 months X days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** LOYD CLAIR HOWARD

5. Date of Birth of Child (Month, day, year) 10/3/1909

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? 9

FATHER OF CHILD

10. **FULL NAME** ROBERT BRUCE HOWARD
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace McKinney (City or town) Texas (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Annette Griffith
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Mesa (City or town) Colorado (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12 A. M. on the date and at the place stated above, and that personal particulars were furnished by Laura (First name) Howard (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for since birth and that Dr. (not known) Ross (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139—1937 Session Laws.

Laura Annette Howard Signature

4159 Inglewood Blvd. Culver City Calif P. O. Address

Subscribed and sworn to before me this 19th day of August, 1942

(SEAL) Albert L. Blanford Notary Public, residing at Mar Vista, Cali

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-121-036-435

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 354987
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Clifton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Clifton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs. at this birth

3. **RESIDENCE OF FATHER** (city, state) Clifton-Idaho

4. **FULL NAME OF CHILD** Cecil Coe Howell

5. Date of Birth of Child (Month, day, year) Aug. 21-1909

6. Sex male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Orrin Howell
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Clifton (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer and carpenter
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Chloe Leona McNeil
17. Color or Race while
18. Age at time of THIS birth 28+ yrs.
19. Birthplace Sunset (City or town) Arizona (State or foreign country)
20. Exact Occupation Housewife and School teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argerole

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4 pm M. on the date and at the place stated above, and that personal particulars were furnished by Chloe (First name) Howell (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Nancy E. Beckstead M.D. Midwife Address Dayton, Idaho Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-117006-863

354990

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Dead

4. FULL NAME OF CHILD Glenn Carlos Holm

5. Date of Birth of Child (Month, day, year) Dec. 17, 1909

6. Sex Male 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd 6th 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alma Holm
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Marie Holm
17. Color or Race White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

M.D. & midwife both dead.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 33 years, and that Mrs. (First name) Gimmett (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Marie Holm Signature
307 "H" St. Idaho Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 8th day of August, 1942

(SEAL) Ralph L. Albaugh Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-212-037 363

355006

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls, Idaho
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elsie Irene Nelson

5. Date of Birth of Child (Month, day, year) April 12, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME LeRoy P. Nelson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lila Cotterell
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace American Falls, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Emily Lish (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. LeRoy Nelson Signature

American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of August, 1942

(SEAL) Notary Public, residing at Am. Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165 120021-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355032
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston,
(c) Street Address or R.F.D. No. R.F.D. No 2
(d) Name of Hospital or Maternity Home: At residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida Now Franklin
(c) City Preston
(d) Street Address or R.F.D. No. R.F.D. No.2
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Arthur Jones

5. Date of Birth of Child (Month, day, year) Dec. 20, 1909

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Henry Jones
11. Color or Race white **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Liverpool (City or town) England (State or foreign country)
14. Exact Occupation Common laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida L. Garner
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace North Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for since birth years, and that Dr. Allen R. Cutler, Sr. (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida L Jones. Signature
528 West Capital St. Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 20th day of August, 1942

(SEAL) Notary Public, residing at Logan, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 22 1942 by Mark Hayes, Registrar.

AUG 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FHS 227 036-286

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355041

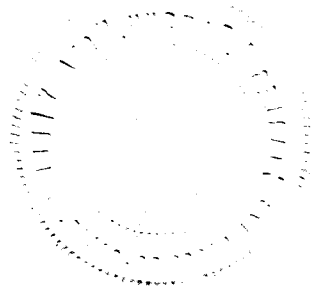
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Almeida Trease			2. Date Of Birth (month) May (day) 27, (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Black Pine	
FATHER	6. Full Name of Father: John Wesley Trease			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Jessie Myrtle Showalter			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant (Middle Name) Florence Trease (Almeida)		11. Present Address of Registrant 3307 Ogelala Ave San Diego 17. Calif	
NOTARY (Seal)	Subscribed and sworn to before me on August 1 19 1961	12. Signature of Notary Charles J. Dlusky		13. Notary Commission expires CHARLES J. DLUSKY My Commission Expires Oct 18, 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Copy of Church Record L. D. S. Church	By whom issued and signed: George E. Chapman Ward Clerk	Date Issued: --	Date Orig. Entry: baptized Feb 4, 1928	
	Date of Birth: May 27, 1909	Birth Place: Black Pine, Idaho Oneida County	Full Name of Mother: Jessie Showalter	Name of Father: John Trease	
SUPPORTING RECORD 2.	Type of Document: Photocopy of Application for Insurance, Policy #286851	By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: ---	Date Orig. Entry: Feb. 12, 1943	
	Date of Birth: May 27, 1909	Birth Place: Black Pine, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Photocopy of own child's birth Certificate #280	By whom issued and signed: State of Utah, Dept. of Health Vital Statistics	Date Issued: Jan 3, 1944	Date Orig. Entry: child born July 17, 1928	
	Date of Birth: age 19	Birth Place: Black Pine, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: August 24, 1961

FORM BH 56067



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355041
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Black Pine
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Black Pine
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Black Pine Ida

4. FULL NAME OF CHILD Florence Almeida Treasc

5. Date of Birth of Child (Month, day, year) June 27 1907

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME John Wesley Treasc
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Bloomington Madison (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Myrtle Showalter
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Beatrice Nebraska (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Box Elder } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 72 years, and that Sarah Lynch (First name) ~~Florence Almeida~~ Treasc (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Wesley Treasc Signature
550 S. 4th. W. Brigham, Utah P. O. Address

Subscribed and sworn to before me this 22nd day of August, 1942

(SEAL) J. Norman Lee Notary Public, residing at Brigham, Ut

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on AUG 24 1942 by Mary H. Elder, Registrar.

SEP 2 1942

AUG 24 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345 113 006 814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355052
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Woodville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State W Idaho (b) County Bingham
(c) City Woodville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lois Cunningham

5. Date of Birth of Child (Month, day, year) Aug. 13-1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** John Cunningham
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Monida (City or town) Montana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Elizabeth Hammes
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Hooper (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for years, and that ~~[illegible]~~ (First name) Dr Butler (Last name), who attended this birth at birth ~~(Is now deceased)~~ or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Cunningham Signature
293 Washington Street, Eugene, Ore. P. O. Address

Subscribed and sworn to before me this 9th day of July, 1942

(SEAL) Reese Wingard Notary Public, residing at Eugene, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1942 by Mabel F. Eddens, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1961
SEP 8 1970
AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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355069

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Emida
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Emida
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Robert Andrew English

5. Date of Birth of Child (Month, day, year) May 19, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Eben English
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Kinzua (City or town) Penn. (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Leona Harkness
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Salamanca (City or town) New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 33 years, and that Dr. A. J. Nelson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I ~~desire~~ to have this birth recorded under Chapter 139, 1937 Session Laws.

Allan M English Signature
Emida Idaho P. O. Address

Subscribed and sworn to before me this 16 day of July, 1942

(SEAL) Ray A Bowen Notary Public, residing at St. Maries Ida

NOTARY PUBLIC FOR THE STATE OF IDAHO, RESIDING AT ST. MARIES, IDAHO MY COMMISSION EXPIRES FEB. 24, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 25 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 101, 1911 Session Laws, has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691 722 001 866 355097 355097

United States
Department of Commerce
Bureau of the Census

AUG 28 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Nampa
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: H. F. Frahm farm home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Nampa
(d) Street Address or R.F.D. No. 4.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** William August Frahm

5. Date of Birth of Child (Month, day, year) Dec. 22, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herman F. Frahm
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Hildesheim, (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phoebe Caroline Hoobler
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Kimball, (City or town) South Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Caroline (First name) Frahm (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for over 32 years, and that Dr. S. D. Colange (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alsadie L. Hoobler Signature

1800 N. 20th. St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of August, 1942

(SEAL) W A Hoobler Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 28 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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355111

355111

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355111
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) 7

4. FULL NAME OF CHILD Anna Katherine Ford

5. Date of Birth of Child (Month, day, year) Apr 3 - 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Augustus Ford
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Boston (City or town) Mass. (State or foreign country)
14. Exact Occupation Salesman Business
15. Industry or Business Bar tender

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Lesliean Hush
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Indianola (City or town) Nebr. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at Omaha 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mother (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Wm Hall M.D. Midwife Address Boise Date 9-2-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 2 1942 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-107004-753 SEP 3 1942

355113

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355113
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. No St. address
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 7 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier Ida.

4. FULL NAME OF CHILD Carroll Fredrick Reed.

5. Date of Birth of Child (Month, day, year) Jan. 7. 1909

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Hugh Ben Reed.
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Naponee (City or town) Nebraska (State or foreign country)
14. Exact Occupation Railroad Engineer
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Rachel Peckingpaugh
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Central City (City or town) Nebraska (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum ——
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living None

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that B. R. (First name) Poyner (Last name), who attended this birth Cannot be located (~~Is now deceased~~) ~~or~~ (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes Rachel Peckingpaugh Reed Signature

Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 1 day of September, 1942

(SEAL) Scott Cannery Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

29-122025-419

355139

355139

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355139
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. x
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 34 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. XX
(e) How long has **MOTHER** lived in Idaho? Deceased yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville,

4. FULL NAME OF CHILD Milton Eugene Braybrook

5. Date of Birth of Child (Month, day, year) Dec. 22, 1909

6. Sex Male **7.** Twin or Triplet X If so—born 1st, 2nd, 3rd X **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William J. Braybrook
11. Color or Race White **12.** Age at time of THIS birth 51 yrs.
13. Birthplace Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business X

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith M. Markham
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Grangeville, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name), who is related to this child as X (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address Z Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 plus years, and that Dr. C. W. Slusser (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josie Gaeta Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 3. day of Sept., 19 42

(SEAL) W. T. Bothwell Notary Public, residing at Grangeville.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 8, 1942 by Mary F. Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340
Local Reg. No. 6
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days 4

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett Ida

4. FULL NAME OF CHILD Julia Richards

5. Date of Birth of Child (Month, day, year) Mar 18-1909

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur Allen Richards
11. Color or Race White **12.** Age at time of THIS birth 50 yrs.
13. Birthplace Fredricktown (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sedenia Pa'ck Dunford ~~Richards~~
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Salt Lake (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at about 10 a M. on the date and at the place stated above, and that personal particulars were furnished by Mr A A Richards (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature J L Reynolds M.D. Midwife Address Emmett Ida Date 9-5-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1942 by Mary F Elder, Registrar.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

194-115029-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355176
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 6th & Polk St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 6th & Polk St
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Thompson Wilmis Armour

5. Date of Birth of Child (Month, day, year) Apr-15-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William King Armour

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Clark County (City or town) Missouri (State or foreign country)

14. Exact Occupation Banking

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Winifred Watkins

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Moscow (City or town) Idaho (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name **prophylactic** used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 33 years, and that Dr Jim Clarke (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. K. Armour Signature

418 So Van Buren Moscow Idaho P. O. Address

Subscribed and sworn to before me this 24 day of August, 1942

(SEAL) Ora Schroeder Notary Public, residing at Moscow, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1942 by Mabel Fiddler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 28 1942

APR 21 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369 / 12026 381

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355177

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Ida.

4. **FULL NAME OF CHILD** Theone Chandler Cordon

5. Date of Birth of Child (Month, day, year) Sept. 12, 1909

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Omer Samuel Cordon
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Willard (City or town), Utah. (State or foreign country)
14. Exact Occupation Farmer & Insurance man
15. Industry or Business " " "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Chandler
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Samaria (City or town), Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1 op.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Chandler Cordon (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Anderson M. D. M.D. Midwife Address Rigby, Idaho Date Aug 24, 1942

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1942 by Mark [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 1962

AUG 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-210022895

355183

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Fremont (b) City Hibbard
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 23 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Hibbard
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.
   (f) Mother's mailing address Hibbard, Idaho

3. **RESIDENCE of FATHER** (city, state) Hibbard, Ida.

4. **FULL NAME OF CHILD** Delilah Stevens

5. Date of Birth (Month, day year) March 10,1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Isaac Stevens
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Coleville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Pearl Hinckley
17. Color or Race White
18. Age at time of THIS birth 23 yrs
19. Birthplace Morgan City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 26 1942 (Date received) Mark Tyler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Clark } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lucy Pearl Stevens, being first duly sworn, say that I am related to Delilah Stevens (Related to (or) acquainted with) (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Madeline Waltz (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lucy Pearl Stevens Signature

Humphrey, Idaho P. O. Address

Subscribed and sworn to before me on this 25 day of August, 1942

(SEAL) B. H. Thomas, Clerk, District Court Notary Public, residing at Clark County, Idaho By Louise Ellis, Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 8 1942

MAR 1 0 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local ~~registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

493-22019-255

355197

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Margaret Miller

5. Date of Birth of Child (Month, day, year) Dec. 22, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John V. Miller
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Madison, South Dakota (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Kent
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name), who is related to this child as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife Address _____ Date _____

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that Dr. C. F. Baker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Miller Harrell Signature

Chilly, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of August, 19 42

(SEAL) _____ Notary Public, residing at Mackay, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 28 1942 by _____, Registrar.

AUG 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959-113-028-236

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355209
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum Ida

4. **FULL NAME OF CHILD** LEONARD HENRY REINIGER

5. Date of Birth of Child (Month, day, year) MAY 13, 1909

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** ERNEST FEDRICK REINIGER
11. Color or Race WHITE
12. Age at time of THIS birth yrs.
13. Birthplace RATHDRUM (City or town), IDAHO (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** IDA ALICE STODDARD
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace RATHDRUM (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, Stillborn) at 8 a M. on the date and at the place stated above, and that personal particulars were furnished by (S) Ida A. Reiniger (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Cowlitz }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 33 years, and that DR. FRANK WENZ (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida A. Reiniger Signature

2503 Cascade Way Longview Wn P. O. Address

Subscribed and sworn to before me this 25th day of August, 1942

(SEAL) Ida Reiniger Notary Public, residing at Longview

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 29 1942 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

.243-119.003-513

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355234
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Chesterfield
(c) Street Address or R.F.D. No. RFD, 2 Mi. south
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City RFD. Chesterfield
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 2 yrs yrs.

3. RESIDENCE OF FATHER (city, state) Chesterfield, Id

4. FULL NAME OF CHILD George Washington Buckendorf

5. Date of Birth of Child (Month, day, year) Aug. 19, 1909

6. Sex male

7. Twin or Triplet S If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** G.W. Buckendorf,
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Culbertson, Nebr. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy Amelia Eaton
17. Color or Race wh
18. Age at time of THIS birth 27 yrs.
19. Birthplace Greeley, Colo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Amy Amelia Buckendorf (First name) (Last name), who is related to this child as Mother (Mother, etc.) 6 P.M.

25. Attendant's **OWN** signature Ellis Kackley M.D. Midwife Address Soda Springs, Idaho Date 8-15-42

State of ~~Larimer~~ Colo.
County of Larimer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that Dr. Cackley (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter [illegible] Session Laws.

KENDALL HAMMOND Notary Public
Larimer County, Colorado
My Commission expires March 1, 1943

G W Buckendorf Signature
829 Lincoln Ave. Loveland, Colo. P. O. Address

Subscribed and sworn to before me this 18th day of July, 1942
(SEAL) Kendall Hammond Notary Public, residing at Loveland, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

565-216-240-347

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355293
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County SHOSHONE (b) City WARDNER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 50 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County COUR DE LANE
(c) City LANE,
(d) Street Address or R.F.D. No. Rural ROUTE
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) - SAME-AS-Mother

4. FULL NAME OF CHILD PHYLLIS-EMMA-EWELL

5. Date of Birth of Child (Month, day, year) Oct. 16, 1909

6. Sex FEMALE

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** QUARRLES-DENTON-EWELL
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace (City or town) - MISSOURI (State or foreign country)
14. Exact now Occupation JANITOR AT STATE
15. Industry or Business College of Wash - Pullman WASH

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LULU MAY LUXTON
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace (City or town) DEMING, N. MEXICO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living just 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at WARDNER M. on the date and at the place stated above, and that personal particulars were furnished by ADDIE GRAIFF (First name) (Last name), who is related to this child as GRANDMOTHER (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address Now - 2807, Wash. Bvld. Ocean Park, Calif — Date

State of CALIFORNIA
County of SAN LUIS, OBISPO } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the GRANDMOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 32 years, and that Dr. Mason (First name) - (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Addie Graiff Signature
2807 Washington Blvd. Ocean Park P. O. Address

Subscribed and sworn to before me this 22 day of August, 1942

(SEAL) [signature] Notary Public, residing at Cayucos, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

339-20-014-355

355299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355299
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None birth on farm near Nampa
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City farm near Nampa,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Ida

4. FULL NAME OF CHILD Violet Marie Cliver

5. Date of Birth of Child (Month, day, year) July 7, 1909

6. Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jens C. Cliver
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Howard County (City or town) Neb. (State or foreign country) U.S.A.
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan B. Center
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Rock River (City or town) Wyo. (State or foreign country) U.S.A.
20. Exact Occupation housewife
21. Industry or Business farm home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Jens C. Cliver M.D. Midwife Address 2029 E. Sinto Av. Spokane, Wash. Date Aug. 28, 1942

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Mrs. Ben Herbst (First name), who also (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. and that there was no attending physician or midwife.

Jens C. Cliver Signature
2029 E. Sinto Av. Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 28th day of August, 19 42

(SEAL) E. Ben Johnson Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 29 1942 by Mabel Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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255-124010-358

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355301
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls Idaho
(c) Street Address or R.F.D. No. RR.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls,
(d) Street Address or R.F.D. No. RR
(e) How long has **MOTHER** lived in Idaho? 9 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls

4. **FULL NAME OF CHILD** Silvarious John Bendele

5. Date of Birth of Child (Month, day, year) Aug. 24, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Sebastian Bendele
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Monterey Twp. Putnam Co. Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Lehmkuhle
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Ft. Jennings, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Ohio
County of Putnam } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that not known Dr. Weger (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Sebastian Bendele Signature
RR #1 Columbus Grove, O P. O. Address

Subscribed and sworn to before me this 22 day of August, 1942

(SEAL) Clara M. Altenberger CLARA M. ALTENBERGER Notary Public, residing at Ottoville, O

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Com. expires 10/1/44

Received for filing on AUG 31 1942 by Mabel F. Elsfern, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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753-206-024-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355341
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No. no number
(d) Name of Hospital or Maternity Home: none -born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county no years 7 month s- days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No. no number
(e) How long has MOTHER lived in Idaho? 7-mos yrs
(f) Mother's mailing address Gooding
3. RESIDENCE of FATHER (city, state): Idaho

4. FULL NAME OF CHILD Esther Laurel Pettichord
5. Date of Birth (Month, day, year) July 6th, 1909
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Smith Pettichord
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Oskaloosa (City or town) Iowa (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpentry

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Sittner
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Sutton (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) AUG 29 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Bessie Spahn, being first duly sworn, say that I am related to (Related to (or) acquainted with) Esther Laurel Pettichord (Name of person on certificate above) as great aunt (59 yrs. of age) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Esther Goddard (Name of attendant at birth), who attended said birth, is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Bessie Spahn Signature
747-2nd St. Clarkston Wash. P. O. Address

Subscribed and sworn to before me on this 27th day of August, 19 42.

(SEAL) Fred D. Wooster Notary Public, residing at Lewiston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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699-218-009-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355342
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Newport
(c) ~~Street Address or R.F.D. No.~~ N
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery IN **THIS** county years about 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Bonner
(c) City Clarksfork (But had moved to Newport)
(d) ~~Street Address or R.F.D. No.~~
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Idaho.

4. FULL NAME OF CHILD Terressa Bernice Oviatt

5. Date of Birth of Child (Month, day, year) Nov. 18-1909

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** William Walter Oviatt
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace (City or town) Iowa (State or foreign country)
14. Exact Occupation Sawyer in lbr mill.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Simmons
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) Browns Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alone (Born alive, stillborn) at ? M. on the date and at the place stated above, and that personal particulars were furnished by Edna (First name) Oviatt (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature J N Phillips M.D. ~~Midwife~~ Address 2434 Chestnut Ave Long Beach Calif Date Aug. 15-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

[redacted]rth of a child born prior to the effective date of [redacted]1 Session Laws, has not been recorded, or in case of [redacted] any birth which has occurred subsequent to such [redacted] may be received and filed by the local registrar for [redacted]ureau of Vital Statistics for the purposes and uses [redacted]apter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2- County + City

493-202-025-281

355346

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No. -
   (d) Name of Hospital or Maternity Home: ✓
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No. ✓
   (e) How long has **MOTHER** lived in Idaho? 3 mo. yrs.
   (f) Mother's mailing address Grangeville Idaho

3. **RESIDENCE of FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Dora Jaunita Miller

5. Date of Birth (Month, day, year) December 2, 1909

6. Sex Female

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Enoch Pearl Miller

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Ft. Scott (City or town) Kansas (State or foreign country)

14. Exact Occupation Driver of Dray wagon.

15. Industry or Business Dray

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Irene Shanholtzer

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Bronaugh (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Homemaker

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not Know.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mabel (First name) Miller (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) AUG 31 1942 (Date received) (b) Mabel Miller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Missouri } ss.
County of Barton }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mabel Miller, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Dora Jaunita Miller (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C.W. Stusser (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mabel Miller Signature

Liberal, Missouri P. O. Address

Subscribed and sworn to before me on this 26th day of August 1942

(SEAL) My Commission expires April 6 1946 Bertrude Burke Notary Public, residing at Liberal Missouri

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1942

MAY 7 1974

MAY 15 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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215-002-036-695

355358

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ONEIDA (b) City PRESTON
   (c) Street Address or R.F.D. No. North 2nd West
   (d) Name of Hospital or Maternity Home: at parents home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ONEIDA
   (c) City PRESTON
   (d) Street Address or R.F.D. No. North 2nd West
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) PRESTON IDAHO

4. **FULL NAME OF CHILD** ORELLA SANT

5. Date of Birth of Child (Month, day, year) Nov. 2, 1909

6. Sex FEMALE

7. Twin or Triplet SINGLE BIRTH If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ALMA CLIFFORD SANT
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace TREASURETON (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LOLA CATHARINE WINWARD
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace SOUTH JORDAN (City or town) UTAH (State or foreign country)
20. Exact Occupation HOMEMAKER
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of IDAHO
County of FRANKLIN } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that DR. ELLEN P. CUTLER SR. (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lola Sant Signature

182 North State Street Preston, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of August, 19 42

(SEAL)

Ellen P. Cutler Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 28 1942 by Mark Keeler, Registrar.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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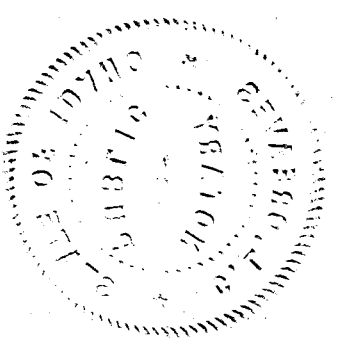


962-211-026-217

355369

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Jefferson (b) City Rigby
(c) Street address or R. F. D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ✓ Days
In THIS county 30 years ✓ months ✓ days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Jefferson Co.
(c) City Rigby
(d) Street address or R. F. D. No. ✓
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address (For registration notice): Rigby, Idaho - (Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Rigby Idaho -

4. FULL NAME OF CHILD Carmen Etta Robbins

5. DATE OF BIRTH (Month, day, year) Feb 11th 1909.

6. Sex Female

7. Twin or Triplet — If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles C. Robbins

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Richfield, Utah - (City or Town) (State or foreign country)

14. Exact Occupation Blacksmith -

15. Industry or Business General Blacksmithing

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Margaret Saxton

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Hull, England. (City or Town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1% -

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7
(c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was b. alive (born alive, stillborn) at 11 30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Louise Saxton Robbins (First name) (Last name), who is related to this child as mother. (Mother, etc.)

26. (a) AUG 31 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature H. A. Anderson M.D. M. D. (D. O., Midwife, etc.)
and address Rigby, Idaho Date Aug 29, 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

SEP 3 19[illegible]

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did ~~baby have any~~:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

747-28/204-765

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355375
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Fish Haven
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Fish Haven
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Fish Haven, Ida

4. FULL NAME OF CHILD Gwendolyn Elizabeth Pugmire

5. Date of Birth of Child (Month, day, year) May 24, 1909

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Liffon C. Pugmire
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Laketown (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marguerite E. Goebel
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Marguerite E Pugmire (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J W Hayward M.D. Midwife Address Logan Utah Date Aug 28-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1942 by Mabel Teeter, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-118-030-214

355410

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Carmen
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Carmen
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Carmen, IDA

4. **FULL NAME OF CHILD** Daniel Philip Slavin

5. Date of Birth of Child (Month, day, year) Apr. 18, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Wallace Slavin
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace New York State (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Kadletz
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 33 years, and that Dr. Whitwell (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances Kadletz Slavin X Signature

Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of August, 1942

(SEAL) Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 2 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest ~~of kin or guardian, or some person having direct knowledge~~ in the premises.

419-106 014-995

255435

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 335
Reg. Dist. No. 363

1. PLACE OF BIRTH:
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. R#4
(d) Name of ~~Hospital of Maternity~~ Home: Home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. R#4
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice): Nampa Idaho R#4
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD George Frank Martineau

5. DATE OF BIRTH (Month, day, year) Jan. 6 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Martineau

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Quebec Canada
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clarinda Rivett

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Montreal Canada
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate Sol.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 8:00 P M. on the date and at the place stated above, and that personal particulars were furnished by Clarinda Martineau (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Aug. 28-1942 (Date received) (b) Lyda Rodgers (Registrar's signature)

27. Given name added on ..... by Mabel [illegible] (Registrar's signature)

AUG 29 1942

25. Attendant's OWN signature Geo. O. A. Kuegg M.D. (D.O., Midwife, etc.)
and address Nampa, Ida. Date 8/28/42.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

SEP 4 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

819-116-037-386

355457

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home.
(e) Mother's stay **BEFORE** delivery: IN THIS county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bruneau, Ida

4. **FULL NAME OF CHILD** Arthur Grant Harris

5. Date of Birth of Child (Month, day, year) Sept 16, 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alvin Milton Harris
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace The Dalles, Oregon (City or town) (State or foreign country)
14. Exact Occupation Cattleman
15. Industry or Business Cattleman & Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Mabel Thomason
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Belmont, Nevada (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [redacted] (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address [redacted] Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 32 years, and that Doctor Mather (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Mabel Thomason Harris Signature

Bruneau, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of August, 19 42

(SEAL) [signature] Notary Public, residing at Bruneau, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by Mabel Thielen, Registrar.

JUN 20 1967

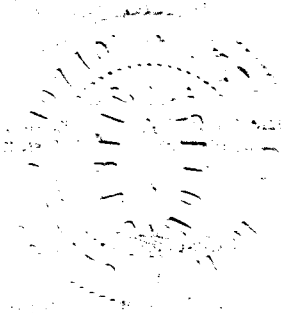
SEP 5 1942

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



673-128-029-342

355466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 3 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Clarence Oglesby

5. Date of Birth of Child (Month, day, year) Sept. 28, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George W. Oglesby
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Henderson County, Illinois (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Barbara Lusk
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 33 years, and that Mrs (First name) Greenwood (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Barbara Oglesby Signature

Payette, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of August, 1942

(SEAL) [signature] Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-111-029-493

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355495
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Princeton
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years 11 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Princeton, Idaho

4. FULL NAME OF CHILD Benjamin Mathiew Cone

5. Date of Birth of Child (Month, day, year) March 11, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Louis Cassette Cone
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Butterville, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Belle Miller
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Palouse (City or town) Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid solution

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nezperce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that COOK (First name) M. D. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louis Cassette Cone Signature

P. O. Address

Subscribed and sworn to before me this 25th day of August, 1942

(SEAL) John M. Woods Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1942 by Mabel M. Fisher, Registrar.

MAY 2 1975

SEP 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

844-122-022-533 SEP 17 1942 355583 355583

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355583
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Edward Humphries

5. Date of Birth of Child (Month, day, year) February 22, 1909

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd / 2 **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Lee Humphries
11. Color or Race s white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Or Ford north Carolina (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lerah Ellis
17. Color or Race white **18.** Age at time of THIS birth yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Deceased Address Date

State of Idaho } ss.
County of Jerome }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 33 years, and that John Hargus (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J L Humphries Signature
Jerome Idaho P. O. Address

Subscribed and sworn to before me this 16 day of September, 1942

(SEAL) William E. Comstock Notary Public, residing at Probate Judge & Ex-Officio Clerk

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1942 by Mary F. Edgar, Registrar.

SEP 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-227-024-213

355626

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 8 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No. New Wendell
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) ~~Street Address~~ or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 5 months ~~yrs.~~

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eva Frances Helfert

5. Date of Birth of Child (Month, day, year) July 27d 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Helfert
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Brestowate (City or town) Hunguary (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Magdalene Baller
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Brestowate (City or town) Hunguary (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Helfert (Last name) (now Maschler) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H E Lamb M.D. ~~Midwife~~ Address Eugene Ore Date Aug 25 '44

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Dr. H.E. Lamb (First name) (Last name), who attended this birth See above (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Magdalen Helfert Maschler Signature

P. O. Address

Subscribed and sworn to before me this 27th day of August 1942

(SEAL) Clark Davis Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Mabel F. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-220-042-394

355657

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

SEP 8 1942

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Twin Falls
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 8 month yrs.
(f) Mother's mailing address Twin Falls, Idaho

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Julia Maxine Moomaw

5. Date of Birth May 20th. 1909 (Month, day year)

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Amos Moomaw
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Painting
15. Industry or Business Painting business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leta Mae True
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Coquille, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home, housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic acid
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 P M. on the date and at the place stated above, and that personal particulars were furnished by Leta Mae Moomaw (First name) (Last name), who is related to this child as mother (Mother, etc.)
26. (a) SEP 8 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's OWN signature Doreg Ella Moomaw ~~M.D.~~ (D.O. Midwife, etc.) and address 1107 W. Robidoux ave Wilmington, Calif Date Sept. 3rd 1942

State of Oregon } ss.
County of Marion }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Leta Mae Moomaw, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Julia Maxine Moomaw (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. R. Morgan, M.D. (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Leta Mae Moomaw Signature
R. 3-Box 407-Bakersfield, Calif P. O. Address

Subscribed and sworn to before me on this 27 day of August, 1942

(SEAL) C. M. Crittenden Notary Public, residing at Hubbard, Ore.
Notary Public for Oregon

SEP 8 1942

My commission expires Jan. 3, 1946

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-223-008-215

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 8 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355677
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Edith Lillian Lewis

5. Date of Birth of Child (Month, day, year) 23rd June 1909

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Henry Lewis
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Lodi (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Sanderson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Manastee (City or town) Mich. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Fergus } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that Doc. Ed. Folk (First name) (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary A. Parrish Signature
Sewiptown Montana Box 720 P. O. Address

Subscribed and sworn to before me this 24 day of June, 1942

(SEAL) Clair W Robson Notary Public, residing at Lunstown, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462-173-025-259

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 8 1942

State File No. 355692

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Grangeville

(c) Street Address or R.F.D. No. None

(d) Name of Hospital or Maternity Home: None - at home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 4 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho

(c) City Grangeville

(d) Street Address or R.F.D. No. None

(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville, Idaho

4. FULL NAME OF CHILD Montana Raymond Dobner

5. Date of Birth of Child (Month, day, year) March 13, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Harry Dobner

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Wecheza (City or town) Austria Hungary (State or foreign country)

14. Exact Occupation Tailor

15. Industry or Business Tailor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Katherine Berg

17. Color or Race Whi te

18. Age at time of THIS birth 24 yrs.

19. Birthplace Grangeville, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Missoula } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Dr. Schlosser (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Henry Dobner Signature

635 Alder St. Missoula Mont. P. O. Address

Subscribed and sworn to before me this 2nd day of September, 1942

(SEAL) Edward Dussault Notary Public, residing at Missoula, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Com. Exp. June 25, 1943.

Received for filing on SEP 8 1942 by Mabel Keller, Registrar.

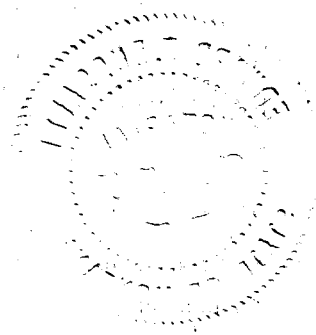
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



693-212-026-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355722
Local Reg. No.
Reg. Dist. No.

SEP 8 1942

1. **PLACE OF BIRTH:**
(a) County Jefferson (b) City [redacted]
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address RS Box 874 Rigby Idaho

3. **RESIDENCE of FATHER** (city, state): Rigby, Idaho

4. **FULL NAME OF CHILD** Alta Hermione Hill

5. Date of Birth (Month, day, year) August 12 1909

6. Sex f.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Chancy Eugene Hill
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Fayette Utah USA (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hermione Jackson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Glenwood Utah USA (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Utah
County of Utah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hermione Jackson Hill, being first duly sworn, say that I am related (Related to (or) acquainted with) to Alta Hermione Hill (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Jones (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

SEP 8 1942

Hermione J Hill Signature

Route 3. Box 89 C Provo, Utah P. O. Address

Subscribed and sworn to before me on this 8 day of Sept, 1942

(SEAL) [redacted] Notary Public, residing at Provo, Utah

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-115-010-345

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355728
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNEVILLE (b) City IDAHO FALLS
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 6 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City IDAHO FALLS
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO FALLS IDA

4. FULL NAME OF CHILD RAYMOND AUGUSTUS PETERSON

5. Date of Birth of Child (Month, day, year) Jan 15, 1909

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 7

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME CARL WILLIAM PETERSON ~~RAYMOND AUGUST~~

11. Color or Race WHITE

12. Age at time of THIS birth 37 yrs.

13. Birthplace WEST PAINT (City or town) NE BRASKA (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME HULDAH CHARLOTTE LUNDBLADE

17. Color or Race WHITE

18. Age at time of THIS birth 32 yrs.

19. Birthplace VERMLAND (City or town) SWEDEN (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business TEACHER

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Arizona } ss.
County of Pima }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 33 years, and that Carolina (First name) Lundblade (Last name) who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel C. Patton Signature

Tucson Arizona P. O. Address

MY COMMISSION EXPIRES APRIL 18, 1943

Subscribed and sworn to before me this 15 day of July, 19 42

(SEAL) E. P. Anderson Notary Public, residing at Pima Co Tucson Ariz

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

SEP 3 1942

Received for filing on ____ by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-11-6042-761

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355758
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Rogerson
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: 17 Years
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Rogerson
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ~~Peter B. Davis~~ Howard Augustus Davis

5. Date of Birth of Child (Month, day, year) May/16/1909

6. Sex Masc

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter B. Davis

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Pineville, (City or town) Missouri (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Rose Poage

17. Color or Race White

18. Age at time of THIS birth 39 yrs.

19. Birthplace Louisville, (City or town) Iowa (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 1 P.M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Rose Poage (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Nellie Rose Davis M.D. Midwife Address Monterey Park, Date July/15 1942

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for ~~27~~ 33 years, and that Nellie Rose Poage (First name) (Last name), who attended this birth Of registrant (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nellie Rose Davis Signature

~~Monterey~~ Monterey Park, ~~California~~ California P. O. Address

Subscribed and sworn to before me this 5th day of July, 1942.

(SEAL) E. V. Lynch Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

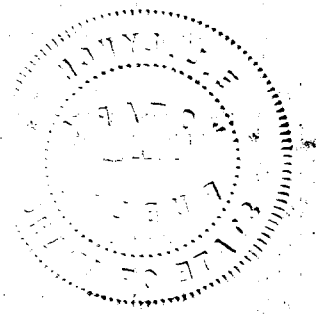
Received for filing on SEP 8 1942 by Mark Keeler, Registrar.

SEP 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



385-20402-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 10 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355773
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City St Anthony
(c) Street Address or R.F.D. No. #2
(d) Name of Hospital or Maternity Home: On Farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mabel Emily Sheldon

5. Date of Birth of Child (Month, day, year) 5-4-1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Warren Sheldon
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Wayland - Mich. (City or town) (State or foreign country)
14. Exact Occupation A Farmer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Mary Froeburg
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Chicago - Ill (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of So Dak
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 33 years, and that (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Claude T Sheldon Signature

Carpenter So Dak P. O. Address

Subscribed and sworn to before me this 22 day of August, 1942

(SEAL) Arthur Madsen Notary Public, residing at Carpenter Clark Co. So Dak.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 10 1942 by Mabel F Sheldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-202-016-651

355786

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley,
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Esther Ruby Gillespie

5. Date of Birth of Child (Month, day, year) January 2, 1909

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME James W. Gillespie

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Decatur Co. (City or town) Indiana. (State or foreign country)

14. Exact Occupation Real Estate

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian A. Feagins, (Feagins)

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Davis Co. (City or town) Iowa. (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ——

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1.00 P. M. on the date and at the place stated above, and that personal particulars were furnished by myself as to Esther Ruby Gillespie, (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's OWN signature M.D. Midwife Address Date

State of Nebraska } ss.
County of Lancaster }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 38 (33) years, and that the attendant (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian A Feagins Gillespie Signature

3450 East Perishing Rd., Lincoln, Nebraska P. O. Address

Subscribed and sworn to before me this 4th day of September, D. 42.

(SEAL)

Joseph Bradley Notary Public, residing at Lincoln Neb

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-222-020-553

United States Department of Commerce Bureau of the Census

SEP 10 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355792
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ELMORE (b) City MOUNTAIN HOME
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ELMORE
   (c) City MOUNTAIN HOME
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) MOUNTAIN HOME IDA

4. **FULL NAME OF CHILD** MARGARET MARIE BLENKNER

5. Date of Birth of Child (Month, day, year) JULY 22-1909

6. Sex FEMALE

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** RALPH T. BLENKNER
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace BARNESVILLE (City or town) MINN (State or foreign country)
14. Exact Occupation MERCHANT
15. Industry or Business RETAIL GROCERY

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ALICE I NELSON
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace ALGONA (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living TWO

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 31 years, and that DR HANLEY (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ralph T. Blenkner Signature

3407 Eyman Ave Seattle Wn. P. O. Address

Subscribed and sworn to before me this 4th day of September, 1942.

(SEAL) Orpha Davis Notary Public, residing at Seattle Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

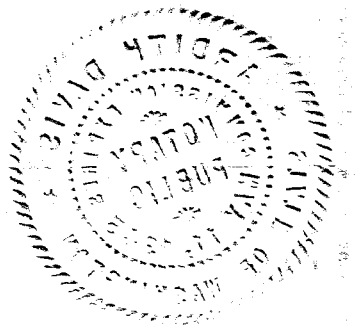
Received for filing on SEP 10 1942 by Mary Hatten, Registrar.

JUL 7 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



318-220026-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 14 1942

State File No. 355841
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Garfield,
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home,
(e) Mother's stay **BEFORE** delivery: IN THIS county 21 years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Garfield,
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Devota C. Taylor

5. Date of Birth of Child (Month, day, year) Mar 20, 1909

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Curtis Wilmer Taylor
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Harrisville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie S. Peterson,
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Rigby, (City or town) Idaho. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho,
County of Jefferson, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for all life years, and that C. M. (First name) Paxton (Last name), who attended this birth is believed dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Curtis Wilmer Taylor Signature

Rigby, Idaho. P. O. Address

Subscribed and sworn to before me this 10th day of September, 1942

(SEAL) Mary Groom Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by Mary E. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

858-210029-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 14 1942

State File No. 355859
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City AVON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN AT FARM HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City AVON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) AVON, IDAHO

4. **FULL NAME OF CHILD** INEZ CHRISTENA HEYER

5. Date of Birth of Child (Month, day, year) Feb 10, 1909

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** CHRISTIAN WILLIAM HEYER
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace WOODLAKE (City or town) MINNESOTA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AGNES AUGUSTA STEINKE
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace St. PETER (City or town) MINNESOTA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Mrs. Mary Heyer (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnes A. Heyer Signature
Medical Lake Wash P. O. Address

Subscribed and sworn to before me this 8 day of September 1942

(SEAL) A. K. Victor Notary Public, residing at Medical Lake

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by [signature], Registrar.

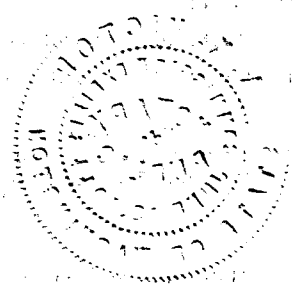
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



343-114021-766

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355895
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Dayton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 314 2nd Ave E.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Thomas Eldon Lucas

5. Date of Birth of Child (Month, day, year) Sept 14, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Eldon Lucas
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Carlton, Missouri (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Susan Poffenberger
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Hagerstown, Maryland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

This certificate issued in accordance with 1937 Idaho Session laws permitting certificates be issued in the foster name. Certified copy of Order of Adoption filed with Bureau of Vital Statistics, Boise, Idaho, this 9th day of September, 1942. Order of adoption gives date of birth of this child as September 14, 1909 and place of birth as Dayton, Idaho. Adoption made by Thomas E. Lucas and Margaret S. Lucas, on August 14, 1912, in the Probate Court of Twin Falls County, Idaho.

State of Idaho }
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Foster Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 30 years, and that attending physician (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Susan Lucas Signature

P. O. Address

Subscribed and sworn to before me this 11th day of September, 1942

(SEAL) Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 15 1942 by Mabel H. Edelman, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty (50) cents. Do not send currency or coin.

SEP 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259 179 007 619

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355923
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blane Co. (b) City Baysinger
(c) Street Address or R.F.D. No. rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemi
(c) City Rural Baysinger
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) rural

4. **FULL NAME OF CHILD** Larence James Knight

5. Date of Birth of Child (Month, day, year) Sept. 29 1909

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lavel S. Knight
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Pekin (City or town) Ill. (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business on his farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ottie May Warren
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Independance (City or town) Mo. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business in her home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7-45 P M. on the date and at the place stated above, and that personal particulars were furnished by Ottie May Knight (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ottie May Knight M.D. Midwife Address Date

State of Arizona } ss.
County of Maricopa }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that Mrs. Baysinger (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ottie May Knight Signature

Buckeye Arizona P. O. Address

Subscribed and sworn to before me this 23d day of May, 1942

(SEAL) John Stanley Notary Public, residing at Buckeye Arizona

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1942 by Mary Hyden, Registrar.

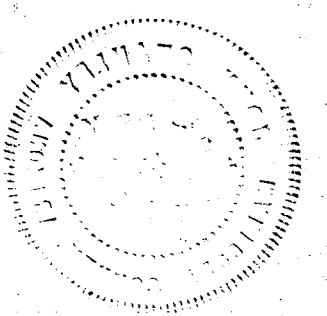
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



856-202001-714

355975

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? .....yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Esther Agnes Heffner

5. Date of Birth (Month, day year) Mar. 2 1909

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Frank C. Heffner
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Witchacha (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy J. Paddock
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Kirtzville (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by Annie Johnson (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) SEP 15 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature Connie Johnson M.D. (M.D., Midwife, etc.)
and address Ontario Oregon Date

27. Given name added on .....by .....
(Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with)
..... as ....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ....., who attended
(Name of attendant at birth)
said birth ..... and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 19 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Payette

City of SEP 15 1942

No. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. State File No. 355978

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Edward Paul Schug

3. Sex Male | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term yes | 7. Legitimate? yes | 8. Date of birth June 26th, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles Adrian Schug	18. Full maiden name Bertha Lillian Brown
10. Residence (usual place of abode) Payette County, Idaho (If non-resident, give place and State)	19. Residence (usual place of abode) Payette County, Idaho (If non-resident, give place and State)
11. Color or race Am. | 12. Age at last birthday 30 (years)	20. Color or race Am. | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) Mechanicsville, Iowa (State or Country) Iowa, U.S.A.	22. Birthplace (city or place) Sabetha, Kansas (State or Country) Kansas, U.S.A.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. her own home
16. Date (month and year) last engaged in this work June, 1909 | 17. Total time (years) spent in this work 20	25. Date (month and year) last engaged in this work June, 1909 | 26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks | 30. Cause of stillbirth Before labor; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Lulu M Beaghly, Aunt

or , Midwife

Address Peculiar, Cass County, Missouri

Give name added from a supplemental report

(Date of)

Filed SEP 15 1942 193 Mabel [illegible] Registrar.

Registrar.

DELAYED

238-126 038-296

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri SEP 15 1942
County of Cass } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lulu M. Beeghly being first duly sworn says that she is the Aunt of Edward Paul Schug
(Relationship of child)*

born June 26-1909 at Payette County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Edward Paul Schug hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that unknown M. D. was the Midwife medical attendant at the birth of said Edward Paul Schug and that the said medical attendant is unknown and cannot be located and both parents are deceased.
(Now deceased (or) cannot be located)

Name of Affiant Lulu M Beeghly

P. O. Address Peculiar, Missouri

Subscribed and sworn to before me this 11th. day of September, 1942

345

Charles O'Bishop
Notary Public.

Residing at Peculiar, Cass county, Missouri, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 17 1942

491 219027-364

United States
Department of Commerce
Bureau of the Census

SEP 14 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355988
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county — years 3 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Jerome
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 7 mos.

3. **RESIDENCE OF FATHER** (city, state) Jerome, Idaho.

4. **FULL NAME OF CHILD** Inez Irene Drake
5. Date of Birth of Child (Month, day, year) May 19, 1909.
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 3rd.
8. No. months of Pregnancy 9
9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Frank T. Drake
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Clay Co. (~~City or town~~), Indiana (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leota Loudermilk Drake
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Clay Co. (~~City or town~~), Indiana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Indiana
County of Vigo County } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that (Unknown) (First name), Schemeral (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leota Drake Signature

2720 N. 13th St. Terre Haute, Ind. P. O. Address

Subscribed and sworn to before me this 9th day of September, 1942

(SEAL) Mary E. Griffith Notary Public, residing at Terre Haute, Ind.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 17 1942

FEB 1 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231 112 020 231

355999

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355999
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City Glenns Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mothers Home Blackwell residence
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Glenns Ferry Ida

4. **FULL NAME OF CHILD** Maurice Dean Blackstein

5. Date of Birth of Child (Month, day, year) Jan 12 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Clarence Blackstein
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Garnett (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leona Effie Blackwell
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Bellevue Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Leona (First name) Blackstein (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Leona Effie Blackstein M.D. ~~Midwife~~ Address Glenns Ferry Ida. Date Sept. 14, 1942

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for years, and that Dr. J W (First name) Davis (Last name), who attended this birth (Is now deceased) or ~~(Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leona Effie Blackstein Signature

Glenns Ferry Idaho P. O. Address

Subscribed and sworn to before me this 14 day of Sept, 1942

(SEAL) Lea F. Robertson Notary Public, residing at Glenns Ferry

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 15 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 1 1973

SEP 1 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-108-036-386

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 356017
Local Reg. No.
Reg. Dist. No.

SEP 16 1942

1. **PLACE OF BIRTH:**
   (a) County Oneida (b) City Malad
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home: X
   (e) Mother's stay **BEFORE** delivery: X
   In Hospital or Maternity Home ..... Days
   In **THIS** county 2 3 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? 23 yrs.
   (f) Mother's mailing address (For registration notice):
   Malad
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** David Arthur Slayner

5. **DATE OF BIRTH** (Month, day, year) ~~Oct. 8, 1909~~ 10-8-1909

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Slayner
11. Color or Race white 12. Age at time of THIS birth 21 yrs.
13. Birthplace Salt Lake City (City or Town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Thomas
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Malad City (City or Town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 16 1942 (Date received) (b) Mabel [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature D C Ray M. D. (D. O., Midwife, etc.)
and address Pocatello Date 9-15-1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. 1 - one
(d) Name of Hospital or Maternity Home:
(e) Mother's s[illegible] BEFORE delivery: IN THIS c[illegible] 23 years 1 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Alaska

4. FULL NAME OF CHILD David Arthur Stagner

5. Date of Birth of Child (Month, day, year) 10-8-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur Stagner
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane Thomas
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Malad City Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature [illegible] D C Ray M.D. Midwife Address Pocatello Date 9-15-1942

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Jane T. Stagner (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that DR. D.C. Ray (First name) (Last name), who attended this birth Pocatello Idaho (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David Arthur Stagner Signature

P. O. Address

Subscribed and sworn to before me this 26 day of May, 1942

(SEAL) E. V. Lynch Notary Public, residing at Buhl, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

COMMISSION EXPIRES MARCH 15, 1945

Received for filing on MAY 18 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 7 1970

SEP 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

168-128021-632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356025
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Mink Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Mink Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mink Creek, Ida

4. **FULL NAME OF CHILD** Charles Cecil John

5. Date of Birth of Child (Month, day, year) Jan. 28, 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles John
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Portage, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sadie Olsen
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Brigham City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that Nancy Rasmussen (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Sadie Olsen John Signature

Lava Hot Springs, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of September, 19 42.

(SEAL) Dorothy E. John Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533-211-009-555

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356043
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 321 Larch St
(d) Name of Hospital or Maternity Home: Born at Family residence
(e) Mother's stay BEFORE delivery Sandpoint Ida
IN THIS county 7 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 321 Larch St
(e) How long has MOTHER lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Idaho

4. FULL NAME OF CHILD Mildred Lillian Ellison

5. Date of Birth of Child (Month, day, year) April 1, 1909

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wm Ledlow Ellison
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Marlette Michigan (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Marela Neer
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Burlington Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was deceased (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for since birth years, and that physician (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs William Ellison Signature
Sandpoint Idaho P. O. Address

Subscribed and sworn to before this 19th day of June 1942.
(SEAL) Arthur K Bowden Notary Public, residing at Sandpoint

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366 124 016 349

United States
Department of Commerce
Bureau of the Census

SEP 16 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356045
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (Twin Falls) (b) City Twin Falls
(c) Street Address or R.F.D. No. Cor 7 Ave & 1st ST. N.
(d) Name of Hospital or Maternity Home: None Used
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 27 years 2 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia (Twin Falls)
(c) City Twin Falls
(d) Street Address or R.F.D. No. Cor 7th Ave & 1st ST. N.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls Ida.

4. FULL NAME OF CHILD Lawrence Schoolcraft Cookinham
5. Date of Birth of Child (Month, day, year) Dec. 24, 1909
6. Sex Male
7. Twin or Triplet Single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Richard Sherman Cookinham
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace New Hartford (City or town) New York (State or foreign country)
14. Exact Occupation Assistant Engineer State of Idaho
15. Industry or Business Civil Engineering

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Sarah Elizabeth Turley
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Logansport (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of New York
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 33 years, and that Dr — Morgan (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Richard S. Cookinham Signature
2700 Sunset Ave Utica N.Y. P. O. Address

Subscribed and sworn to before me this 14 day of Sept, 1942

(SEAL) J Brayton Miller ONEIDA COUNTY CLERK Notary Public, residing at Utica N.Y.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1 1942

DEC 2 7 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

685-207038638 356048

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356048
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at family residence
(e) Mother's stay **BEFORE** delivery: ~~IN THIS~~ county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City New Plymouth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) New Plymouth, Idaho

4. FULL NAME OF CHILD Catherine Opal Wheaton

5. Date of Birth of Child (Month, day, year) Feb. 7, 1909

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Wallace Wheaton
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Brooklyn (City or town) New York (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Elizabeth Flynn
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Canada Country ~~(City or town)~~ Quebec Huntington Province ~~(State or foreign country)~~ City
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive ~~(Born alive, stillborn)~~ at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature W T Dupdale M.D. ~~Midwife~~ Address Mod Misc Date 5-25-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 19 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 4 1974

SEP 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 217 032 812 356088

United States
Department of Commerce SEP 26 1942
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356088
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Grangville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Grangville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville

4. **FULL NAME OF CHILD** Gretchen Henriella Hartwig
5. Date of Birth of Child (Month, day, year) July 17, 1909
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD
10. **FULL NAME** Jacob Hartwig
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Louise Hulda Hasse
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 33 years, and that Doctor (First name) (Last name), who attended this birth X Can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jacob Hartwig Signature
1649 N. E. Buffalo. Portland, Or. Address

Subscribed and sworn to before me this 18th day of September, 1942

(SEAL) Tom C. Ordeman Notary Public, residing at Portland Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-514, Idaho Code Annotated.)

Received for filing on SEP 26 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419/19007 613

356096 356096

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356096
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Fairfield
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Fairfield
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Clifford Eugene Martin

5. Date of Birth of Child (Month, day, year) June 19, 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel E. Martin
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Pittsfield, (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lettie Watkins
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Odessa, (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Mary (First name) Barkley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel E Martin Signature

R 1, Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of September, 1942

(SEAL)

Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168 - 215028864

United States
Department of Commerce
Bureau of the Census

SEP 17 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356124
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) 4

4. FULL NAME OF CHILD Edith Lucile Johnson

5. Date of Birth of Child (Month, day, year) August 15, 1909

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Eric Johnson
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Jemtland (City or town) Sweden (State or foreign country)
14. Exact Occupation Carpenter & Builder
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Young
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Derbyshire (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Aug 10 (Born alive/Stillborn) at 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth (First name) Johnson (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs J H Schlack ~~M.D.~~ Midwife Address Post Falls Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-207011-238

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357129
Local Reg. No.
Reg. Dist. No.

SEP 21 19

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No. Gen Delivery
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No. Gen Delivery
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Lillie Casanova

5. Date of Birth of Child (Month, day, year) 8-9-1909

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Kasper Casanova
11. Color or Race White **12.** Age at time of THIS birth 53 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophie Marie Schaub
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Switzerland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8.10 P.M. on the date and at the place stated above, and that personal particulars were furnished by Sophie Marie (First name) Casanova (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Coos } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that Mrs. William Sweet (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Sophie M. Casanova Signature

432 West 82nd Street, Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 12th day of September, 19 42

(SEAL) Aug. Jorgensen Notary Public, residing at Marshfield, Or

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1942 by Mabel Phelps, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-129003-569

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357151
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 1 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 41+ yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Frank Norton Homan

5. Date of Birth of Child (Month, day, year) April 29 1909

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Bruce Homan
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Train dispatcher
15. Industry or Business Union Pacific R.R. Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alta Marie Norton
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace American Falls Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business at Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum prophylactic used name unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 33 years, and that Doctor G.H. Cooper (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alta Marie Stewart Signature
3702 S.E. Henry N. Portland P. O. Address

Subscribed and sworn to before me this 15th day of May, 1942

(SEAL) Robert L. Russell Notary Public, residing at Portland, Oreg.
NOTARY PUBLIC FOR OREGON
My Commission Expires March 10, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 19 1942 by Mark F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 28 1947

SEP 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-122025-755

357177

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 18 1942

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home of parents
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 7 yrs.

3. RESIDENCE OF FATHER (city, state) Cottonwood Idaho

4. FULL NAME OF CHILD Glenn Gentry Farthing

5. Date of Birth of Child (Month, day, year) Aug 28, 1909

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Stephen J. Farthing

11. Color or Race White **12.** Age at time of THIS birth 27 yrs.

13. Birthplace Boone (City or town) North Carolina (State or foreign country)

14. Exact Occupation Common Laborer

15. Industry or Business Common laborer

MOTHER OF CHILD

16. FULL MAIDEN NAME Jenny G. Gentry [illegible]

17. Color or Race White **18.** Age at time of THIS birth 23 yrs.

19. Birthplace Jefferson (City or town) North Carolina (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child First (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Jenny G Farthing (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J D Shinnick M.D. Address Grangeville Idaho Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that J. D. Shinnick (First name) (Last name), who attended this birth alive (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stephen J. Farthing Signature

Cottonwood, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of Sept., 1942

(SEAL) Nieka Nelson Notary Public, residing at Cottonwood Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com exp Jan 24-1946.

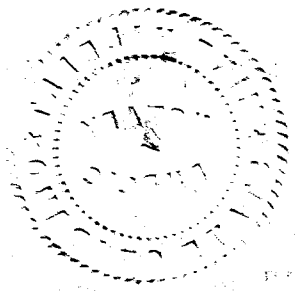
Received for filing on SEP 18 1942 by [illegible], Registrar.

SEP 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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357187

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357187
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Wallace Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace, Ida

4. FULL NAME OF CHILD Magdalene Julianna Webb

5. Date of Birth of Child (Month, day, year) 2/7/1909

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Raymond Webb
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Manhattan (City or town) (State or foreign country)
14. Exact Occupation Fireman
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Conlon Webb
17. Color or Race white **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Toledo Ohio (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the a friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 33 years, and that Dr. (First name) St. Jean (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Victoria Beeler Signature

P. O. Address

Subscribed and sworn to before me this 17th day of August, 1942

(SEAL) F. G. Keane Notary Public, residing at Wallace

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1942 by Mabel Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 24 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-28028-284

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357321
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Florence Shult Thompson

5. Date of Birth of Child (Month, day, year) April 18 1909

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Chris Thompson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Herning (City or town) Denmark (State or foreign country)
14. Exact Occupation Stationary engineer
15. Industry or Business Steamshovel engineer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Henrietta Shult
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Portage (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 60 years of age, that I have known this person for 33 years, and that (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary H Feely Signature

Bayview Idaho P. O. Address

Subscribed and sworn to before me this 16 day of June, 1942

(SEAL) James J. Feely Notary Public residing at Bayview Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-1801, Idaho Code Annotated)

NOTARY PUBLIC FOR THE STATE OF IDAHO RESIDING AT BAYVIEW IDAHO MY COMMISS. ON EXPIRES DEC. 1, 1944

Received for filing on SEP 23 1942 by Mark H Feeley, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-21031-515

357346

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Forest
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Forest
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Clara Edith Currier

5. Date of Birth of Child (Month, day, year) 8-11-1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Albert Currier
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Geneseo (City or town) Illinois (State or foreign country) U.S.A.
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della Lovetta Van Wagoner
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Prescott (City or town) Iowa (State or foreign country) U.S.A.
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 A M. on the date and at the place stated above, and that personal particulars were furnished by Della L. Currier (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that Mrs Elora Clevis (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Della L Currier Signature

P. O. Address

Subscribed and sworn to before me this 23 day of Sept., 1942

(SEAL)

Eugene Lewis Notary Public, residing at Craigmont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9[illegible] Idaho Code Annotated.)

Received for filing on SEP 26 1942 by Mary H. Keller, Registrar.

SEP 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

613-11401427 5

357381

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 26 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 61 yrs.

3. RESIDENCE OF FATHER (city, state) Parma, Ida

4. FULL NAME OF CHILD John Hamilton Watkins

5. Date of Birth of Child (Month, day, year) Dec. 14, 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Wesley Watkins

11. Color or Race white

12. Age at time of THIS birth 29 yrs.

13. Birthplace Norton (City or town) Co. Illinois (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Cleora L. Biglow

17. Color or Race white

18. Age at time of THIS birth 20 yrs.

19. Birthplace Paradise (City or town) Nevada (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for since birth years, and that Dr. Williamson (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Cleora L. Watkins Signature

1203 Albany St. Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of September, 1942

(SEAL) Emma E. Thompson Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3401, Idaho Code Annotated)

Received for filing on SEP 26 1942 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 29 1942

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 29 1942 STATE OF IDAHO OCT 29 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 357381

Date Filed Sept. 26, 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for John Hamilton Watkins (Name on Original Certificate) who was born (Was Born or Died) on Dec. 14, 1900 (Date of Event)
in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date	Dec. 14, 1909	Dec. 14, 1900

Subscribed and sworn to before me this 28th
day of October 1942.
Emma E. Thompson
Notary Public, residing at Caldwell, Idaho
My commission expires October 5, 1945
(Seal)

Signed Alessa L. Watkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1203 Albany St., Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

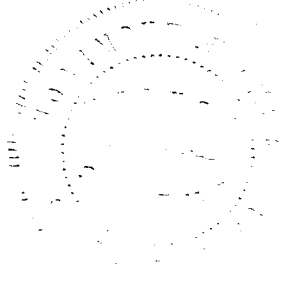
[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of October 1942.
Emma E. Thompson
Notary Public, residing at Caldwell, Idaho
My commission expires October 5, 1945.
(Seal)

Signed Julia W. Jenkins
(Signature of Any Credible Person Other Than Previous Year)
Caldwell Idaho.
(Street Address, City, State)

NOV 2 1942



415 20036-693

357403

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 33 years 5 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Celia Thelma Daniels

5. Date of Birth of Child (Month, day, year) October 10-1909

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo. **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Henry Daniels
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Williams
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Cherry Creek, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrea Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of ..... } ss.
County of LOS ANGELES }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for ..... years, and that Maehild Wallace (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Elizabeth Daniels Signature
113 E. Cabalsouna Ave., Hynes, Calif. P. O. Address

Subscribed and sworn to before me this 12 day of Oct, 19 42

(SEAL) Theo. A. Kappmann Notary Public, residing at Hynes, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires March 23, 1944.

Received for filing on SEP 21 1942 by Mabel Wilson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

731-48007-814

357409

United States
Department of Commerce SEP 28 1942
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eugene Debs Glahn.
5. Date of Birth of Child (Month, day, year) Jan. 18, 1909
6. Sex Male
7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Andrew Martin Glahn
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace West Port, Jackson Co. Mo. (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mamie Hauk
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace West Port, Jackson Co. Mo. (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 33 years, and that Dr. Allen & Jane Stitt (First name) (Last name), who attended this birth both deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Glahn Signature

Bellevue, Idaho. P. O. Address

Subscribed and sworn to before me this 24 day of September, 1942

(SEAL) R. H. McCoy Notary Public, residing at Hailey, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1 1971

SEP 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

338-210042-556

357426

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 28 1942

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home Grandmothers home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls Idaho

4. FULL NAME OF CHILD Irene Clyde

5. Date of Birth of Child (Month, day, year) Nov. 10 - 1909

6. Sex female **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Napolen Clyde
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Hollenings (City or town) Ark (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Rae Newby
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Colby (City or town) Kansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that M. J. Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Newby Clyde Signature
209-H St. S. Twin Falls Ida. P. O. Address

Subscribed and sworn to before me this 1 day of September 1942

(SEAL) Mabel Hall Notary Public, residing at Twin Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 28 1942 by Mabel Hall, Registrar.

OCT 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

254-22-7004-543

357465 357465

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 9 - 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bear Lake (b) City Montpelier

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county Ten years eight months two days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bear Lake

(c) City Montpelier

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? Ten yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Ida.

4. FULL NAME OF CHILD Bertha Lois Knutti

5. Date of Birth of Child (Month, day, year) Aug. 27, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Michael Knutti

11. Color or Race white

12. Age at time of THIS birth 22 yrs.

13. Birthplace Montpelier (City of town) Idaho (State or foreign country)

14. Exact Occupation Railroad Brakeman

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fthel Nutt

17. Color or Race white

18. Age at time of THIS birth 22 yrs.

19. Birthplace Leicestershire (City or town) England (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that D'Orr (First name) Poynter (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Michael Knutti Signature

Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 5 day of October, 19 42

(SEAL) Ken Allred Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-21-028 957

357497

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Ferrel
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ___ years ___ months ___ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Ferrel
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Ferrel Idaho

4. FULL NAME OF CHILD Harriette Grace Howarth

5. Date of Birth of Child (Month, day, year) Oct. 12. 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert P. Howarth

11. Color or Race White

12. Age at time of THIS birth 62 yrs.

13. Birthplace New York City N.Y. (City or town) (State or foreign country)

14. Exact Occupation Rooming House

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ann Teresa Reppa

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Detroit (City or town) Michigan (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child. One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Boy Howarth (Born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by Ann Teresa Reppa (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ___ M.D. Midwife Address ___ Date ___

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 33 years, and that Dr Tapping (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ann Teresa Reppa Howarth Signature

3017 Guirado st Los angeles Calif. P. O. Address

Subscribed and sworn to before me this 26th day of Sept 1942

(SEAL) R M Barrington My Commission Expires Sept. 25, 1945. Notary Public, residing at 2921 Whittier Blvd

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1942 by ___, Registrar.

OCT 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 124032942

357500

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357500
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Rupert
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Rupert
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Idaho

4. FULL NAME OF CHILD William Carson Wilson

5. Date of Birth of Child (Month, day, year) Jan. 24, 1909

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mos. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jesse Isaac Wilson
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Jennie Grove (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lily Jamson Russell
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Russellville (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Montana } ss.
County of Lake }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 33 years, and that Dr McLaughlin (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jesse Isaac Wilson Signature
Charlo, Mont. P. O. Address

Subscribed and sworn to before me this 27 day of August 1942
(SEAL) Lottie Wiebke Notary Public, residing at Charlo
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC for the State of Montana, Residing at Charlo, Montana. My commission expires June 14th, 1944.

Received for filing on SEP 28 1942 by Mabel Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

854-122032 213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

357528

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lincoln (b) City Gooding
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years 7 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City Gooding
(d) Street Address or R.F.D. No. Nevada St.
(e) How long has **MOTHER** lived in Idaho? 7/12 yrs.
(f) Mother's mailing address Box 226 Marysville
3. **RESIDENCE OF FATHER** (city, state) Gooding, Ida.

4. **FULL NAME OF CHILD** William Watson Hedges
5. Date of Birth (Month, day, year) Nov. 22, 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Hedges
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Dowagiac, (City or town) Mich. (State or foreign country)
14. Exact Occupation Plumber
15. Industry or Business Evans & Green

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Jane Ball
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace Miamisburg, (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None. (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn none

Attendant not living

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

SEP 29 1942

26. (a) (Date received) (b) (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of California
County of Yuba } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Agnes Jane Hedges, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Watson Hedges (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cleary (Name of attendant at birth), who attended said birth, is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Agnes Jane Hedges Name
Box 226 Marysville, Calif. P. O. Address

Subscribed and sworn to before me on this 3d day of September 1942

(SEAL) John Dunning Notary Public residing at Marysville, California
My commission expires Dec. 19, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-201 007-212

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357539
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City on ranch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City on Loving ranch
(d) Street Address or R.F.D. No.
✓ (e) How long has **MOTHER** lived in Idaho? 21. yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jessie Morgan Loving
5. Date of Birth of Child (Month, day, year) Apr 1, 1909,
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** John Thomas Loving
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Virginia (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Bertha Dora Matilda Baker
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 63 years of age, that I have known this person for 33 years, and that Dr. O. J. Allen, M.D. (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Baker Loving

x Bertha Baker Loving Signature

Gooding Idaho P. O. Address

Subscribed and sworn to before me this 8th day of September 19 42

(SEAL) Leona W Lucke Notary Public, residing at Gooding

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 30 1942 by Mabel Tolson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

351-121030-699

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
SEP 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357553
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Dwizette Leabo.

5. Date of Birth of Child (Month, day, year) Sept 21-1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** George Albert Leabo
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Salmon (City or town) Idaho. (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hettie Alvilda Knight
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Salmon (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Cowlitz }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that F. J. Wright, M. D. (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Albert Leabo. Signature

636, 15th Ave. Longview, Washington P. O. Address

Subscribed and sworn to before me this 28th day of September, 1942

(SEAL) Della Germaine Notary Public, residing at Longview,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 29 1942 by Mary E. Eden, Registrar.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-212-042-312

357560

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 28 1942

State File No.

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls Idaho

4. **FULL NAME OF CHILD** Bessie Catherine Towler

5. Date of Birth of Child (Month, day, year) Sep 12, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Abraham Lincoln Towler
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Prairie (City or town) Illinois (State or foreign country)
14. Exact Occupation Stone Mason Plasterer
15. Industry or Business (Now deceased)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Josephine LaShonse
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Red Oak (City or town) Iowa (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 1% solution

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by Bertha Towler (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature W. F. Tibbe M.D. Midwife Address Oakland Calif Date Sept 29 42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL)

Notary Public residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 26-1942 by , Registrar.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

456-111 003-366

United States
Department of Commerce
Bureau of the Census

OCT 2 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357621
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In the home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Lifetime months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Lifetime yrs.

3. RESIDENCE OF FATHER (city, state) Downey, Idaho

4. FULL NAME OF CHILD Harvey Ross Dewey

5. Date of Birth of Child (Month, day, year) 5-11-1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Arley Dewey
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Downey, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vera Mary Coffin
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Downey, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for lifetime years, and that Doctor Arnout (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Arley Dewey Signature
Downey, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of September, 19 42
My Commission Expires Oct. 1, 1945
(SEAL)
J. Dickmore Notary Public, residing at Downey, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 2 1942 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

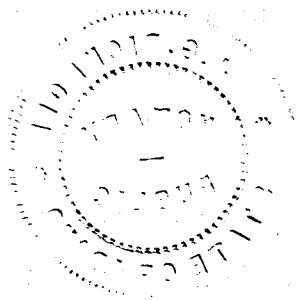
NOV 2 4 1965

OCT 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



443 22 2007 689

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357653
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BLAINE (b) City BELLEVUE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BLAINE
(c) City BELLEVUE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD LOUISE KATHERINE MULLINS

5. Date of Birth of Child (Month, day, year) JAN. 22 1909

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME WILLIAM RILEY MULLINS
11. Color or Race WHITE
12. Age at time of THIS birth 41 yrs.
13. Birthplace WEST VIRGINIA (City or town) (State or foreign country)
14. Exact Occupation RAILROAD
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ALICE ELIZA WHITE
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace VIRGINIA (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington
County of Cowlitz } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Mrs. (First name) McCoy (Last name), who attended this birth Deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Eliza Mullins Signature

P. O. Address

Subscribed and sworn to before me this 26 day of September, 1942

(SEAL) A. A. Martin Notary Public, residing at Longview.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1942 by Mabel Hughes, Registrar.

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

841 229 029 493

United States
Department of Commerce
Bureau of the Census

OCT 5 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357654
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No. Rt. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No. Rt 1
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** CORA LENE QUALEY
5. Date of Birth of Child (Month, day, year) 12-29-1909
6. Sex FEMALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 MO.
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** KNUD CHRISTEN QUALEY
11. Color or Race WHITE
12. Age at time of THIS birth 41 yrs.
13. Birthplace OSLO (City or town) NORWAY (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** KAREN MARIE MILLER
17. Color or Race WHITE
18. Age at time of THIS birth 37 yrs.
19. Birthplace COPENHAGEN (City or town) DENMARK (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 32 years, and that Mrs Halvison (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

K. Christensen Qualey Signature
White Bird, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of Oct, 1942

(SEAL) Lloyd Bash Notary Public, residing at Lucile Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 1942 by Mabel F. Eldgers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho~~ Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-201 035 114

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 5 - 1942

State File No. 357679

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lapwai
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: no record
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lapwai
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lapwai, Ida.

4. **FULL NAME OF CHILD** Fay Delilah Brown

5. Date of Birth of Child (Month, day, year) Oct. 1, 1909

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marion Sylvester Brown
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Quitman (City or town) Missouri (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mandy James
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Alice (First name) Brown (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 33½ years, and that Marion (First name) Brown (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Brown Signature

9276 Carlin Ave Lynwood P.O. Address

Subscribed and sworn to before me this 2 day of October, 1942

(SEAL) Howard Hemmway Notary Public, residing at Lynwood

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on OCT 5 - 1942 by Mary [illegible], Registrar.

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867-109 044-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

OCT 5 - 1942 STATE OF IDAHO

State File No. 357686
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Wash. (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 3 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Loyd Burton Hopper

5. Date of Birth of Child (Month, day, year) 3/9/1909

6. Sex Male

Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter James Hopper
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Midvale (City or town), Ida (State or foreign country)
14. Exact Occupation Farming and
15. Industry or Business Sheep raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Vaneta Margaret Parton
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Midvale (City or town) Ida (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 69 years of age, that I have known this person for 33 years, and that Mrs Ella Stevens (First name) (Last name), who attended this birth is Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John M Hopper Signature

Midvale Idaho P. O. Address

Subscribed and sworn to before me this 21 day of September, 1942

(SEAL) J. H. Goodrich Notary Public, residing at Midvale Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 - 1942 by Mary Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-115030-365

357702

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

OCT 5 - 1942 STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cembi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home, Chas A Beers
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cembi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Charles Conlee Beers

5. Date of Birth of Child (Month, day, year) March 15 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Asher Beers
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Monroe, Iowa (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Etta Conlee
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Salmon Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

Dr. Hammer is now Deceased Dead

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Cembi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 33 years, and that Dr. Hammer (First name) (Last name), who attended this birth Is now Dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chas. A Beers Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of June, 1942

(SEAL) Maurice C. McBride Notary Public, residing at Salmon Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 7

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child has occurred prior to the effective date of Chapter 101, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and use prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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357726

United States
Department of Commerce
Bureau of the Census

OCT 5 - 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) 1

4. **FULL NAME OF CHILD** Verle Maybelle Nichols
5. Date of Birth of Child (Month, day, year) June 15 1909
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 4th
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Nichols
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Charlotte Kidwell
17. Color or Race Female
18. Age at time of THIS birth 33 yrs.
19. Birthplace Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 33 years, and that Dr. B.M. Bowers (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora C. Snider Signature

Boise Ida 913 N 22 St. P. O. Address

Subscribed and sworn to before me this 26 day of Sept. 1942

(SEAL) Margaret E. Mason Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 - 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

OCT 7 - 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357776

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items must be completed)
   (a) County Elmore (b) City Mtn Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mtn Home
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mtn Home Id

4. **FULL NAME OF CHILD** Jacinto Anchustegui

5. Date of Birth of Child (Month, day, year) Oct 4 - 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Pedro Anchustegui
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Spain (City or town) (State or foreign country)
14. Exact Occupation Sheep Industry
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josepha Anchustegui.
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Spain (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (Born alive, stillborn) at 1:00 P M. on the date and at the place stated above, and that personal particulars were furnished by Pedro (First name) Anchustegui (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Segunda Montes M.D. Midwife Address Mtn Home, Idaho Date 10/1/42

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on OCT 2 1942 by Mary [illegible], Registrar.

JAN 21 1960

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-221-035-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 8 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357839
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Forest
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Forest
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Ruth Lillian Miller

5. Date of Birth of Child (Month, day, year) Feb. 21, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Morris Winfield Miller
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Eagletown (City or town) Indiana (State or foreign country)
14. Exact Occupation Sawmill Worker
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leona Helen Slater
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Indianapolis (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that ~~Ruth Lillian Miller Herrman~~ Dr. McLaughlin (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Morris Winfield Miller Signature

Salem, Ore. P. O. Address

Subscribed and sworn to before me this 5th day of October 1942, 19

(SEAL) [signature] Notary Public, residing at Salem, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 8 - 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 9 1942

MAY 24 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-214-022-693

357842

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City ST. ANTHONY
(c) Street Address or R.F.D. No. #2
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City ST. ANTHONY
(d) Street Address or R.F.D. No. #2
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD EVA ADELAIDE RICHARDS

5. Date of Birth of Child (Month, day, year) AUG 14th 1909

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GEORGE RILEY RICHARDS
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace NO. OGDEN, UTAH. (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MINA MILINDA WILSON
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace ST. GEORGE, UTAH. (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Adrena Wilson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mina W Richards Signature
St Anthony Ida. P. O. Address

Subscribed and sworn to before me this 6 day of Oct., 1942

(SEAL) O'Meserwy, Probate Judge ~~Notary Public, residing at~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 8 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 9 1942

FEB 27 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-219-001-154

357859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 8 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 15th & Borah
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 15th & Borah
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lucille Mae Olsen

5. Date of Birth of Child (Month, day, year) May 19, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Johan Olsen
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Christiana (City or town) Norway (State or foreign country)
14. Exact Occupation Construction Foreman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olga Kathinka Anderson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ephraim (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that John Beck (First name) (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olga Kathinka Olsen — Signature
8112 Towne ave. Los Angeles, Calif. — P. O. Address

Subscribed and sworn to before me this 5 day of October, 1942

(SEAL) Elmer E. Austin Notary Public, residing at Los Angeles, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 8 - 1942 by Mabel F. Elsner, Registrar.

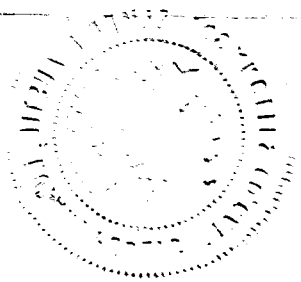
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-203-022-964

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 8 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357862
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Wilford
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN THIS county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Wilford
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Dorothy Helen Smith

5. Date of Birth of Child (Month, day, year) March 3 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wallace Clifford Smith
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Deseret Utah (City or town) (State or foreign country)
14. Exact Occupation Millrite
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Marguerite Rouche
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Marysville Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Gallatin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Dr. (First name) Rummel (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wallace Clifford Smith Signature

P. O. Address

Subscribed and sworn to before me this 7 day of Sept, 1942

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3414, Idaho Code Annotated.)

Received for filing on OCT 8 - 1942 by , Registrar.

OCT 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

458-230-025-643

357878

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 9 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 months.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Agnes Josephine Meyer

5. Date of Birth of Child (Month, day, year) June 30, 1909

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Meyer

11. Color or Race white

12. Age at time of THIS birth 31 yrs.

13. Birthplace Geichlingen, Germany (City or town) (State or foreign country)

14. Exact Occupation Miller

15. Industry or Business Cottonwood Milling Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Katherina Fuchs ~~Meyer~~

17. Color or Race white

18. Age at time of THIS birth 30 yrs.

19. Birthplace Fleringen, Germany (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [redacted] (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Marion }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-four years of age, that I have known this person for thirty-three years, and that Dr. Orr. (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Meyer Signature

P. O. Address

Subscribed and sworn to before me this 6th day of July, 19 42.

(SEAL) [signature] Notary Public, residing at Salem, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 9 - 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-161-207-319

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 8 - 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357886
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH:
(a) County Blaine (b) City Arco
(c) Street Address or R.F.D. No. Arco, Idaho
(d) Name of Hospital or Maternity Home: ---
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home -- days.
In THIS county 9 years - month - days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Arco
(d) Street Address or R.F.D. No. ---
(e) How long has MOTHER lived in Idaho? nine yrs.
(f) Mother's mailing address Arco, Idaho

3. RESIDENCE of FATHER (city, state). Arco, Idaho

4. FULL NAME OF CHILD John Harland Long

5. Date of Birth (Month, day, year) October 1, 1909

6. Sex Male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Franklin Long
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Stockton, (City or town) Missouri (State or foreign country)
14. Exact Occupation Watchmaker and Jeweler
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elnora Card
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Near Brigham City, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) OCT 8 - 1942 (Date received) (b) Mina Keeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Butte } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eloda M Cullen, being first duly sworn, say that I am related to (Related to (or) acquainted with) John H. Long (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Gamett (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eloda M. Cullen Signature

Arco, Idaho. P. O. Address

Subscribed and sworn to before me on this 26th day of May, 19 42

(SEAL) ____ Notary Public, residing at Arco, Idaho

OCT 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-009-007636

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 8 - 1942

State File No. 357887
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey Idaho

4. FULL NAME OF CHILD Vernon Wesley Lee

5. Date of Birth of Child (Month, day, year) May 9th 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jesse Franklin Lee
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Maryville (City or town) Missouri (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Flowers
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Bellevue (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that Erwin Kleinman Dr. (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Bessie Lee Signature

Council Idaho P. O. Address

Subscribed and sworn to before me this 6 day of Oct, 1942

(SEAL) Matilda Moser ~~Notary Public~~, residing at Council Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 8 - 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 12 1942

JUL 30 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

954-726-038-913

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 9 - 1942

State File No. 357891
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. Residence
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. No number
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) 3

4. FULL NAME OF CHILD Curtis Rath Inman

5. Date of Birth of Child (Month, day, year) July 26, 1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oliver Whitney Inman
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Waterloo, Iowa (City or town) (State or foreign country)
14. Exact Occupation Locomotive Fireman
15. Industry or Business Railroad Construction

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Elizabeth Rath
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Dubuque, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Texas
County of Midland } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Dr. Avey (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C. W. Inman Signature

P. O. Box 1225, McCamey, Tex. O. Address

Subscribed and sworn to before me this 7th day of October, 1942

(SEAL) Aileen Maxwell Aileen Maxwell Notary Public, residing at Midland, Texas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 9 - 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1966

OCT 1 2 19[illegible]

MAY 3 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-128-036-215

357898

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 10 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357898
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (Power) (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of Dr. Roth
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Yale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Yale Idaho

4. FULL NAME OF CHILD Ransome Bigelow Hall

5. Date of Birth of Child (Month, day, year) Nov. 28. 1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Winchester Hall
11. Color or Race White 12. Age at time of THIS birth 59 yrs.
13. Birthplace Halifax (City or town) Vermont (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Bancroft
17. Color or Race White 18. Age at time of THIS birth 46 yrs.
19. Birthplace Chesterfield N. H. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Agnes (First name) Hall (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Genevieve Roth R.N. M.D. Midwife Address American Falls Date 10-8-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar.

OCT 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

217-114-614-453

357942

357942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357942
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No. Route 2
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No. Route 2
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Parma, Idaho

4. FULL NAME OF CHILD Edward Leroy Bagley

5. Date of Birth of Child (Month, day, year) March 14, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Clarence Bagley
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Norway County (City or town) Missouri (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Josephine DeLyria
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Waupacho (City or town), Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1 A. M. on the date and at the place stated above, and that personal particulars were furnished by Annie Josephine Bagley (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Mrs. Mary Coffman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Josephine Bagley Signature

P. O. Address

Subscribed and sworn to before me this 13 day of October 1942

(SEAL) Chas Groom Notary Public, residing at Caldwell Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 14 1942 by Mary F Eldon, Registrar.

OCT 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959-126-028-251 357454 357954

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357954
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1314 Sherman St.
(d) Name of Hospital or Maternity Home: Coeur d'Alene Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1314 Sherman St.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Terrence James Reilly

5. Date of Birth of Child (Month, day, year) Jan. 26, 1909

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Terrence James Reilly
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Lawler (City or town) Iowa (State or foreign country)
14. Exact Occupation Livery Stable Owner
15. Industry or Business Livery Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Loretto Kean
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Lawler (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Deceased Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Dr. W. J. (First name) Scanlan (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Loretta M. Reilly Signature
1745 West Magnolia St., Phoenix, Arizona P. O. Address

Subscribed and sworn to before me this 17th day of October, 1942
(SEAL) Grace V. Smith Notary Public, residing at Los Angeles California
My Commission Expires April 11, 1943
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1942 by Mary F. Taylor, Registrar.

MAR 18 1970

OCT 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-26404-493

357961

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No. R.F.D.#1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No. R.F.D.#1
(e) How long has MOTHER lived in Idaho? 5 months

3. RESIDENCE OF FATHER (city, state) Cambridge, Idaho

4. FULL NAME OF CHILD Alice Zomora Reeves

5. Date of Birth of Child (Month, day, year) Aug. 4th, 1909

6. Sex Female

7. Twin or Triplet neither

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Chandler Reeves

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Chickasaw (City or town) County, Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Miller

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Wichita (City or town), Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business none

22. Name prophylactic used to prevent ~~Ophthalmia~~ Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Chandler Reeves (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 33 years, and that Dr. (First name) Schmitz (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chandler Reeves Signature

My Commission Expires Aug. 9, 1945

7228 S. Rosberry Ave. Huntington Park P.O. Address

Subscribed and sworn to before me this 1st day of September, 19 42 Calif.

(SEAL) Evelyn G. Roberts Notary Public, residing at NOTARY PUBLIC In and for the County of Los Angeles, State of California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

914-114-029-265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357962
Local Reg. No. 110
Reg. Dist. No. 210

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 11 months 30 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Edward Charles Rambeau

5. Date of Birth of Child (Month, day, year) July 14, 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Edward Rambeau
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Desmoine (City or town) Iowa (State or foreign country)
14. Exact Occupation lumberman
15. Industry or Business Potlatch Lbr. Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Maude Bonner
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Dry Fork (City or town) West Virginia (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Maude Rambeau (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that Dr. Jane (First name) Pevan (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Stella Maude Rambeau Signature

Orofino Idaho P. O. Address

Subscribed and sworn to before me this 10 day of October, 1942

(SEAL) Frank [illegible] Notary Public, residing at Orofino Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 10/10/42 by Chloie Shaw [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-22-6028-29k

OCT 12 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure this information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357963
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Bancroft
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Bancroft St
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Ida

4. FULL NAME OF CHILD Stilla Barclay Price

5. Date of Birth of Child (Month, day, year) November 26, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Price

11. Color or Race Colored

12. Age at time of THIS birth 37 yrs.

13. Birthplace Bowling Green Kentucky (City or town) (State or foreign country)

14. Exact Occupation Barber (Barber)

15. Industry or Business Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Belia Brown

17. Color or Race Colored

18. Age at time of THIS birth 26 yrs.

19. Birthplace Springfield Mo. (City or town) (State or foreign country)

20. Exact Occupation Seamstress

21. Industry or Business Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 37 years, and that Dr ? Woods (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Price Signature

874 - 36 St Oakland Calif P. O. Address

Subscribed and sworn to before me this 6 day of October, 19 42

(SEAL) [illegible] Notary Public, residing at Oakland Calif.

(Note: Perjury is punishable as a felony in Idaho; see ~~Sec. 17-914~~, Idaho Code Annotated.)

Received for filing on OCT 12 1942 by Mabel Keller, Registrar.

OCT 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

812-201-022-218

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357980
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho about 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Haberman

5. Date of Birth of Child (Month, day, year) November 1, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alexander Haberman
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace (City or town) Russia (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katharina ~~Haberman~~ Kapler
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace (City or town) Russia (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 32 years, and that (cannot remember doctor) (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine Haberman Signature
123 Staples Ave S.F. P. O. Address

Subscribed and sworn to before me this 12th day of August, 1942
(SEAL) Daniel R. Schaemaker Notary Public, residing at San Francisco, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 19 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 3 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-209-034-845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357984
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Acequia
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: was born at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Acequia
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Alice Ailenne Deno

5. Date of Birth of Child (Month, day, year) Feb., 9, 1909

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred A. Deno
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Peoria Ill, (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Susan Hunter
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Kansas City, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Caribou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 33 years, and that Dr. — Kenagy (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred A Deno Signature

Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of October, 1942.

(SEAL)

S Matthews Notary Public, residing at Soda Springs, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1942 by Mark Peterson, Registrar.

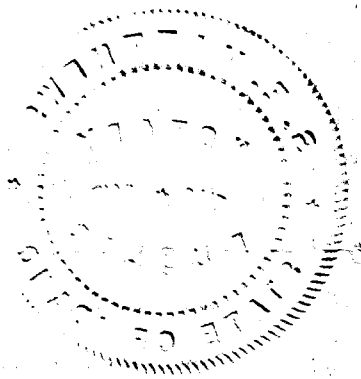
APR 14 1976

OCT 13 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-222-018-347

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 12 1942

State File No. 357988
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Clear Water (b) City Orofino
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clear Water
(c) City Orofino
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 4½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Orofino, Idaho

4. **FULL NAME OF CHILD** Lytha Iona Burnett

5. Date of Birth of Child (Month, day, year) March 22, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** General Harrison Burnett
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Monticello (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Tuggle
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Gap Creek (City or town) Kentucky (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Mrs. (First name) Shannon (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

General Harrison Burnett Signature

Rt. 1, Box 159, Winlock, Washington P. O. Address

Subscribed and sworn to before me this 8th day of October, 1942

(SEAL) A B Eastman Notary Public, residing at Winlock.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1942 by Mabel F Elsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1970

OCT 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-123-078-864

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 13 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358012
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County PAYETTE (b) City NEW PLYMOUTH
(c) Street Address or R.F.D. No. ON RANCH 1½ MI. TO NEW PLYMOUTH
(d) Name of Hospital or Maternity Home: RESIDENCE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years BORN IN UNITED STATES months

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County PAYETTE
(c) City NEW PLYMOUTH
(d) Street Address or R.F.D. No. ON RANCH 1½ MI. OUT OF NEW PLYMOUTH
(e) How long has **MOTHER** lived in Idaho? ONE yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD DALE LOGAN HILL

5. Date of Birth of Child (Month, day, year) JULY 23, 1909

6. Sex MALE

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** BYRON ROBERT HILL
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace DES MOINES, IOWA (City or town) (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business APPLES (FRUIT)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FLORENCE YOUMAN
17. Color or Race WHITE
18. Age at time of THIS birth 18 yrs.
19. Birthplace FRAZEE, MINN. U.S.A. (City or town) (State or foreign country)
20. Exact Occupation FARMER HOUSEWIFE
21. Industry or Business RANCH

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Minnesota
County of Hennepin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the GRANDMOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 33 years, and that DR. DRYSDALE (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Rosie Belson Hall Signature

Hampshire Arms Hotel Minneapolis Minn. P. O. Address

Subscribed and sworn to before me this 10th day of October, 19 42

RUTH H. HUNTER
Notary Public, Hennepin County, Minn.
My Commission Expires

(SEAL)

Ruth H. Hunter Notary Public, residing at Minneapolis Minn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 13 1942 by Mina Pfeifer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 8 1960

OCT 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

292-225-003-219

United States
Department of Commerce
Bureau of the Census

OCT 15 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358057
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City INKOM
(c) Street Address or R.F.D. No. — NONE
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City INKOM
(d) Street Address or R.F.D. No. — NONE
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) INKOM IDAHO

4. FULL NAME OF CHILD IRENE BISHOP

5. Date of Birth of Child (Month, day, year) OCT. 25-1909

6. Sex FEMALE

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHARLES LESTER BISHOP
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace FILLMORE (City or town) UTAH (State or foreign country) U.S.A
14. Exact Occupation GROCERY BUSINESS
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARIE L. BARNARD
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs.
19. Birthplace BRIGHAM (City or town) CITY (State or foreign country) UTAH
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living TWO

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was — (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by — (First name) (Last name), who is related to this child as — (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 33 years, and that MARY HELLEBRANT (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie Bishop Rasmussen Signature
14547 Victory Blvd. Van Nuys, California P. O. Address

Subscribed and sworn to before me this 13th day of October, 1942

(SEAL) V. C. Hadley Notary Public, residing at Van Nuys, Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91A, Idaho Code Annotated.)

Received for filing on by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-125-022-299

358148

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Wilford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Wilford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Harold J. Woolsey

5. Date of Birth of Child (Month, day, year) Mar. 25, 1909

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Robert Woolsey
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Kaysville (City or town) Utah (State or foreign country)
14. Exact Occupation Saw Mill Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Aletha Birch
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Wilford (City or town) Idaho (State or foreign country)
20. Exact Occupation wife and mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that Mary Sorrensen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Aletha B. Woolsey. Signature

St Anthony Idaho P. O. Address

Subscribed and sworn to before me this 10 day of Oct., 1942

(SEAL) O Meservy Probate Judge ~~Notary Public, residing at~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 15 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-125-075-296

358177

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 17 1942

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Neg. Pierce (b) City Craigmont
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home of Mary D. Brooks
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Neg Pierce
   (c) City Craigmont
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Nova Edwin Thomas

5. Date of Birth of Child (Month, day, year) Nov. 25. 1909

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Ernest Edwin Thomas
11. Color or Race White 12. Age at time of THIS birth 20 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Agriculture
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maudy Etta Brooks
17. Color or Race White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Decatur, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Domestic
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by Maudy Etta Thomas (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Nov. Date 25.1909

State of Calif.
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 33 years, and that Doctor (First name) Leach (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Maudy Etta Brooks Thomas) Signature

(Box 5687 Metropolitan Sta.) P. O. Address

Subscribed and sworn to before me this 13 day of (Los Angeles Cal.) October 19 42

(SEAL) R. Hurley Notary Public, residing at 7124 South Broadway, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1942 by Mark E. Nelson, Registrar.

JUN 4 1970

OCT 2 0 1942

MAR 5 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-217-229-214

358219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy Idaho

4. **FULL NAME OF CHILD** Helen Violet Anderson

5. Date of Birth of Child (Month, day, year) July 17, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernst Anderson
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Hedde (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Samuelson
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Skyplands (City or town) Sweden (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for all her life years, and that Mrs Bodal (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Anderson Signature

Troy Ida P. O. Address

Subscribed and sworn to before me this 16 day of October, 1942

(SEAL)

E Brooke Notary Public, residing at Troy Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1942 by Mark Fellows, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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129-223-025-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 358220

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Woodland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Woodland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Thelma G. Akridge

5. Date of Birth of Child (Month, day, year) Feb. 23, 1909

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. **FULL NAME**	Rev Everett F. Akridge	16. **FULL MAIDEN NAME**	Emily Wilson
11. Color or Race	white	17. Color or Race	white
12. Age at time of THIS birth	39 yrs.	18. Age at time of THIS birth	26 yrs.
13. Birthplace (City or town) (State or foreign country)	Laddonia, Missouri	19. Birthplace (City or town) (State or foreign country)	Westville, Missouri
14. Exact Occupation	farmer	20. Exact Occupation	housewife
15. Industry or Business	deceased	21. Industry or Business	now a farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for since birth years, and that Mrs Hannah George (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily A Akridge Signature

Nezperce, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of October, 19 42

(SEAL) [illegible] Notary Public, residing at Nezperce, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

892-102-031-367

358243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 16 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon, Ida.

4. FULL NAME OF CHILD Wilford Marton Hibbs

5. Date of Birth of Child (Month, day, year) Sep. 2, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Rueben Hibbs
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Savannah (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Cox
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 33 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Rueben Hibbs Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 14th. day of October, 19 42

(SEAL)

W. W. Simmonds, Clerk of the District Court, in and for Lemhi County, Idaho. By Clara Edwards Deputy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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794-121-004-254

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358244
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Nounan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 8 years 4 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Nounan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Nounan, Idaho

4. FULL NAME OF CHILD Oscar Edward Grunig

5. Date of Birth of Child (Month, day, year) Nov. 21, 1909

6. Sex Male

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Herman Otto Grunig

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Biel (City or town) Switzerland (State or foreign country)

14. Exact Occupation Mail carrier

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Merlen Beutler

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Logan (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Argyrol Tubes

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address [illegible] Calif. Date 10-6-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of .....
County of ..... } ss.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on ..... by [signature], Registrar.

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

994-112-003-255

358245

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD KENNETH SEVERS RIDGEWAY

5. Date of Birth (Month, day year) July 12, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Ridgeway
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Mgr. Lumber Company
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Severs
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Ada Ridgeway (First name) (Last name) who is related to this child as Mother (Mother, etc.) Doctors record.
26. (a) ..... (Date received) (b) Mary F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature William F. Howard M.D. (D.O., Midwife, etc.) and address Pocatello Idaho Date 10/6/42

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

812-214.001-515

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359265
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope, bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Mary Delcena Hayden

5. Date of Birth of Child (Month, day, year) 10-14-1909

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Marshall Ambrose Hayden

11. Color or Race white

12. Age at time of THIS birth 43 yrs.

13. Birthplace Missouri (City or town) (State or foreign country)

14. Exact Occupation Registered Pharmacist

15. Industry or Business Business for himself

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Frances VanCamp

17. Color or Race white

18. Age at time of THIS birth 33 yrs.

19. Birthplace Petrolia, Ontario, Canada (City or town) (State or foreign country)

20. Exact Occupation Teacher

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Dr. Howe (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary VanCamp Kimble Signature

2081 W. Adams Blvd., Los Angeles, Calif. P. O. Address

My Commission Expires 8-16-43

Subscribed and sworn to before me this 11th day of October, 1942

(SEAL) Lillian Stephens Notary Public, residing at San Bernardino, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1942 by Mary Keeler, Registrar.

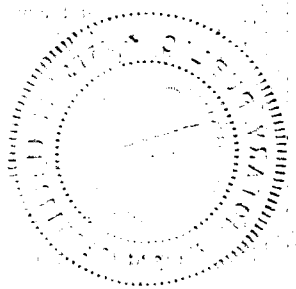
AUG 31 1960
FEB 4 1963

OCT 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



389-202-006-263

359278

United States
Department of Commerce
Bureau of the Census

OCT 19 1942

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Shelley
(c) Street address or R. F. D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home — Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street address or R. F. D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address (For registration notice): Shelley Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Dora Child

5. DATE OF BIRTH (Month, day, year) Oct 2 09

6. Sex Female

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Heber T. Child

11. Color or Race White

12. Age at time of THIS birth 44 yrs.

13. Birthplace Ogden Utah
(City or Town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Bolander

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Denmark
(City or Town) (State or foreign country)

20. Exact Occupation House Keeper

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Ag No 3

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead ✓ (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 4.80 P M. on the date and at the place stated above, and that personal particulars were furnished by Minnie Child (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) (Date received) (b) Naval F. Eckers (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature F. E. Roberts M. D. (D. O., Midwife, etc.)
and address Shelley Ida Date Oct 15-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

K

OCT 2 2 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAVEN

795-229-014-363

DELAYED BIRTH CERTIFICATE

(Be sure the information is as of date of birth of THIS child)

359299

United States Department of Commerce Bureau of the Census

OCT 1 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No. 137
Reg. Dist. No. 3-331

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CANYON (b) City FRUITLAND
(c) Street Address or R.F.D. No. ----------
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay BEFORE delivery: IN THIS county 1 years 6 months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City FRUITLAND
(d) Street Address or R.F.D. No. ----------
(e) How long has MOTHER lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) CANYON COUNTY

4. FULL NAME OF CHILD LUCY MAY PINKERTON (MRS. BRUCE STRACHAN)

5. Date of Birth of Child (Month, day, year) MAY 29, 1909

6. Sex FEMALE

7. Twin or Triplet ******* If so—born 1st, 2nd, 3rd *******

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN EVERETT PINKERTON
11. Color or Race WHITE **12.** Age at time of THIS birth 27 yrs.
13. Birthplace PEORIA, ILLINOIS (City or town) (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business CARPENTRY

MOTHER OF CHILD

16. FULL MAIDEN NAME ETHEL GRACE COCHRAN
17. Color or Race WHITE **18.** Age at time of THIS birth 26 yrs.
19. Birthplace BROWNSVILLE, OREGON (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOMEMAKING

22. Name prophylactic used to prevent Ophthalmia Neonatorum ----------

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of OREGON } ss.
County of ROSEBURG }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that DR. WOODWARD (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ethel Grace Pinkerton Signature

ROUTE 1, Box 97, ROSEBURG, OREGON P. O. Address

Subscribed and sworn to before me this 11th day of August, 1942

(SEAL) G. W. Young NOTARY PUBLIC FOR OREGON Notary Public, residing at Roseburg, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES FEB. 5, 1944

Received for filing on September 23, 1942 by J. C. Woodward, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 31 1962

NOV 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-126-007-228

359307

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Richard Hansell

5. Date of Birth of Child (Month, day, year) August 26, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Richard Alva Hansell
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Des Moines (City or town) Iowa (State or foreign country)
14. Exact Occupation Saloon Keeper
15. Industry or Business Proprietor of Saloon

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Alice Skyles
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace St. Louis (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at about 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Delores M. Gregson (First name) (Last name), who is related to this child as half-sister (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Clackamas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Half-sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 33 years, and that D. Higgs M.D. (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Delores M Gregson Signature
Boring, Oregon P. O. Address

Subscribed and sworn to before me this 19 th. day of October, 19 42

(SEAL) [signature] Notary Public, residing at Sandy Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires 5/12-44

Received for filing on OCT 21 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 21 1967

OCT 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-220-004-753

359309

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Ovid
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Life years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Ovid
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Life yrs.

3. **RESIDENCE OF FATHER** (city, state) Ovid, Ida.

4. **FULL NAME OF CHILD** Mildred Lindsay

5. Date of Birth of Child (Month, day, year) Nov. 20, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leroy Lindsay
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Paris, Idaho (City or town) (State or foreign country)
14. Exact Occupation Forester
15. Industry or Business Forestry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Peterson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Ovid, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for Life years, and that Dr. Ashley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Peterson Lindsay Signature

Preston, Idaho P. O. Address

Subscribed and sworn to before me this 19 day of October, 1942

(SEAL) [signature] Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

275-208-040-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359315
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: Bunker Hill & Sullivan
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Kellogg, Ida.

4. FULL NAME OF CHILD Esther Marian Spencer

5. Date of Birth of Child (Month, day, year) May 8, 1909

6. Sex Female

7. Twin or Triplet none

If so—born 1st, 2nd, 3rd none

8. No. months of Pregnancy 7 mos.

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Bernard E. Spencer

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Ashland (City or town) Oregon (State or foreign country)

14. Exact Occupation Assayer

15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Marian Garnett

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace unknown (City or town) North Dakota (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child TWO (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at unknown M. on the date and at the place stated above, and that personal particulars were furnished by BERNARD E. SPENCER (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for life years, and that Dr. unknown (First name) Kennett (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bernard E Spencer Signature

MY COMMISSION EXPIRES JAN. 30, 1944

14016 Sayre Street, San Fernando, Calif. P. O. Address

Subscribed and sworn to before me this 15th day of October, 1942

(SEAL)

E. M. PRINCE, JR. Notary Public, residing at San Fernando

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 21 1942 by Mark [illegible], Registrar.

OCT 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635-128-029-349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359341
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee Ida

4. **FULL NAME OF CHILD** Simeon Gilbert Fleischman

5. Date of Birth of Child (Month, day, year) Oct. 28th 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Nicholas Fleischman
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Uniontown (City or town) Wash (State or foreign country)
14. Exact Occupation Farm Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Adaline Cuprin
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Colton (City or town) Wash (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 1% sol.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Hannah Swenson M.D. Midwife Address Genesee Idaho Date Oct 28 1909

State of Idaho
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 34 years, and that no Sr. (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Adelene Traid Signature

Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of October, 1942

(SEAL) [illegible] Notary Public, residing at Genesee Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 23 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 6 1973

OCT 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-217029-243

United States
Department of Commerce OCT 21 1942
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359343
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootnai (b) City Coeur d' Alene
(c) Street Address or R.F.D. No. Lakeside Ave.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootnai
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No. Lakeside Av
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) C.D.A. I

4. FULL NAME OF CHILD Dorothy Evelyn Diedrich
5. Date of Birth of Child (Month, day, year) 5-17-1909
6. Sex Female
7. Twin or Triplet x
If so—born 1st, 2nd, 3rd x
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Peter Michael Diedrich
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Hilbert (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Timber Cruiser
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Minnie Harriett Suter
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Barsington, (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature John Allard M.D. Midwife Address Coeur d'Alene Ida Date Oct 20 '42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 21 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

339-219-026-243

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359347
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Grant
(c) Street Address or R.F.D. No. Idaho Falls Ida #6
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 3 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Grant
(d) Street Address or R.F.D. No. Ida Falls Ida #5
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Grant Idaho

4. FULL NAME OF CHILD LaVetta B Clifford

5. Date of Birth of Child (Month, day, year) April 19 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jeddiah Grant Clifford
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Pleasantview (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola Butler
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Butterville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Clifford Signature

Idaho Falls Idaho #2 P. O. Address

Subscribed and sworn to before me this 20 day of Oct, 1942

(SEAL) ..... Notary Public, residing at Preston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 21 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-220-016219

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

SEP 21 1942

STATE OF IDAHO

State File No. 359392
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 923 - 14th Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 923 - 14th Ave. S.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Agnes Ruby Powell

5. Date of Birth of Child (Month, day, year) April 20, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Albert Powell
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Farley, Missouri (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza May Barry
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Ireland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol. Argyrol 1%

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Eliza (First name) Powell (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature J. H. Murray M.D. Midwife Address Nampa Ida Date Oct 10 1942

State of California
County of Placer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 40 years of age, that I have known this person for 33 years, and that Mrs. (First name) Murray (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elizabeth Nelson Signature
200 - Drene Roseville Calif P. O. Address

Subscribed and sworn to before me this 25th day of August, 1942

(SEAL) Mildred Smith Notary Public, residing at Roseville, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires 8/29/43

Received for filing on SEP 21 1942 by Mabel E. Nelson, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to ~~report~~ any ~~birth which~~ has ~~occurred subsequent to such date, such~~ report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated, when such report is accom~~panied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

536-217-028-315

359403

United States
Department of Commerce
Bureau of the Census

OCT 22 1942

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Kootnai (b) City Coeur 'd Alene
   (c) Street Address or R.F.D. No. 900 block
   (d) Name of Hospital or Maternity Home: residence
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   In **THIS** county ____ years ____ months ____ days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Kootnai
   (c) City Coeur 'd Alene
   (d) Street Address or R.F.D. No. 900 block
   (e) How long has **MOTHER** lived in Idaho? all life yrs.
   (f) Mother's mailing address (For registration notice): 922 SE Mahalem Portland, Ore
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Wooda M. Storie

5. Date of Birth (Month, day, year) July 17 1909

6. Sex female

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Loyd Wm. Storie

11. Color or Race white

12. Age at time of THIS birth 23 yrs.

13. Birthplace Bridger, Mont
(City or Town) (State or foreign country)

14. Exact Occupation planing mill

15. Industry or Business planing mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Almira Tanner

17. Color or Race white

18. Age at time of THIS birth 17 yrs.

19. Birthplace Pringle Custer Co. S. D.
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7:15 A M. on the date and at the place stated above, and that personal particulars were furnished by Elsie Almire Storie (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) OCT 22 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN signature** John O Lund M.D. (D.O., Midwife, etc.)
and address Sept. 5. 41. Coeur d'Alene Ida. Date

27. Given name added on ____ by ____
(Registrar's Signature)

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300. .

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

183-217.008415

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359512
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Lardo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mothers Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years seven months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Lardo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Lardo, Idaho

4. FULL NAME OF CHILD Mable Ahlborn

5. Date of Birth of Child (Month, day, year) June 17, 1909

6. Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Cecil Frederick Ahlborn
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Custer, Kansas (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Rancher

MOTHER OF CHILD

16. FULL MAIDEN NAME Murrel Davis
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Cresco, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Mrs. M. Davis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. J. Ahlborn Signature
1059 Kensington Road, Los Angeles, Cal P. O. Address

Subscribed and sworn to before me this 17th day of October, 1942

(SEAL) Stella L. Lombard, Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public for Los Angeles County, California
My Commission Expires Oct. 6, 1945.

Received for filing on OCT 26 1942 by Mark Hellen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

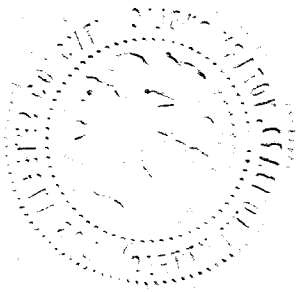
MAY 21 1956

MAY 3 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



264-226-035-219

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 28 1942

State File No. 359565
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Forest.
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Forest
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD Valetha Mary South

5. Date of Birth of Child (Month, day, year) Jan 26, 1909

6. Sex Female **7.** Twin or Triplet No **If so—born** 1st, 2nd, 3rd No **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph South
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace State of Iowa (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith

MOTHER OF CHILD

16. FULL MAIDEN NAME Daisy B. Bard
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace State of Colo. (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 33 years, and that Mrs. Radley (First name) (Last name), who attended this birth Dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Floyd South Signature
Lewiston, Ida P. O. Address

Subscribed and sworn to before me this 27 day of Oct., 19 42
(SEAL) John L. Phillips Notary Public, residing at Lewiston Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1942 by Mark Heuter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

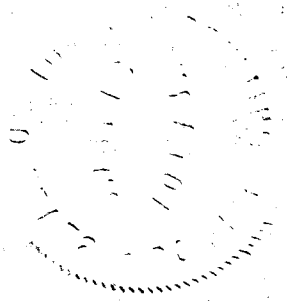
OCT 30 1942

FEB 13 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



666-22-003-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359575
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Niter
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years 7 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Niter
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD Bernice Fowler

5. Date of Birth of Child (Month, day, year) 5-22-1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Turner Fowler
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Murray (City or town) Utah (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Emerette Peck
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Thatcher (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mary L. Towne M.D. Midwife Address R.F.D. #3 Idaho Falls, Idaho Date June 3, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1942 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-227-031-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359594
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence of Mrs Louise Smith
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Minn. (b) County
(c) City Henning
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Henning Minn

4. **FULL NAME OF CHILD** Nellie Adell Whiting

5. Date of Birth of Child (Month, day, year) 4-27-1909

6. Sex Girl

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Howard Whiting
11. Color or Race W
12. Age at time of THIS birth 36 yrs.
13. Birthplace Clitheral (City or town) Minn. (State or foreign country)
14. Exact Occupation Mgr. Grain Elevator
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Elizabeth Whiting
17. Color or Race W
18. Age at time of THIS birth 32 yrs.
19. Birthplace Englewood (City or town) N.Y. (State or foreign country)
20. Exact Occupation House Keeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that Louise Smith (First name) (Last name), who attended this birth is Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. O. R. Fredrickson Signature
402 So L St. Tacoma Wash P. O. Address

Subscribed and sworn to before me this 27 day of Oct, 1942

(SEAL) L W Farrington Notary Public, residing at Tacoma Wash
Deputy County Auditor

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 29 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-216-022-493

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 27 1942

State File No. 359619
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Mary Elizabeth Stanford

5. Date of Birth of Child (Month, day, year) Aug 16th 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Leland Wm. Stanford

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Egin, Fremont Co., Idaho (City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elmira Miller

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Parker, Fremont Co., Idaho. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary E. Stanford (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Rebecca Bartley M.D. Midwife Address St. Anthony Ida Date Oct. 25 42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1942 by Mark Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

127-106-029-168

359625

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City TROY
   (c) Street Address or R.F.D. No. Route two
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN THIS county 22 years [illegible] months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City troy
   (d) Street Address or R.F.D. No. Rt. two
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) troy Ida.

4. **FULL NAME OF CHILD** Reuben Leonard Asplund

5. Date of Birth of Child (Month, day, year) 3-6-1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nils Asplund
11. Color or Race White
12. Age at time of THIS birth 62 yrs.
13. Birthplace Vermland (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christine Johnson
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Bergen (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 33 years, and that Mrs August Anderson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Christine Asplund Signature

troy Ida. Rt two P. O. Address

Subscribed and sworn to before me this 24 day of October, 1942

(SEAL) Emory Olson Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Registrar.

NOV 13 1942

JUN 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-12-004-168

359632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier Idaho

4. FULL NAME OF CHILD Charles Edward Talcott,

5. Date of Birth of Child (Month, day, year) March 21, 1909

6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd xxx
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles William Talcott
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Bedford, (City or town) Missouri (State or foreign country)
14. Exact Occupation Locomotive Engineer
15. Industry or Business xxx

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adelene Sofia Johnson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Laramie (City or town) Wyoming (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business xxx

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 7 A.M. on the date and at the place stated above, and that personal particulars were furnished by Adelene Talcott (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Address 4691 East Talmage, Dr. San Diego, Calif. Date 10-24-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by [signature], Registrar.

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-16-038-5810

359634

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County (b) City Payette Idaho
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Oregon (b) County Wasco
(c) City The Dalles
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 mos.
(f) Mother's mailing address 1004 "H" St The Dalles Ore
3. **RESIDENCE OF FATHER** (city, state) Baker Ore

4. **FULL NAME OF CHILD** Frederick Franklin Steel
5. Date of Birth (Month, day, year) 16th day Mch 1909
6. Sex. Boy
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 4th
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD	MOTHER OF CHILD
10. **FULL NAME** Frank Klaus B. Steel	16. **FULL MAIDEN NAME** Minnie Edmunson
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 35 yrs.	18. Age at time of THIS birth 32 years
13. Birthplace The Dalles Ore (City or town) (State or foreign country)	19. Birthplace The Dalles Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Home Wife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) (Date received) (Registrar's signature)

25. Attendant's **OWN** signature Minnie Steel Mason M.D. or (D.O., Midwife, etc.)
and address Payette Idaho Date

27. Given name added on by (Registrar's signature)

State of Oregon }
County of Wasco } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie Steel Mason being first duly sworn, say that I am the mother (Related to (or) acquainted with) Frederick Franklin Steel (Name of person on certificate above) mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Minnie Steel Mason (Name of attendant at birth), who attended said birth is living (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minnie Steel Mason Name
1004 "H" St The Dalles Ore P.O. Address

Subscribed and sworn to before me on this 27 day of Oct

(SEAL) Notary Public, residing at The Dalles Ore
My Commission Expires Aug 10 1946

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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28-207-011-613

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

NOV 2 1942 STATE OF IDAHO

State File No. 359757
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boundry (b) City Bonners Ferry
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County Bonnery
   (c) City Bonners Ferry
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ellen Shaw

5. Date of Birth of Child (Month, day, year) June 7/1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Henry Shaw
11. Color or Race White
12. Age at time of THIS birth 35/29 yrs.
13. Birthplace Minnesota (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Isabel Walden
17. Color or Race White
18. Age at time of THIS birth 29/35 yrs.
19. Birthplace Kentucky (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LosAngeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 33 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Georgia G Leonard Signature

243 Sepulveda St, San Pedro, Calif P. O. Address

Subscribed and sworn to before me this 26th day of October, 1942

(SEAL) N E Damico Notary Public, residing at San Pedro, Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES AUG. 15, 1944

Received for filing on by Mabel Peterson, Registrar.

NOV 2 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-213-214-713

United States
Department of Commerce
Bureau of the Census

NOV 2 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359758
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ethel Norma McGee

5. Date of Birth of Child (Month, day, year) Dec. 13, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ulysses Smith McGee
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Noble (City or town) Mo. (State or foreign country)
14. Exact Occupation Salesman -- Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Palmer
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Snowflake (City or town) Arizona (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that (First name) Smith (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Palmer McGee Signature
720 W. Palmer Ave Compton P. O. Address

Subscribed and sworn to before me this 31st day of October, 1942
MY COMMISSION EXPIRES
(SEAL) E. Melching Sept 18 1942 Notary Public, residing at Lynwood Los Angeles Cal. Co.
(Note: Perjury is punishable as a felony in Idaho; see Sec. ~~17-914, Idaho Code Annotated~~.)

Received for filing on NOV 2 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-108-028-255

359765

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Kootnia (b) City Coeur d'Alene
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home: at home of parents
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootnia
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Coeur d'Alene Ida.

4. **FULL NAME OF CHILD** Vernon Andrew Hunt

5. Date of Birth (Month, day year) July 9, 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Theodore Andrew Hunt
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Walsh (City or town) Ky. (State or foreign country)
14. Exact Occupation Teacher, Carpenter, Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Letitia Bentley
17. Color or Race White
18. Age at time of THIS birth 30 yrs
19. Birthplace Whitesburg (City or town) Kentucky (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mary Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** John O'Leary M.D. (D.O., Midwife, etc.)
and address Coeur d'Alene Ida Date Dec 31. 42

State of West Virginia
County of Kanawha } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Theodore A. Hunt being first duly sworn, say that I am father of (Related to (or) acquainted with) Vernon Andrew Hunt (Name of person on certificate above), whose birth certificate (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Theodore A. Hunt Signature

Charleston R 7 # 3-6 A P. O. Address

Subscribed and sworn to before me on this 13th day of October 1942

(SEAL) C. G. Davis Notary Public, residing at Charleston, West Va

My Commission Expires Oct. 28, 1945

NOV 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

659-205-040-349

359770

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. not known
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wallace
(c) City Wallace
(d) Street Address or R.F.D. No. not Known
(e) How long has **MOTHER** lived in Idaho? 1 year yrs.

3. RESIDENCE OF FATHER (city, state) not known

4. FULL NAME OF CHILD Rose Rosie Weiner

5. Date of Birth of Child (Month, day, year) Feb 5/1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Philip Weiner
11. Color or Race
12. Age at time of THIS birth yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Peddler
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie Turner
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Mateo } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 33 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry H. Weiner Signature

P. O. Address

Subscribed and sworn to before me this 28th day of October, 1942

(SEAL) John H. Peters Notary Public, residing at Redwood City Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated).

My Commission Expires Oct. 21, 1946

Received for filing on NOV 2 1942 by Mabel E. Elsfern, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-101-036-339

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359776
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Treasureton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 11 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ONEIDA (OR
(c) City TREASURETON (BANNOCK)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** JOHN ALLAN SANT

5. Date of Birth of Child (Month, day, year) OCT. 1st 1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** WILLIAM RICHARD SANT
11. Color or Race WHITE
12. Age at time of THIS birth 45 yrs.
13. Birthplace SMITHFIELD (City or town) UTAH (State or foreign country)
14. Exact Occupation
15. Industry or Business FARMER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ROSA ALZINA CLIFFORD
17. Color or Race WHITE
18. Age at time of THIS birth 40 yrs.
19. Birthplace PROVIDENCE (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 33 years, and that MARY LUNDGREENE (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa A Sant Signature
3423 Dayton ave Seattle Wash. P. O. Address

Subscribed and sworn to before me this 8 day of Oct, 1942

(SEAL) A. P. Parsons Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 31 1942 by Mark Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464-104-029-125

359778

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

NOV 2 1942 STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genessee
(c) Street Address or R.F.D. No. One
(d) Name of Hospital or Maternity Home: None
Born at Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 14 years 2 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genessee
(d) Street Address or R.F.D. No. One
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Genessee, Ida

4. FULL NAME OF CHILD Calvin Eugene Mourning

5. Date of Birth of Child (Month, day, year) 4-4- 1909

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd no **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Jefferson Mourning
11. Color or Race White **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Quincy (City or town) Illinois (State or foreign country)
14. Exact Occupation Threshing machine operator, Blacksmith, Farmer
15. Industry or Business own farm, shop & thresher

MOTHER OF CHILD

16. FULL MAIDEN NAME Rhoda Janey Abney
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Montgomery City, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Wash.
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 33 years, and that ETTA VOWELS (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rhoda Janey Mourning Signature
East 418 — 5th ave. Spokane Wn. Address

Subscribed and sworn to before me this 29 day of October, 1942

(SEAL) J. R. Miller Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by Mary Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915-215-225-752

359806

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359806
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State 5 yrs. (b) County 5 yrs.
(c) City 5 yrs.
(d) Street Address or R.F.D. No. 5 yrs.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) 5 yrs.

4. FULL NAME OF CHILD Viera Sylvia Ranta

5. Date of Birth of Child (Month, day, year) June 15, 1909

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Herman Ranta
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Finland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Stock Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Hilda Maria Peronen
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace St. Michel Finland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Hilda Laine (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Susanna Laine M.D. Midwife Address Kooskia, Idaho Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV. 5 1942 by Mabel E. Edelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed by~~ the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-13-035-685

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359811
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Juleatte
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Juleatte, Id

4. **FULL NAME OF CHILD** Cecil Edward Darby

5. Date of Birth of Child (Month, day, year) Mar. 31, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward D. Darby
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Williamsburg (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie G. Whetmore
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Corrinda, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California
County of Tehama } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 33 years, and that Dr. Stoneburner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward D Darby Signature

P. O. Address

Subscribed and sworn to before me this 30th day of October, 19 42

(SEAL)

Notary Public, residing at Corning Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Mabel Fielder, Registrar.

NOV 9 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-207-022-165

359818

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 Mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton, Idaho

4. **FULL NAME OF CHILD** Jeannette Irene Evans

5. Date of Birth of Child (Month, day, year) Dec. 7, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Luther David Evans
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Cotter, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ann Jones
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Red Oak, (City or town) Iowa. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born Alive, stillborn) at [illegible] M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Evans (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Morgis M.D. ~~Midwife~~ Address Ashton Idaho Date 10-6-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-228-244-791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359833
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Pluma Frances Smith

5. Date of Birth of Child (Month, day, year) Feb. 28, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Everett G. Smith
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Tennessee ~~Kentucky~~ (City or town) (State or foreign country)
14. Exact Occupation Ship-fitter
15. Industry or Business Oregon Shipbuilding Corporation

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie May Gray
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Weiser, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 33 years, and that Dr. Numbers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. E. J. Smith Signature

8808 S. E. Rural - Portland, Oregon P. O. Address

Subscribed and sworn to before me this 2nd day of November, 1942

(SEAL) D. A. Empfield Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Expires 8/31/43

Received for filing on NOV 4 1942 by Mabel F. Elsner, Registrar.

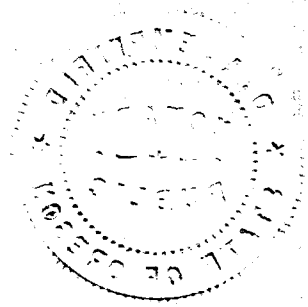
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



359-101-010-343

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359839
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Ucon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Ucon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Elvin Ray Terry

5. Date of Birth of Child (Month, day, year) Jan. 1st 1909

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Zera Ray Terry
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Huntington (City or town) Emery Co Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Bell Cutler
17. Color or Race White.
18. Age at time of THIS birth 21 yrs.
19. Birthplace Lewisville (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for since birth years, and that Josephine Thompson, mid-wife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Terry Signature

My Commission Expires June 26th, 1943.

100 South Ridge Avenue, Idaho Falls, Idaho. P. O. Address

Subscribed and sworn to before me this third day of November, 1942.

(SEAL) Myrtle H. Rammell Notary Public, residing at Idaho Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Mabel H. Redfern, Registrar.

NOV 1 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-120-025-296

359849

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Stites, Idaho

4. FULL NAME OF CHILD Milo Ralph Howard

5. Date of Birth of Child (Month, day, year) Aug. 20, 1909

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James George Howard
11. Color or Race white **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Guy's Mills (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business General farming.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mollie Brown
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Broken Bow (City or town) Nebraska (State or foreign country)
20. Exact Occupation housewife,
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Douglas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Dr. Snyder (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James George Howard Signature
Roseburg, Oregon
Melrose Star Rt., P. O. Address

Subscribed and sworn to before me this 19th day of October, 1942

(SEAL) NOTARY PUBLIC FOR OREGON Notary Public, residing at Roseburg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by the local registrar for record in~~ the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-110-226-395

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359873
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Lewisville, Idaho

4. FULL NAME OF CHILD Kenneth Lindsay Brown

5. Date of Birth of Child (Month, day, year) July 10, 1909

6. Sex Male

7. Twin or Triplet? If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Houston Brown

11. Color or Race white

12. Age at time of THIS birth 29 yrs.

13. Birthplace Liberty (City or town), Idaho (State or foreign country)

14. Exact Occupation Mining

15. Industry or Business Mines

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruth Pearl Lindsay

17. Color or Race white

18. Age at time of THIS birth 26 yrs.

19. Birthplace Nounan (City or town), Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Pearl (First name) Brown (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Retta Hansen MD. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 26 years, and that Ruth Pearl Brown (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Lyon
Signature

Pocatello, Idaho
P. O. Address

Subscribed and sworn to before me this 24th day of October b., 19 42

(SEAL) B.H. Lyon
Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires January 13, 1945.

Received for filing on NOV 2 1942 by Mark Peters, Registrar.

NOV 1 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to ~~the effective date of Chapter 191, 1911 Session Laws, has not been~~ recorded, ~~or in case of failure to~~ report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154 216028 763

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35907
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Cour d Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Cour d Alene
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Cour d Alene

4. FULL NAME OF CHILD Winona Ruth Andrews

5. Date of Birth of Child (Month, day, year) Nov. 16, 1909

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Tony Andrews
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Eaglepoint, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation logger
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane Ann Goldsmith
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Lewiston, (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Montana } ss.
County of Sanders }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Dr. Max Dorland (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane Ann Andrews Signature

P. O. Address

Subscribed and sworn to before me this 8th day of October, 1942.

(SEAL) William J. Challenberger Notary Public, residing at Thompson Falls, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mark Reed, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 2 1942

JUN 12 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-120-009-454

359914

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359914
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNER (b) City SAND POINT
(c) Street Address or R.F.D. No. 800 ELLA
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNER
(c) City SAND POINT
(d) Street Address or R.F.D. No. 800 ELLA
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) 2 yrs.

4. FULL NAME OF CHILD LAWRENCE ERNEST BECKMAN

5. Date of Birth of Child (Month, day, year) JAN 20-1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME FRED PAUL BECKMAN

11. Color or Race WHITE

12. Age at time of THIS birth 32 yrs.

13. Birthplace BELLEVILLE (City or town) ILLINOIS (State or foreign country)

14. Exact Occupation PLUMBER

15. Industry or Business LABORER

MOTHER OF CHILD

16. FULL MAIDEN NAME MARIE ESTHER DEMERS

17. Color or Race WHITE

18. Age at time of THIS birth 30 yrs.

19. Birthplace RICE LAKE (City or town) [redacted]CONSIN (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum CATHOLIC

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that Dr Mc Cannon (First name) (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Beckman Signature

R 7 Box 374 - Tacoma Address

Subscribed and sworn to before me this 3rd day of November, 1942

(SEAL) Theo A. Bram Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on NOV 10 1942 by Mabel McClure, Registrar.

NOV 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-211018-557

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359931
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CLEARWATER (b) City Fraser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Grand mother
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years x months x days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Fraser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Fraser Ida.

4. FULL NAME OF CHILD Evelyn Lenora Smith

5. Date of Birth of Child (Month, day, year) Dec. 11, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse A. Smith
11. Color or Race white
12. Age at time of THIS birth 19 yrs.
13. Birthplace Fraser, Idaho (City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Leona England
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Omaha, Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Midwife dead M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 32 years, and that Midwife dead (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Carl R. Olsen Mother Signature

General delivery, Tacoma, Wash. P. O. Address

Subscribed and sworn to before me this 27th day of October, 1942.

(SEAL) [signature] Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

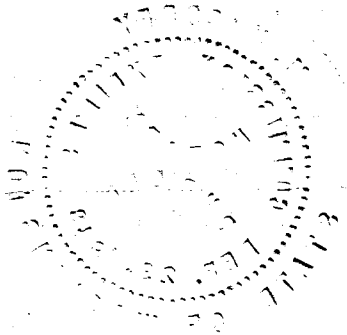
MAY 4 1959

NOV 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



666-222033-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359946
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg, Idaho.
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho

4. **FULL NAME OF CHILD** Edna Wood

5. Date of Birth of Child (Month, day, year) 10/22/1909

6. Sex Female

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Hirst Wood
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Wellsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula May Kirkpatrick
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Anaconda, Montana (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Mrs. ? Black (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Wood Signature

249 No. 3rd East, Rexburg, Idaho. P. O. Address

Subscribed and sworn to before me this 6th day of November, 1942

(SEAL) Leola A. Parker Notary Public, residing at Rexburg, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mary E. Parker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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299-22301G-365

359970

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Marion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 3 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Marion
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) same as abov

4. **FULL NAME OF CHILD** Evelyn Minnie Briggs

5. Date of Birth of Child (Month, day, year) 12- 23-1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harvey Landon Briggs
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Flagpond (City or town) Tenn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cordelia Lovett
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Flagpond (City or town) Tenn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum 6
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for since birth years, and that Mrs Clark (midwife) (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Cordelia Briggs Signature

1602 Walnut street, San Bernardino, Calif. P. O. Address

My Commission Expires February 4th, 1943

Subscribed and sworn to before me this 13th day of October, 19 42

(SEAL)

Harry A. Workman Notary Public, residing at San Bernardino California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mabel K. Edelen, Registrar.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-204033-685

359981

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Sunny Dell
(c) Street Address or R.F.D. No. Star R.
(d) Name of Hospital or Maternity Home: Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Sunny Dell
(d) Street Address or R.F.D. No. Star R.
(e) How long has **MOTHER** lived in Idaho? 5-0 yrs.

3. RESIDENCE OF FATHER (city, state) Sunny Dell Ida.

4. FULL NAME OF CHILD Iris Marie Buckland.

5. Date of Birth of Child (Month, day, year) 10-14-1909

6. Sex Female. **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Carl Lionel Buckland.
11. Color or Race white **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Sunny Dell (City or town) Idaho. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Home.

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie J. Wheaton.
17. Color or Race white **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Buttes Island Idaho. (City or town) (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive. (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Bessie J. Wheaton (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

25. Attendant's **OWN** signature Nola Wheaton M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Residing at Rigby, Idaho Signature
My Commission Expires Feb. 3, 1943 P. O. Address
Subscribed and sworn to before me this 5th day of November, 1942
(SEAL) A. J. Smith Notary Public, residing at Rigby Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mabel Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

797-101009 449

360051

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No. (don't remember)
(d) Name of Hospital or Maternity Home:
None....Born at home.
(e) Mother's stay BEFORE delivery: IN THIS county X years 5 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Michigan (b) County Saginaw
(c) City Saginaw
(d) Street Address or R.F.D. No. Don't remember.
(e) How long has MOTHER lived in Idaho? 5 mos. 25 day yrs.

3. RESIDENCE OF FATHER (city, state) Saginaw, Michigan.

4. FULL NAME OF CHILD Roland Archie Pixley.
5. Date of Birth of Child (Month, day, year) June. 1, 1909
6. Sex Male.
7. Twin or Triplet XXXXX If so—born 1st, 2nd, 3rd XXXXX
8. No. months of Pregnancy 9 mos. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Judson Bruce Pixley
11. Color or Race white.
12. Age at time of THIS birth 34 yrs.
13. Birthplace Stanton, Michigan. USA. (City or town) (State or foreign country)
14. Exact Occupation Sawmill worker.
15. Industry or Business Sawmill. (Lumber mill)

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Almira Durkee
17. Color or Race white.
18. Age at time of THIS birth 36 yrs.
19. Birthplace Clare, Michigan. USA. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business XXXXXXXXX

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 12 Noon. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Mary Jones (First name) (Last name), who is related to this child as No relation. (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address XXXXX (Midwife) Date

State of Oregon
County of Multnomah. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for over 33 years, and that Mrs. Mary Jones (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Judson Pixley Signature
Rouet 3, Box 335., Hillsboro, Oregon. Address

Subscribed and sworn to before this 6th day of Nov, 1942

(SEAL) C R Deagle Notary Public, residing at Portland Notary Public for Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) My commission expires Jan. 8, 1944

Received for filing on NOV 12 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 19[illegible]

NOV 1 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local registrar for record in~~ the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-204009-556

360091

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? unknown yrs.

3. **RESIDENCE OF FATHER** (city, state)
Sandpoint, Idaho

4. **FULL NAME OF CHILD** Esther M. Nelson

5. Date of Birth of Child (Month, day, year) August 4, 1909

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gust Nelson
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace unknown (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Newman
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Wisconsin
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 32 years, and that not known (First name) (Last name), who attended this birth not known (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter O. Newman Signature

Rhinelander, Wisconsin P. O. Address

Subscribed and sworn to before this 28 day of May, 1942

(SEAL) Mary Zack Clerk of Circuit Court Notary Public, residing at Rhinelander, Wis.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by Mabel Hedstrom, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local registrar for record in~~ the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

234-104033-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 10 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360101
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Herbert Precinct
(c) Street Address or R.F.D. No. /
(d) Name of Hospital or Maternity Home: at our Ranch
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Herbert Precinct
(d) Street Address or R.F.D. No. /
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg Ida.

4. **FULL NAME OF CHILD** Leo Christian Blunck

5. Date of Birth of Child (Month, day, year) January 4-1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 m.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hans Henry Christian Blunck
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Kiel (City or town) Germany (State or foreign country)
14. Exact Occupation Dry Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hedwig Staub ~~22~~
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Solothurn (City or town) Switzerland (State or foreign country)
20. Exact Occupation Homemaking
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Joseph A. Johanson (First name) (Last name), who is related to this child as Onkel (Mother, etc.)

25. Attendant's **OWN** signature ~~Rosina Selk~~ M.D. Midwife now disseased Address Was Rexburg Idaho Date Nov 7-42

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 34 years, and that Rosina (First name) Selk (Last name), who attended this birth is now diseased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry C. Blunck Signature
26 South 2d East Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 9 day of Nov. 1942

(SEAL) D. W. Stowell Notary Public, residing at Rexburg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-204043-366

360104

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360104
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City McCall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City McCall Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) McCall Idaho

4. FULL NAME OF CHILD Rita Nina Shaw

5. Date of Birth of Child (Month, day, year) April 4 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clarence Shaw
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Terre Haute (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie Isabell Conrad
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Cherokee County (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: ~~(a) At time of birth and including this child~~ 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 12 M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Emma Shaw M.D. Midwife Address Date

State of Idaho
County of Valley } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Shaw Signature

P. O. Address

Subscribed and sworn to before me this 10 day of Nov, 1942

(SEAL) Herman H. White Notary Public, residing at McCall Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel Keefer, Registrar.

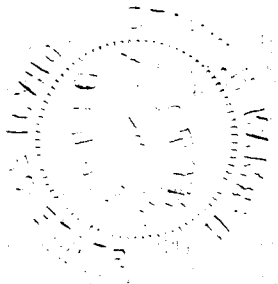
NOV 16 1942

SEP 20 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



354 221022 819

360106

United States
Department of Commerce
Bureau of the Census

NOV 16 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Arietta Mae Templin

5. Date of Birth of Child (Month, day, year) June 21, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward E. Templin
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Clinton, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Esther Hardy
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Hooper, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oklahoma
County of Creek } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for all her life years, and that Kate Templin (First name) (Last name), who attended this birth, Midwife, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora Hardy Templin Signature

Bristow, Oklahoma, RFD 5, Box 17 A P. O. Address

Subscribed and sworn to before me this 12th day of November, 19 42

(SEAL) Oscar D Graves Notary Public, residing at Bristow, Oklahoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel H. Wilson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

30695
NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-230009-755

360111

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Newport
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Delivered at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Newport
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Newport Idaho

4. FULL NAME OF CHILD Audrey Ethel Quick

5. Date of Birth of Child (Month, day, year) June 30, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME J. Frank Quick

11. Color or Race White

12. Age at time of THIS birth — yrs.

13. Birthplace (City or town) Missouri (State or foreign country)

14. Exact Occupation Cook

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Missouri Alice Pennington

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Ordinary (City or town) Kentucky (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Power }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Ann (First name) Quick (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lizzie Adkins Signature
American Falls Idaho P. O. Address

Subscribed and sworn to before me this 13th day of November, 1942.

(SEAL) ..... Notary Public, residing at RESIDING AT AMERICAN FALLS, IDAHO MY COMMISSION EXPIRES OCTOBER 21, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by ..... Registrar.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-113-003-314

360127

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 360127
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: T. F. Lau Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Life years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Soda Springs,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Life yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD JOHN LAU TORGESEN

5. Date of Birth of Child (Month, day, year) September 13th 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Theodore Torgesen
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Harrieville (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosetta Matilda Lau
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Soda Springs (City or town) Idaho (State or foreign country)
20. Exact Occupation School teacher previous to Marriage then Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11 A.M. on the date and at the place stated above, and that personal particulars were furnished by Joseph T. Torgesen (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Ellis Rae Ly M.D. Midwife Address Soda Springs, Ida Date 11-13-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by Mabel Teeter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

443-201029 243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360135
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) 10

4. FULL NAME OF CHILD Alice Cecilia Anne Muldoon

5. Date of Birth of Child (Month, day, year) Jan. 1st 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 6

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Patrick Andrew Muldoon
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Washington D.C. (City or town) (State or foreign country)
14. Exact Occupation Railroad Station Agt.
15. Industry or Business N.P. Ry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Anne Butler
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Moorehead Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Mateo } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 33 years, and that Dr. Born (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Anne Muldoon Signature

710 So. Grant St., San Mateo, Calif. P. O. Address

Subscribed and sworn to before me this 12th day of November MY COMMISSION EXPIRES JAN. 13, 1946 1942

(SEAL) Lucy M. Potter Notary Public, residing at San Mateo, California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91[illegible] Idaho Code Annotated)

Received for filing on ..... by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may~~ be ~~received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-201-040-853

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360176
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ruby Edwina Martz
5. Date of Birth of Child (Month, day, year) Oct. 1st 1909
6. Sex girl
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Henry Martz
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Bisbee (City or town) Arizona (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta May Helmer.
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Princeton (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife & Music teacher
21. Industry or Business Music teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 5:a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Etta (First name) Lillie (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Tillie Helmer Grandmother ~~M.D.~~ Midwife Address Troy, Montana Date

State of California
County of Inyo } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr. (First name) Machette (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etta M. Lillie Signature
Bishop California P. O. Address

Subscribed and sworn to before me this 5th day of January, 1942.
(SEAL) A. W. Boyer Notary Public, residing at Bishop Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

JUN 20 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

399-103010-282

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360193
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BONNEVILLE (b) City IDAHO FALLS
(c) Street Address or R.F.D. No. 267 SO. RIDGE
(d) Name of Hospital or Maternity Home:
Res. DAVID BYBEE, GRANDFATHER
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county - years - months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City BASALT
(d) Street Address or R.F.D. No. POSTOFFICE BLDG.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) BASALT, IDA.

4. **FULL NAME OF CHILD** CECIL B CRIDDLE

5. Date of Birth of Child (Month, day, year) AUG. 3rd 1909

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** CHARLES EDWARD CRIDDLE
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace MEADOW MILLIARD CO., UTAH (City or town) (State or foreign country)
14. Exact Occupation POSTMASTER, BASALT, IDAHO
15. Industry or Business FEDERAL POSTOFFICE DEPT.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ETHEL BYBEE
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace MOUNTAIN GREEN WEBER CO. UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE, AST. POSTMASTER
21. Industry or Business FEDERAL POSTOFFICE DEPT.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of BONNEVILLE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Dr. D. J. FULLER (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel B Criddle Signature

204 6th Street, IDAHO FALLS, IDAHO. P. O. Address

Subscribed and sworn to before me this 9th day of November, 1942

(SEAL) Lee Walker Notary Public, residing at Notary Public for the State of Idaho Residence, Idaho Falls, Idaho, My Commission Expires May 3, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-912, Idaho Code Annotated)

Received for filing on NOV 17 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

438 205 028-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360204
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Post Falls.
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Post Falls Idaho

4. **FULL NAME OF CHILD** Jewel Beth McHenry
5. Date of Birth of Child (Month, day, year) Jan 5. 1909
6. Sex girl
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Earl Clifton McHenry
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Humboldt (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Lanegan
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Mapleton (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmic Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 34 years, and that Dr. Darius Drennan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther McHenry Signature
1108 W 9th st Los Angeles Cal, P. O. Address

Subscribed and sworn to before me this 9th day of November, 1942

(SEAL) Mary A. McCann Notary Public, residing at Los Angeles, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by Mabel L. Elsner, Registrar.

My Commission Expires Dec 5, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon [illegible] this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State [illegible] Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance [illegible] of fifty cents, money order or coin.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for [redacted] Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-201010-813

360218

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 360218
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. No record
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. No record
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address No record

3. RESIDENCE of FATHER (city, state) Idaho Falls, Ida

4. FULL NAME OF CHILD Blanche Ruth Winchell

5. Date of Birth (Month, day year) Apr. 1, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Wesley Winchell

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Afton, Iowa (City or town) (State or foreign country)

14. Exact Occupation Cabinate Maker

15. Industry or Business Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Betha Jane Hall

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Bluestone, W. Va. (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia ~~Neonatorum~~ [illegible]

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Live (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related to this child as ..... (Mother, etc.)

26. (a) NOV 17 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [signature] M.D. (D.O., Midwife, etc.)
and address Idaho Falls, Ida Date 11/6/42

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 19 1942

MAR 21 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-114 007 212

360265

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 360265
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blaine (b) City Clyde
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Clyde
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Clyde, Idaho

3. RESIDENCE of FATHER (city, state) Clyde Idaho

4. FULL NAME OF CHILD Francis Harold Black

5. Date of Birth (Month, day year) March 14, 1909

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Francis Black
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Fillmore, Millard Co. Utah (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Cordelia Basinger
17. Color or Race White
18. Age at time of THIS birth 19 yrs
19. Birthplace Thebes, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living None (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.) Doctor attending this case, deceased.

26. (a) NOV 23 1942 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by Mabel F Elder (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie C. Black, being first duly sworn, say that I am related (Related to (or) acquainted with) Francis Harold Black (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Deceased (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Nellie C. Black Signature

Salmon P. O. Address

Subscribed and sworn to before me on this 24th day of Sept, 1942

(SEAL) Wm. S. Carley Notary Public, residing at Salmon, Ida.

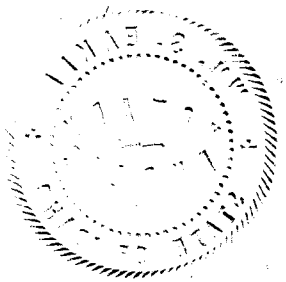
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



313 208026-295

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360330
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No. --
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho

4. **FULL NAME OF CHILD** Jennie Belle Tall

5. Date of Birth of Child (Month, day, year) March 8, 1909

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Arthur Tall
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Business (Grocery)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Belle Kinghorn
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Lewisville, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business *-

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Dr. Tucker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Belle Kinghorn Tall Signature

P. O. Box 54, Rigby, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of November, 19 42

(SEAL) ____ Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1942 by Mary F. Elder, Registrar.

NOV 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-101-001-635

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360350
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. 3 Box 86
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. 3 Box 86
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian Idaho

4. FULL NAME OF CHILD James Murray Ross

5. Date of Birth of Child (Month, day, year) Sept. 1- 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alexander Hutton Ross
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Aberdeen (City or town) Scotland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Cathrine O'Leary
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Montreal (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 33 years, and that Doctor (First name) Neal (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John E. Ross Signature

1522 Imperial Ave San Diego, Calif P. O. Address

Commission Expires Oct. 11, 1943

Subscribed and sworn to before me this 11th day of November, 1942

(SEAL) H Barker Notary Public, residing at San Diego Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Mary F Elder, Registrar.

NOV 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 1220 01 - 156

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360361
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Unknown
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Richard Floyd Wilkinson

5. Date of Birth of Child (Month, day, year) April 22, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lafayette Jackson Wilkinson
11. Color or Race White
12. Age at time of THIS birth 53 yrs.
13. Birthplace Springfield, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucretia Jeffery
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Little Rock, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Montana
County of Missoula } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Richard Floyd Wilkinson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Dena Vaughan Signature

Route No. 1 Missoula, Mont. P. O. Address

Subscribed and sworn to before me this 26th day of November 19 42

(SEAL) Ralph L Starr Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

RALPH L. STARR
Notary Public for the State of Montana
Residing at Missoula, Montana
My commission expires Mar. 23, 1945

Received for filing on NOV 23 1942 by Maud Field Registrar.

NOV 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 114029855

360365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: AT Home
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Palouse Wash.

4. **FULL NAME OF CHILD** Richard LeRoy Hardy

5. Date of Birth of Child (Month, day, year) July 14, 1909

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Louis Hardy
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Louisville (City or town) Kentucky (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Bell Henry
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Shannon County (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Dr Eilan, Deceased. Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 33 years, and that ~~Richard~~ Dr Eilan (First name) (Last name), who attended this birth is Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Louis Hardy Signature
Palouse Wn P. O. Address

Subscribed and sworn to before me this 6th day of November, 1942

(SEAL) Allan Campbell Notary Public, residing at Palouse

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-201001 693

360407

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 360407

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise

(c) Street Address or R.F.D. No. 16th & Lemp Sts.

(d) Name of Hospital or Maternity Home: At Home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada

(c) City Boise, Idaho

(d) Street Address or R.F.D. No. 16th & Lemp Sts.

(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Daisy Deane Hanley

5. Date of Birth of Child (Month, day, year) Dec. 1, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Monroe Hanley

11. Color or Race White

12. Age at time of THIS birth 50 yrs.

13. Birthplace Missouri (City or town) (State or foreign country)

14. Exact Occupation Merchant

15. Industry or Business Coal Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Jane Witcher

17. Color or Race White

18. Age at time of THIS birth 42 yrs.

19. Birthplace Missouri (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of IDAHO
County of ADA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 33 years, and that Dr. (First name) Haley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lizzie Hanley Signature

P. O. Address

Subscribed and sworn to before me this 24th day of November, 19 42

(SEAL) Marion E. Ow Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 25-1942 by Pearl E. Taylor, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 25 1942

FEB 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-229-034-395 360408

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360408
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Heyburn
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Minidoka
(c) City HEYBURN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Heyburn, Ida.

4. FULL NAME OF CHILD Lenor Christina Brown

5. Date of Birth of Child (Month, day, year) Dec 29-1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Albin Alexander Brown
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Rehites (City or town) South Dakota (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle May Lindsey.
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Heyburn (City or town) Idaho. (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ~~Minidoka~~ Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 32 years, and that ~~Lenor~~ Dr Vincent Killen (First name) (Last name) who attended this birth now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle May Lindsey Brown Signature
Paul Ida P. O. Address

Subscribed and sworn to before me this 21st day of November, 1942

(SEAL) T E Black Notary Public, residing at Paul Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 23-1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-127014 765

360417

360417

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360417
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Greenleaf
(c) Street Address or R.F.D. No. Rt # 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Greenleaf
(d) Street Address or R.F.D. No. Rt. # 1
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Greenleaf-Ida.

4. FULL NAME OF CHILD Orville Leslie Ford

5. Date of Birth of Child (Month, day, year) Nov. 27, 1909

6. Sex Male **7.** Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnancy 7 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William M. Ford
11. Color or Race White **12.** Age at time of THIS birth 29 25 yrs.
13. Birthplace Atlanta (City or town) Georgia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cordelia A. Jones
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Florilla (City or town) -- Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argentum Nit 1%

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature L. J. Miller M.D. ~~Midwife~~ Address Long Beach Calif Date Oct 31 42

State of .....
County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Maud Fielden, Registrar.

NOV 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-205-029-957

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 20 1942

State File No. 361493
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Kendrick
(c) Street Address or R F D No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 48 yrs.
(f) Mother's mailing address
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Claribel Ellen Moore
5. Date of Birth (Month, day, year) Oct. 5, 1909
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Amos Moore
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Fairbury, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Desdemona Ingle
17. Color or Race White
18. Age at time of THIS birth 35 years
19. Birthplace Menard County, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 4
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) NOV 4 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's OWN signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles W. Moore, being first duly sworn, say that I am related to (Related to (or) acquainted with) Claribel Ellen Moore (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jake Harrison (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charles W. Moore Name
Kendrick, Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of October, 1942

(SEAL) [signature] Notary Public, residing at Kendrick

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367-202-016-135

361509

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years 1 months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. R 2
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Ida

4. FULL NAME OF CHILD Lysadonia Mary Talman

5. Date of Birth of Child (Month, day, year) Jan. 2 1909

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Owen Talman
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Alexander
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Oakley (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mid. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 32 years, and that Ernest F Oldham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilson T Crawley Signature
Oakley Idaho P. O. Address

Subscribed and sworn to before me this 28 day of August 1942

(SEAL) Notary Public, residing at Oakley, Cassia County, Idaho

Notary Public in and for the State of Idaho
My Commission expires Jan. 6, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Mary Felton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

844-229-022-493

361560

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FREMONT (b) City PARKER
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 3 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County FREMONT
   (c) City PARKER
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) PARKER, IDA.

4. **FULL NAME OF CHILD** ALICE HUMPHREYS ([redacted])

5. Date of Birth of Child (Month, day, year) 7- 29- 1909

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIS RAY HUMPHREYS
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace MILLVILLE, CACHE CO. UTAH. U.S.A. (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ETHEL CLAIR MILLER
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace FARMINGTON, DAVIS CO. UTAH. U.S.A. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 P.M. on the date and at the place stated above, and that personal particulars were furnished by ETHEL CLAIR HUMPHREYS (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of IDAHO
County of FREMONT } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that M.M. HARSHBARGER (First name) (Last name), who attended this birth is now DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Clair Humphreys Signature

PARKER, IDAHO. P. O. Address

Subscribed and sworn to before me this 21st day of NOVEMBER, 1942

(SEAL) [signature] Notary Public, residing at ST. ANTHONY, IDAHO.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 24 1942 by Mary [illegible], Registrar.

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-164-009-666

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361567
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonners (b) City Ponderay
   (c) Street Address or R.F.D. No. Ponderay Ida.
   (d) Name of Hospital or Maternity Home: at own home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonners
   (c) City Ponderay
   (d) Street Address or R.F.D. No Ponderay Ida.
   (e) How long has **MOTHER** lived in Idaho? [redacted] 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pon[redacted]y 3

4. **FULL NAME OF CHILD** John Pilik Jr.

5. Date of Birth of Child (Month, day, year) July 4, 1909

6. Sex Male

7. Twin or Triplet No

8. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Pilik
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Mechinist helper
15. Industry or Business R.R. Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Louise Woodin
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Chicago (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12 00 P.M. on the date and at the place stated above, and that personal particulars were furnished by John Pilik (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature John Pilik + M.D. Midwife Mrs. Munson Address Date

State of Wash
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that Mrs Munson + John Pilik (First name) (Last name), who attended this birth is Mrs Munson (Is now deceased) or Helper (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Louise Pilik Signature

6915 N. Wash St Spokane P. O. Address

Subscribed and sworn to before me this 2nd day of November, 1942

(SEAL)

Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by [signature], Registrar.

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-119.030-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361616
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Ellis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county yes years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Ellis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) 6 yrs

4. **FULL NAME OF CHILD** Harry Lewis Harkey

5. Date of Birth of Child (Month, day, year) Jan 19 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry Otto Harkey
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Yuba (City or town) Sutter County (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Holland
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Eureka (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lysol.

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 33 years, and that Ada Wells (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry Harkey Signature
R. 1 North P. O. Address

Subscribed and sworn to before me this 12th day of November Pastello 1942
(SEAL) Theodore G. Gaske Notary Public, residing at Pocatello
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-120-018-156

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361641

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Greer
   (c) Street Address or R.F.D. No. No
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 0 months • days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Greer
   (d) Street Address or R.F.D. No. No
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Elmer John Bell

5. Date of Birth of Child (Month, day, year) Apr. 20, 1909

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John T. Bell

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace (City or town) State of Mich (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Vl

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Jeffreds

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace (City or town) State of Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business 11

22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Nez Perce }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Unknown (First name) (Last name), who attended this birth dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maggie J. Bell Signature

Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 4th day of Nov. 1942

(SEAL) John L. O'Kelley Notary Public, residing at Lewiston Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

468-114-014-468

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361655
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa, Idaho
(d) Street Address or R.F.D. No. 319- 19 Av So
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) 6

4. FULL NAME OF CHILD Robert Patrick Doherty

5. Date of Birth of Child (Month, day, year) 6-14-09

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Doherty
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Ireland (City or town) (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business For Self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mergery Ann Doherty
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ireland (City or town) (State or foreign country)
20. Exact Occupation Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by Margery Ann Doherty (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature W T Drysdale M.D. ~~Midwife~~ Address 1400-44th St Des Moines, Iowa Date 11-20-42

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for [illegible] years, and that Dr. Drysdale (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margery ann Doherty Signature
319- 19 Ave So. Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of November, 1942

(SEAL) Mabel E. Reeves Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 7 1942 by Mabel E. Reeves, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DEC 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau~~ of ~~Vital Statistics~~ for ~~the purposes and~~ uses ~~prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-102-035-615

United States
Department of Commerce
Bureau of the Census

NOV 6 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

361657

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Nezperce (b) City Webb
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Nezperce
(c) City Webb
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.
(f) Mother's mailing address Webb Idaho

3. RESIDENCE OF FATHER (city, state) Webb Idaho

4. FULL NAME OF CHILD James William Miles

5. Date of Birth (Month, day, year) Sept 2nd 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles C Miles

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Wise County Texas (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME JADIE EMMALINE FANSLER

17. Color or Race White

18. Age at time of THIS birth 26 years

19. Birthplace Randolph County West Virginia (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Ag No 3

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2 a M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) Mabel F Eldin (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature J N Alley M.D. or (D.O., Midwife, etc.) and address Lewiston Idaho Date 11-23-42

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Jadie Emmaline Miles, being first duly sworn, say that I am Related to (Related to (or) acquainted with) James William Miles (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr John N Alley (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jadie Emmaline Miles Name

TOLEYLO STARROUTE, ROSEBURG OREGON P. O. Address

Subscribed and sworn to before me on this 4 day of Nov. -1942

(SEAL) G V Wimberly Notary Public, residing at Roseburg Ore

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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119-104-040-712

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361670

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Enaville
(c) Street Address or R.F.D. No. Box 33
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home —— days.
IN **THIS** county 10 years 0 month 29 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Enaville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.
(f) Mother's mailing address Enaville Idaho

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD William Matthew Nummi Jarvey

5. Date of Birth (Month, day year) July 4, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bernhardt Nummi Jarvey

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Kauhajoki (City or town) Finland (State or foreign country)

14. Exact Occupation Logger

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Selma Gustave Pakkala

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Vetelí (City or town) Finland (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12 M. on the date and at the place stated above, and that personal particulars were furnished by Selma (First name) Jarvey (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 8 0 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ——— by ——— (Registrar's signature)

25. Attendant's **OWN** signature Amelia Hill M.D. (D.O., Midwife, etc.) and address Kellogg, Ida. Date Feb 16, 1942

State of ——— } ss.
County of ——— }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ———, being first duly sworn, say that I am ——— (Related to (or) acquainted with) ——— (Name of person on certificate above) as ——— (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ——— (Name of attendant at birth), who attended said birth ——— (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

——— Signature

——— P. O. Address

Subscribed and sworn to before me on this ——— day of ———, 19——

(SEAL) ——— Notary Public, residing at ———

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

398-206-042-295

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361710
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls City Filer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Filer Ida.

4. **FULL NAME OF CHILD** Effa Esther Tryon

5. Date of Birth of Child (Month, day, year) 9-6-1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Levi Jerrod Tryon
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Hendly (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alta Mae Brewer
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Hendly (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 P M. on the date and at the place stated above, and that personal particulars were furnished by Levi (First name) Tryon (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Linn. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that Levi (First name) Tryon (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Levi Jerrod Tryon Signature

Jefferson Oregon P. O. Address

Subscribed and sworn to before me this 21 day of November, 1942

(SEAL) J T Jones Notary Public, residing at Jefferson Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. Expires Nov 18-1946

Received for filing on NOV 27 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

497-121-029-162

361714

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days 21

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ~~21~~ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Alfred Dixon

5. Date of Birth of Child (Month, day, year) March 21-1909

6. Sex Male

7. Twin or Triplet? Twin If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Miles Elmer Elsworth Dixon

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Iowa (City or town) Pennsylvania (State or foreign country)

14. Exact Occupation Mining

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Johnson Bertha Anna Josephine

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Iowa City (City or town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I **HEREBY CERTIFY** That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 33 years, and that Jennie (First name) Johnson (Last name), who attended this birth as now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Anna Dixon Signature

Potlatch Ida. P. O. Address

Subscribed and sworn to before me this 19 day of August, 1942

(SEAL) Notary Public, residing at Potlatch, Idaho

NOTARY PUBLIC residing at Potlatch, Idaho
My commission expires December 10, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.

Received for filing on AUG 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 101, 1911 Session Laws, has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-220-031-216

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361720
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Ilo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Ilo later Craigmont
(d) ~~Street~~ Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? ∞ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mildred Alice Bowles

5. Date of Birth of Child (Month, day, year) 11/20/1909

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert L. Bowles
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Fall Creek Adams Co. (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Sawin
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Adams Co. (City or town) Illinois (State or foreign country)
20. Exact Occupation Farmer's Wife
21. Industry or Business housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE Dead

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 33 years, and that Dr. Homer (First name) Parrish (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ellen Sawin Bowles Signature

Craigmont, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of November, 1942

(SEAL) [illegible] Notary Public, residing at Craigmont therein

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel F. Edelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 253-226-008-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361734
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Van Wyck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Van Owen Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Van Wyck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Van Wyck, Ida.

4. FULL NAME OF CHILD Elaine Lestor Bechtel

5. Date of Birth of Child (Month, day, year) August 26, 1909

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Shelton Bechtel
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Bloomington, Ill. (City or town) (State or foreign country)
14. Exact Occupation Druggist
15. Industry or Business Drugstore

MOTHER OF CHILD

16. FULL MAIDEN NAME Unabel Johnson
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Oregon } ss.
County of Umatilla }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that Doctor Nagle (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Unabel Johnson Bechtel Signature
Umatilla, R3, Box 100A, Oregon P. O. Address

Subscribed and sworn to before me this 30 day of Nov., 1942
(SEAL) J. A. Lieuallen Notary Public, residing at Adams Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

547-225-035-636

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361784
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Russell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Russell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Russell, Ida.

4. **FULL NAME OF CHILD** Marguerite Amelia Nugent
5. Date of Birth of Child (Month, day, year) Dec. 25, 1909
6. Sex F
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Joseph Nugent
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Newfounland (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adelia Flock
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Asotin (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Dr Fairley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Adelia Nugent Signature

P. O. Address

Subscribed and sworn to before me this 27 day of November, 1942

(SEAL) Ruby Weisgerber Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-21708-912

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361794

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Harrison,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Harrison

4. **FULL NAME OF CHILD** Minnie Avilda Roberts

5. Date of Birth of Child (Month, day, year) Sept. 17, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Roberts
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Joplin, Mo. (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Rasor
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Fredricktown, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for years, and that Dr. John Busby (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Minnie Roberts Signature

Harrison, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of November, 19 42

(SEAL) M. A. Trigger Notary Public, residing at Harrison

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 27 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-103-022-613

361796

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361796
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Warm River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: L. P. Walker (father's home)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Warm River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lorin Ray Morton

5. Date of Birth of Child (Month, day, year) March 3, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Delaney T. Morton

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Bristol, Virginia (City or town) (State or foreign country)

14. Exact Occupation Union Pacific Fireman at time

15. Industry or Business of son's birth

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Walker Morton Boam

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Big Cottonwood, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Laura Walker Morton Boam (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Jane M. Howell (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura J. Walker Morton, Boam Signature

Route 2 Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me this 24th day of November, 19 42.

(SEAL) Nancy L. Mooney Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 27 1942 by Mabel Heller, Registrar.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-206-032-253

3618

361822

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Rupert
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Rupert
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 1. 11/12 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert

4. FULL NAME OF CHILD Lucille Thelma Waldron

5. Date of Birth of Child (Month, day, year) 10,6,1909

6. Sex femail **7.** Twin or Triplet x If so—born 1st, 2nd, 3rd x **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Claude Ernest Waldron
11. Color or Race white **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Kenney (City or town) Illinois (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie Gertrude Sellers
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Monticello (City or town) Illinois (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Dr Kennedy (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Claude Ernest Waldron Signature

1804 Kent St Boise Idaho P. O. Address

Subscribed and sworn to before me this 21 day of November, 1942

(SEAL) Betty K. Wright Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 1942 by Mary E. Eyer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

618-214-038-391

361839

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361839
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Ida

4. FULL NAME OF CHILD Helen Ohratta Wayne

5. Date of Birth of Child (Month, day, year) December 14, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME General A. Wayne

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace (City or town) Missouri (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth C. Craig

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace (City or town) Scotland (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for all her life years, and that Mrs. Jack Tharp (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Wayne Signature

Fruitland, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of December, 1942

(SEAL) W. R. McClure, Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec. 12, 1942 by Mary E. [illegible], Registrar.

DEC 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-205-0 37-356

361860

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361860
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) ~~City~~ P.O. Hot Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) ~~City~~ P.O. Tindall
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Tindall Idaho

4. FULL NAME OF CHILD Viola Annie Roberson

5. Date of Birth of Child (Month, day, year) Feb. 5 - 1909

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fred Roberson

11. Color or Race WHITE

12. Age at time of THIS birth 25 yrs.

13. Birthplace Emmett (City or town) Idaho (State or foreign country)

14. Exact Occupation Ranching

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Idaho Lewis

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Mountain Home, Idaho (City or town) (State or foreign country)

20. Exact Occupation housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Nevada
County of Humboldt } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Lorsan Roberson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Roberson Signature

Winnemucca - Nevada P. O. Address

Subscribed and sworn to before me this 9th day of September, 1942

(SEAL) Blanca Berman Notary Public, residing at Winnemucca Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 23 1942 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-209-006-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361887
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Route 2
(d) Name of Hospital or Maternity Home: (born at family residence)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Route 2
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot

4. FULL NAME OF CHILD Wilma Aneta Hendricksen

5. Date of Birth of Child (Month, day, year) April 9, 1909

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William August Hendricksen
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Christine Thompson
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace New York (City or town) New York (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Fresno } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that Dr. (First name) Dr. Christler (Last name) who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie C. Hendricksen Signature

my expiration April 15 1945

1107 Andrews Ave Fresno Calif P. O. Address

Subscribed and sworn to before me this 28th day of November, 1942.

(SEAL) Alicemae Kieffer Notary Public, residing at Fresno Co.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1942

AUG 3 0 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a ~~certificate of the attending physician or midwife, or by~~ Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-127-004-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361895
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 mo yrs

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Lloyd Vaugh Compton

5. Date of Birth of Child (Month, day, year) April 27, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harry Compton
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Willis (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Fields
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Denton (City or town) Kansas (State or foreign country)
20. Exact Occupation Domestic
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Kansas
County of Brown } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Rebecca Herbst (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Compton Signature
Willis, Kas P. O. Address

Subscribed and sworn to before me this 30 day of Nov, 1942.

(SEAL) Chas Baxter J.P. Notary Public, residing at Willis

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

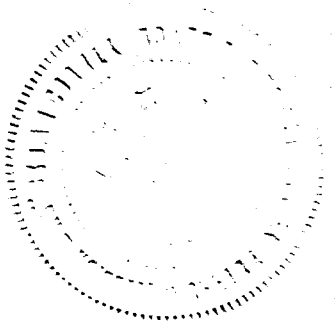
Received for filing on DEC 3 1942 by Mabel Fielder, Registrar.

DEC 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



819-209-008-38

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361897
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Sweet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Sara Esther Harris

5. Date of Birth of Child (Month, day, year) Apr. 9, 1909

6. Sex F.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME George S. Harris

11. Color or Race W.

12. Age at time of THIS birth 49 yrs.

13. Birthplace Wilksbarre Pa. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna L. Chase

17. Color or Race W.

18. Age at time of THIS birth 29 yrs.

19. Birthplace Kansas (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 33 years, and that Mrs. Harry Hamilton (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George S Harris Signature

Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of December, 19 42

(SEAL) Troy Emerson Notary Public, residing at Emmett Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Mary Keller, Registrar.

DEC 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-105-006-293

361912

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Archibald Dick

5. Date of Birth of Child (Month, day, year) Oct 5, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Dick
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Colona Scotland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Bills
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Tennessee (City or town) USA (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ~~Mother~~ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for since birth years, and that Mrs. Jemmett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E Emmett Signature

My Commission Expires June 26th, 1943.

576 "H" Street, Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me this 23rd. day of November, 19 42.

(SEAL) Myrtle M. Thurston Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 27 1942 by Mary E Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-203. 028-252

361915

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County KOOTENAI (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 4th St.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 4th Street
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** ETHEL VIVIAN KEIZUR

5. Date of Birth of Child (Month, day, year) Aug. 3, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** THOMAS KEIZUR
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace OREGON (City or town) (State or foreign country)
14. Exact Occupation WOODSMAN
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** RUTH ELIZABETH BEST
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Big Spring (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 33 years, and that Dr. Hunter (First name) (Last name), who attended this birth whereabouts unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth E Keizur Signature

Calder, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of December, 1942

(SEAL) Notary Public for the State of Idaho Residing at St. Maries, Idaho Commission Expires February 24, 1945

Notary Public, residing at St. Maries, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on DEC 4 1942 by Maud E. Calder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867-111-003-849

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361960
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 671 So. 2nd Ave.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Clyde Martin Hopkins
5. Date of Birth of Child (Month, day, year) Dec. 11,1909
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Martin Hopkins
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Greensborough, North Carolina (City or town) (State or foreign country)
14. Exact Occupation Car Inspector
15. Industry or Business Oregon Short Line

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Essie May Quigley
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Swan Lake, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that Doctor Poole (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Essie May Quigley Hopkins Signature
3724 So 5 East Salt Lake City P. O. Address

Subscribed and sworn to before me this 20th day of November, 1942.

(SEAL) Eric C. Pollei Notary Public, residing at Salt Lake, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 1942 by Mabel F. Eldefina, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and upon prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-213 214-715

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362003
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Rubletts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or ~~Maternity~~ Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Rubletts
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Rheta Pearl Powers

5. Date of Birth of Child (Month, day, year) 1-13-1909

6. Sex girl **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Isaac Sherwood Powers
11. Color or Race W **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Comme (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business cattle

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Leavitt
17. Color or Race W **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Plymouth (City or town) Utah (State or foreign country)
20. Exact Occupation teacher - home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Mrs. N. Leavitt - deceased

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above that I am now 64 years of age, that I have known this person for 33 years, and that Mrs. N. Leavitt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Leavitt Powers Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 7 day of December, 19 42

(SEAL) Nancy W. Tucker Notary Public, residing at Jerome, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by Mark F. Elder, Registrar.

DEC 10 1942

SEP 18 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-203-204-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362016
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City of Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier Idaho

4. **FULL NAME OF CHILD** Flora Kunz

5. Date of Birth of Child (Month, day, year) Feb./3/1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Kunz
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Boligen, (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Sutter
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Bern, (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I believe none was used.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of BEAR LAKE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for all her life years, and that Mrs. Chas. Bridges, (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma J. Kunz Signature

Pegram, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of December, 19 42.

(SEAL) Chas E Harris Notary Public, residing at Montpelier, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-214-014-551

362019

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Parma Idaho

4. FULL NAME OF CHILD Mary Sophia Evans

5. Date of Birth of Child (Month, day, year) Jan. 14, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Evans
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Coffeville (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Charlotte Evans
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Caldwell (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1 a. M. on the date and at the place stated above, and that personal particulars were furnished by Lucy (First name) Evans (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature J Barazne M.D. Address Nyssa Ore Date 11/30/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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815-218-028-695

362049

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 121

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. (Blue Creek) #3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days,
IN THIS county Since years Childhood days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene (Blue Creek)
(d) Street Address or R.F.D. No. #3
(e) How long has MOTHER lived in Idaho? Many yrs.
(f) Mother's mailing address Coeur d'Alene

3. RESIDENCE of FATHER (city, state) Coeur d'Alene.

4. FULL NAME OF CHILD Mina Jeanette Hanson

5. Date of Birth (Month, day, year) Oct. 18, 1909

6. Sex F

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Fred Hanson	16. FULL MAIDEN NAME Nellie May Freeman
11. Color or Race W 12. Age at time of THIS birth 40 yrs.	17 Color or Race W 18. Age at time of THIS birth 25 yrs.
13. Birthplace (City or town) Denmark (State or foreign country)	19. Birthplace (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) DEC 7 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am related To (Related to (or) acquainted with) Mina Jeanette Hanson (Name of person on certificate above) as brother (older) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. H. Shepherd (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frank H. Hanson Signature
1642 3rd Coeur d'Alene P. O. Address

Subscribed and sworn to before me of this 4th day of December, 1942

(SEAL) Evelyn M. Thomas Notary Public, residing at Coeur d'Alene, Idaho

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT COEUR D'ALENE, IDAHO
MY COMMISSION EXPIRES MAR 19 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code ~~Annotated, when such~~ report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-217-010-459

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 10 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362053
Local Reg. No. 82
Reg. Dist. No. 114

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1909 years June months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? since 1909 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Olga Meta Nieweier

5. Date of Birth of Child (Month, day, year) June 17 1909

6. Sex Girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 2d.

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin Carl Nieweier
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Cape Girardeau (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emilie Meier
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Cape Girardeau (City or town) Mo. (State or foreign country)
20. Exact Occupation Farm home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Martin Nieweier (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature W. P. Simmons M.D. Midwife Address 1304½ W. 12th Los Angeles Cal. Date Nov. 10/1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 20, 1942 by Orville Gray, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-120-033-469

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Madison

City of Rexburg

No. 73 North 3rd West St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

362153

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Keith Anderson

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth July 20, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name John X Anderson	18. Full maiden name Emma Eliza Moreton
10. Residence (usual place of abode) (If non-resident, give place and State) Rexburg, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Rexburg, Idaho
11. Color or race White | 12. Age at last birthday 37 (years)	20. Color or race White | 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Hyrum, Utah	22. Birthplace (city or place) (State or Country) Salt Lake County Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. None
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Grain Elevator	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None
16. Date (month and year) last engaged in this work July, 1929	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid Solution

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Eliza Moreton, M. D.

or Grandmother, ~~Midwife~~

Address Long Beach California

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed DEC 16 1942, 193.. Mary F. Elder ~~Registrar.~~

DELAYED

DELAYED

DELAYED

154-120 033-469

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~Idaho~~ California }
County of ~~Madison~~ Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Eliza Moreton being first duly sworn says that she is the Grandmother (Relationship of child)* of John Keith ANDERSON born July 20 1909 (Date of birth) at Rexburg, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Keith Anderson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Hyde, M. D., was the ~~MIDWIFE~~ medical attendant at the birth of said John Keith Anderson and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Eliza Moreton

P. O. Address Long Beach, California

Subscribed and sworn to before me this 15th day of August, 1940

Mabel C Berry
Notary Public.

My Commission Expires Jan. 24, 1944

Residing at Long Beach, California, ~~IDAHO~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

DEC 16 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

E19-120-007 392

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362184
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No. Rural locality
(d) Name of Hospital or Maternity Home: at Family Home — no hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No. Rural locality
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Soldier, Idaho, same

4. FULL NAME OF CHILD Percy Herbert Harris

5. Date of Birth of Child (Month, day, year) Sept. 20, 1909

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Harris
11. Color or Race White **12.** Age at time of THIS birth 49 yrs.
13. Birthplace Linsey (City or town) Ontario (State or foreign country) Canada
14. Exact Occupation Homesteader
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Velona Libby
17. Color or Race White **18.** Age at time of THIS birth 44 yrs.
19. Birthplace Rural (City or town) Maine (State or foreign country) USA.
20. Exact Occupation Farm housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 72 years of age, that I have known this person for 33 years, and that the Person (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 135, 1937 Session Laws.

Alfred K. Harris Signature
Seattle, Washington P. O. Address

Subscribed and sworn to before me this 11th day of December 1942.

(SEAL) Edith Goulder Notary Public, residing at Seattle, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by Mabel Keeler, Registrar.

DEC 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

:695-22-208-366

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362188
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BOISE (b) City IDAHO
(c) Street Address or R.F.D. No. HOMESTEAD
(d) Name of Hospital or Maternity Home: At HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years —— months —— days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BOISE
(c) City IDAHO CITY
(d) Street Address or R.F.D. No. HOMESTEAD
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD EDNA IRENE FINCHER

5. Date of Birth of Child (Month, day, year) April 22 - 1909

6. Sex FEMALE **7.** Twin or Triplet NO If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME JAMES ZACHERIA FINCHER
11. Color or Race WHITE **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Lebanon (City or town) Missouri (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business HOMESTEAD

MOTHER OF CHILD

16. FULL MAIDEN NAME VIOLA ELESIBETH LOWRY
17. Color or Race WHITE **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Nampa (City or town) Idaho (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOUSEKEEPER

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature DEAD her name M.D. Midwife Address Mrs James Moore Date

State of IDAHO, County of Boise Payette } ss. X

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for all her life years, and that Mrs James Moore (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X James J Finch Signature
Payette, Idaho. P. O. Address

Subscribed and sworn to before me this 8th day of December, 1941

(SEAL) Mrs. R. McCune Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by Mabel Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-106025-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362235
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Ferdinand
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years 3 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Ferdinand
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Ferdinand Idaho

4. FULL NAME OF CHILD Orville Dee Finnell

5. Date of Birth of Child (Month, day, year) Sept. 6, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Franklin Finnell
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Marshall (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Evalena Stevens
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Glencoe (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 33 years, and that Mrs Swarbacher (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Maude Finnell Signature

Pinehurst Idaho P. O. Address

Subscribed and sworn to before me this 27th day of November, 1942.

(SEAL) Stella Brown Notary Public, residing at Kellogg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by Mabel Fielden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-222-029-515

363295

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 21 1942

State File No. 363295
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. R0
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. R0
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Ida.

4. FULL NAME OF CHILD Esther Iris Mael

5. Date of Birth of Child (Month, day, year) Sept. 22, 1909

6. Sex Female **7.** Twin or Triplet R0 If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Mael
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace State of Ida. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret VanSickle
17. Color or Race White **18.** Age at time of THIS birth 17 yrs.
19. Birthplace State of Ida. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum No.

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 33 years, and that Mrs. Ella Adams (First name) (Last name), who attended this birth dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Mael Schoof Signature
Lewiston, Ida P. O. Address

Subscribed and sworn to before me this 20 day of Dec., 1942

(SEAL) John L. Phillips Notary Public, residing at Lewiston Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mark Heller, Registrar.

Use only BLACK Ink of BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 22 1942

AUG 9 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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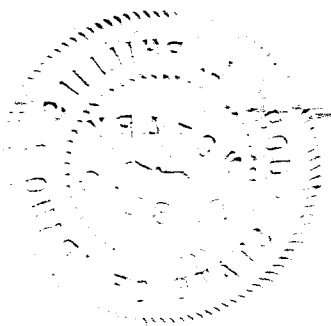


863-212-036-919

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363297
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City American Falls
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years (2 months) days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City American Falls
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 2 mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Am. Falls, Ida.

4. **FULL NAME OF CHILD** Faith Zaring Holloway

5. Date of Birth of Child (Month, day, year) Dec. 12, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Brant Holloway
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Evansville (City or town) Indiana (State or foreign country)
14. Exact Occupation Real Estate & Fire Insurance
15. Industry or Business Zaring Realty

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iva Alice Zaring
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Walla Walla County, Washington (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by Iva (First name) Holloway (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Gussiner Noth R.N. ~~M.D.~~ ~~Midwife~~ Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-116-026-533

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363344
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Lorenzo
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City ~~Rigby~~ Lorenzo
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby Ida.

4. FULL NAME OF CHILD Arnold Edgar Lee

5. Date of Birth of Child (Month, day, year) 16 apr. 1909

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Lee
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Huntsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mariam Vilate Ellsworth
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Borac acid

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 30 years, and that Mrs (First name) Gallup (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Henry Lee Signature

Box 385 Rigby Idaho P. O. Address

Subscribed and sworn to before me this 19 day of December 1942

(SEAL) Percy Gwinn Notary Public, residing at Rigby Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mabel Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-209-029-319 - 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 5 - 1942

State File No. 363347
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 8 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Potlatch Ida.

4. **FULL NAME OF CHILD** Evelyn Ingeborg Octavia Olson

5. Date of Birth of Child (Month, day, year) Dec. 9th 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Saul Olson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Throndheim (City or town) Norway (State or foreign country)
14. Exact Occupation Shinglesawyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christine Larson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Throndheim (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 9 P M. on the date and at the place stated above, and that personal particulars were furnished by Christian (First name) Olson (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. W. Thompson M.D. ~~Midwife~~ Address Moscow Date Oct 12 42

State of Washington
County of Snohomish } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that Dr Joseph Thompson (First name) (Last name), who attended this birth ~~Cannot be located~~ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christine Olson Signature

2108 Rucker, Everett, Wn P. O. Address

Subscribed and sworn to before me this 3rd day of October 1942

(SEAL) C W Jordan Notary Public, residing at Everett

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 - 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-130-06-845

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 21 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363366
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH:
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 27 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D.No Oakley
(e) How long has MOTHER lived in Idaho? 5-8 yrs.
(f) Mother's mailing address Murtaugh Ida.

3. RESIDENCE of FATHER (city, [illegible] Oakley, Idaho

4. FULL NAME OF CHILD Rosel Hunter Walker.

5. Date of Birth (Month, day year) Oct 30th 1909.

6. Sex Male.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Melvin Rolin Walker
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Albion, Idaho. (City or town) (State or foreign country)
14. Exact Occupation Farmer and sheep-man.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Louisa Hunter.
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Grantsville, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead none (d) Stillborn none.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother etc.)

26. (a) ..... (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Melvin Rolin Walker, being first duly sworn, say that I am related to (Related to (or) acquainted with) Rosel Hunter Walker (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr E.P. Oldham (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Melvin Rolin Walker Signature

Murtaugh, Idaho Box 122 P. O. Address

Subscribed and sworn to before me on this 22 day of Jan, 19[illegible]

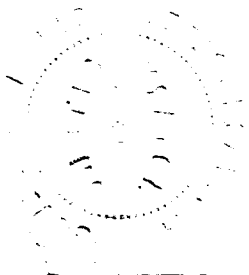
(SEAL) [signature] Notary Public, residing at Murtaugh, Ida.

MAR 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



813-204-007-466

363381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363381
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Annie Mrytle Hale

5. Date of Birth of Child (Month, day, year) 8/4/09

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles E. Hale

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Severe Co. (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Luecina Moore

17. Color or Race white

18. Age at time of THIS birth 22 yrs.

19. Birthplace Wilkes Co. (City or town) N. Carolina (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that Mrs. Howard (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary L Att
Signature

Notus, Idaho
P. O. Address

Subscribed and sworn to before me this 21st day of December, 1942

(SEAL) Clem Groomy Notary Public, residing at Caldwell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1942 by Mark F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

145-104-028-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363418
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Attended at home by Dr. Drennan
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 3 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls

4. FULL NAME OF CHILD Bert Amell
5. Date of Birth of Child (Month, day, year) Jan. 4, 1909
6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Charles Amell
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Post Falls, (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Adelia Travis
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Post Falls (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Ros Alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Adelia (First name) Hubert (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Post Falls Idaho Date 12-21-42

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 34 years, and that D. D. Drennan (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adelia Hubert Signature
Post Falls Idaho P. O. Address

Subscribed and sworn to before me this 21 day of Dec, 1942

(SEAL) W. R. Chapin Notary Public, residing at Post Falls

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated)

Received for filing on DEC 21 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 28 1951

493-108-021-299

388444

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Preston
   (c) Street Address or R.F.D. No. .....
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No. .....
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston

4. **FULL NAME OF CHILD** Donald Everett Miller

5. Date of Birth of Child (Month, day, year) Aug. 8, 1909

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alma Nicolai Miller
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Preston, Idaho (City or town) (State or foreign country)
14. Exact Occupation Pharmacist
15. Industry or Business Clerk in Drug Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Marie Brimhall
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Provo, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 33 years, and that Allen R. (First name) Cutler Sr., M.D. (Last name) who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alma Nicolai Miller Signature

301 Kane Bldg. Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of Dec, 19 42

(SEAL) Notary Public, residing at POCATELLO, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Commission Expires Jan. 14, 1944

Received for filing on DEC 24 1942 by ..... Registrar.

DEC 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-23-028-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363461
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. RFD #2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. RFD #2
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene, Ida.

4. FULL NAME OF CHILD Edna Pearl Vanes [redacted]

5. Date of Birth of Child (Month, day, year) July 31, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Vanes
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Chippewa Falls (City or town), Wisconsin (State or foreign country)
14. Exact Occupation Saw Mill Laborer
15. Industry or Business Saw Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Ellen Vanes
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Newton (City or town), Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not remember
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Iowa
County of Boone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for 33 years, and that Mrs. (?) Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Ellen Vanes Signature

2213 North Eleventh, Boone, Iowa P. O. Address

Subscribed and sworn to before me this 15th day of December, 1942

(SEAL) Edward C. Schneider Notary Public, residing at Boone, Iowa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1942 by Mary Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-126-018-369

363464

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. _____
Registrar's No. _____

State of Idaho

1. PLACE OF BIRTH:
(a) County Clearwater
(b) City or town Ahsahka (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: at home (If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery:
In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idaho
(b) County Clearwater
(c) City or town Ahsahka (If outside city or town limits, write RURAL)
(d) Street No. _____ (If rural, give location)

3. Full name of child LEWIS BOYED HOLT
4. Date of birth 2 - 26-09 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet ------ If so—born 1st, 2d, or 3d ------
7. Number months of pregnancy 9
8. Is mother married? yes

FATHER OF CHILD
9. Full name Irvin Holt
10. Color or race Indian 11. Age at time of this birth 31 yrs.
12. Birthplace Grangeville, Idaho (City, town, or county) (State or foreign country)
13. Usual occupation Laborer
14. Industry or business Farm

MOTHER OF CHILD
15. Full maiden name Lucy Corbett
16. Color or race Indian 17. Age at time of this birth 25 yrs.
18. Birthplace Ahsahka, Idaho (City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business _____

21. Children born to this mother:
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:

23. I hereby certify that I attended the birth of this child who was born alive at the hour of 6 A. m. on the date above stated and that the information given was furnished by Lucy Corbett, related to this child as Mother

24. Date received by local registrar DEC 28 1942
25. Registrar's own signature Mabel F Elder
26. Date on which given name added _____ by _____ (Registrar)

Attendant's own signature Lucy Corbett mark
M. D., midwife, or other Mother Date signed 12-1-42
Address Witnesses Jack Seeler
Frank Elmott

8-6916 U. S. GOVERNMENT PRINTING OFFICE 16—13492

This is to certify that the information furnished above is true and correct and in accordance with the official records of the Northern Idaho Indian Agency and information furnished by the mother of Lewis Boyed Holt.

A. G. Wilson
Superintendent
Northern Idaho Indian Agency
Lapwai, Idaho

DATED: December 1, 1942

DEC 29 1942

NOV 4 1966

DECLASSIFIED

493-117-029-265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363470
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida

4. **FULL NAME OF CHILD** Paul Winfred Miller

5. Date of Birth of Child (Month, day, year) Sept. 17, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George W. Miller
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Unknown (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Winnie R. Bond
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Unknown (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 33 years, and that Mrs. Lankord (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs. George Miller. Signature

938 4th St., Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 15th day of December, 19 42

(SEAL) Bertie Haldeen Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by Mabel Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-111-024-862

363480

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County WASHINGTON (b) City WEISER
(c) Street Address or R.F.D. No. R.F.D #1
(d) Name of Hospital or Maternity Home: AT THE FAMILY HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City WEISER
(d) Street Address or R.F.D. No. RFD #1
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** RAYMOND LESTER ROSS

5. Date of Birth of Child (Month, day, year) DEC. 11, 1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** DAVID ELBERT ROSS
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace JOPLIN (City or town) MISSOURI (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZABETH SADIE YOST
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation RANCH WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of NEVADA
County of WASHOE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that Dr SHIRLY (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth S Ross. Hemerly Signature
R.F.D #2, Box 32, Reno, Nev. P. O. Address

Subscribed and sworn to before me this 21st day of DEC., 1942

(SEAL) Georgia Newman Notary Public, residing at Reno, Nev.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1942

DELAYED REGISTRATION LAW

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866-109-037 765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363494
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Sinker Creek Stage Station
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Sinker Creek
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Same place

4. FULL NAME OF CHILD Frederick Benjamin Hoffer

5. Date of Birth of Child (Month, day, year) Sept. 9, 1909

6. Sex Male 7. Twin or Triplet None If so—born 1st, 2nd, 3rd None 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin Frederick Hoffer
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Silver City, (City or town) Idaho (State or foreign country)
14. Exact Occupation Liveryman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Florence Pfeiffer
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Owensville, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for life ~~years~~ and that W. A. Hamilton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edwin Frederick Hoffer Signature
Rt. 1. Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of December, 1942

(SEAL) Fern Hansen Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-222040-449

363501

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Shoshone (b) City Burke Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City Burke
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Burke Idaho

4. **FULL NAME OF CHILD** Margaret Keegan

5. **DATE OF BIRTH** (Month, day, year) July 22 - 1909.

6. Sex Female

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 2d

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Martin Keegan

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Piedmont (City or Town) West Virginia (State or foreign country)

14. Exact Occupation Miner

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Murphy

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Westernport (City or Town) Maryland (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at P.M. M. on the date and at the place stated above, and that personal particulars were furnished by Joseph J Keegan (First name) (Last name), who is related to this child as Brother (Mother, etc.)

26. (a) DEC 28 1942 (Date received) (b) Mark H Ellis (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mary Ellen Sage M.D. (D.O., Midwife, etc.)
and address 8305 Indiana Date Dec. 1-42
Detroit Mich.

DEC 29 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

296-127041 331

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363506
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Bates
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Bates
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Bates Ida

4. FULL NAME OF CHILD Elmo Raymon Brown

5. Date of Birth of Child (Month, day, year) September 27 1909

6. Sex Male. **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Raymon Nathanial Brown
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Pleasant View Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lollie Clark
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Pleasant View Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 9.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 35 years, and that Jane Ellis Mid Wife. (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. B. N. Brown. Signature
Chester. P. O. Address

Subscribed and sworn to before me this 22 day of December, 1942.
(SEAL) Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1942 by Mabel Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-117001-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363530
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ADA (b) City MERIDIAN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian Ida

4. **FULL NAME OF CHILD** Ralph Eldridge Stanton

5. Date of Birth of Child (Month, day, year) Oct 17 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? —

FATHER OF CHILD

10. **FULL NAME** Royal Alturas Stanton
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Mayfield (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Millett
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Jefferson (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Dr. H. E. Neal (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Millett Stanton Signature

My Commission expires Jan. 22, 1945

1764 Market St. Salem Ore P. O. Address

Subscribed and sworn to before me this 17th day of December, 1942

(SEAL) Kenneth L. Randall Notary Public, residing at Salem Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on DEC 29 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 31 1942

APR 11 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

156-101042-632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363536
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Hollister
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Hollister
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Hollister, Ida

4. FULL NAME OF CHILD Leo Vernon Jewett

5. Date of Birth of Child (Month, day, year) April 1, 1909

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Jewett
11. Color or Race White **12.** Age at time of THIS birth 51 yrs.
13. Birthplace New York, New York (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Olson
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Stockholm, Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Dr. Shatto (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC in and for the County of Los Angeles, State of California
My Commission Expires June 7, 1946

Eva Olson Jewett Signature
50 Neptune Place Long Beach Calif. P. O. Address

Subscribed and sworn to before me this 26th day of December, 1942

(SEAL) John E. Jakeman Notary Public, residing at Long Beach California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1942 by Mabel Weeks, Registrar.

DEC 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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363623

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Fairview
(c) Street Address or R.F.D. No. #1 - Preston
(d) Name of Hospital or Maternity Home: My home
(e) Mother's stay **BEFORE** delivery: IN THIS county 25 years 1 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Fairview
(d) Street Address or R.F.D. No. 1 - Preston
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Virl Donakeald Bronson

5. Date of Birth of Child (Month, day, year) Nov. 13-1909

6. Sex Male **7.** Twin or Triplet - If so—born 1st, 2nd, 3rd - **8.** No. months of Pregnancy Regular **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME
11. Color or Race
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rachel Jane Bronson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Fairview (City or town) Idaho (State or foreign country)
20. Exact Occupation farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for life years, and that Nellie (First name) Morgan (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rachel Anne Bannison Signature

Logiston Utah P. O. Address

My Commission Expires July-24-1946

Subscribed and sworn to before me this 30 day of Dec - , 1942

(SEAL) B. T. Ford Notary Public, residing at Logiston Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1943 by Mabel Keeler, Registrar.

JAN 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 125022 319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363634
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Fremont
   (c) City St. Anthony.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony Ida.

4. **FULL NAME OF CHILD** Edem Levi Thompson

5. Date of Birth of Child (Month, day, year) Sept 25, 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** James Levi Thompson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace St. Anthony (City or town) Idaho. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Lucy Cazier.
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Ogden (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth~~ and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Dr. M. M. Harsharger (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Lucy Thompson Signature

Box 163, St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of December, 19 42.

(SEAL) Ralph Litton Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1943 by , Registrar.

FEB 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-125012-319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363666
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City Clyde
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Clyde
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Clyde, Idaho

4. FULL NAME OF CHILD Arthur Ward McKinley

5. Date of Birth of Child (Month, day, year) Dec. 25, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Thomas McKinley
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Green River, Wyoming (City or town) (State or foreign country)
14. Exact Occupation Farm laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Larson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Camas, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Butte }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that Katherine Larson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rose McKinley Signature

Arco, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of December, 1942

(SEAL) Notary Public, residing at Arco, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mabel Nelson, Registrar.

OCT 28 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

868 - 103001 813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363684
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. — North 9th St.
(d) Name of Hospital or Maternity Home: Born at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. — N. 9th St
(e) How long has **MOTHER** lived in Idaho? two yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Douglas Stuart Hayward

5. Date of Birth of Child (Month, day, year) March 3, 1909

6. Sex Male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnancy 7 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ira Courtland Hayward
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Poughkeepsie (City or town) New York (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Idaho Power & Light Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Marian Hall
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Ridgefield (City or town) New Jersey (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of New Jersey
County of Bergen } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 33 years, and that Mrs. ____ (First name) Straughn (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida H. Elliott Signature
110 Crescent Ave. Leonia, N.J. P. O. Address

Subscribed and sworn to before me this 28 day of December, 1942.

(SEAL) Eva Turka Notary Public, residing at Bogota, N.J.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mabel E. Eddleman, Registrar.

JAN - 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-110-001-419 363755 363755

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 510 S. 13th St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 16 months — days —

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 510 S. 13th St.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Robert Willard Vance

5. Date of Birth of Child (Month, day, year) August 10, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Elisha Vance
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Burlington, Iowa (City or town) (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business Engineering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mollie Lorena Martin
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Nashville Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 33 years, and that Doctor Bowers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mollie L. Vance Signature
510 S. 13th P. O. Address

Subscribed and sworn to before me this 11 day of January, 1943
(SEAL) Dorothy M. Gray Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 11 1943 by Mavel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 11 1943

JUN 10 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268-203-014-168

363756

DELAYED BIRTH CERTIFICATE

(Be sure the information is complete and accurate)

363756

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ____
Local Reg. No. 6
Reg. Dist. No. 3-330

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County CANYON (b) City PAYETTE
   (c) Street Address or R.F.D. No. ----------
   (d) Name of Hospital or Maternity Home: CAPRON'S
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 0 days.
   In **THIS** county 17 years --- months -- days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State IDAHO (b) County CANYON
   (c) City PAYETTE
   (d) Street Address or R.F.D. No. ----------
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.
   (f) Mother's mailing address (For registration notice): Mrs. Lee Boyd-Goldbar, Washington
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same as abov

4. **FULL NAME OF CHILD** MARGARET ANN BOYD

5. Date of Birth (Month, day, year) DEC. 3, 1909.

6. Sex FEMALE

7. Twin or Triplet ------ If so—born 1st, 2nd, 3rd ------

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** LEE BOYD

11. Color or Race WHITE

12. Age at time of THIS birth 21. yrs.

13. Birthplace SOUTH WEST CITY, MISSOURI
(City or Town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** RUTH MARGARET JOHNSON

17. Color or Race WHITE

18. Age at time of THIS birth 17 yrs.

19. Birthplace PAYETTE, IDAHO
(City or Town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business HOMEMAKING

22. Name prophylactic used to prevent Ophthalmia Neonatorum Neo-Silvol 10%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ------ M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Margaret Johnson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** J C Woodward M.D. (D.O., Midwife, etc.)
and address PAYETTE, IDAHO Date 1/6/43

26. (a) Jan. 6, 1943 (Date received) (b) J C Woodward (Registrar's signature)

27. Given name added on ____ (Registrar's Signature)

REGISTRATION OF BIRTHS

JAN 11 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $800.

MEDICAL REPORT

(Not for certified copies)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) Was there an operation for delivery? No.

State all operations: None

(d) Did baby have any:

(1) Congenital Malformation? None

Describe: -----

(2) Birth Injury? None

Describe: -----

(3) Was mother given a Wasserman before delivery? No.

(4) Signature of Physician: J. C. Woodward M.D.

DELAYED

659 128035 297

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363837
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lenore
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idahonore (b) County Nez Perce
(c) City Lenore
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Lenore Ida

4. FULL NAME OF CHILD Howard Tilden Ferguson

5. Date of Birth of Child (Month, day, year) Mch 28, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leslie Benjamin Ferguson
11. Color or Race White
12. Age at time of THIS birth 23 25 yrs.
13. Birthplace West Virginia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Kight
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Howard Benjamin Ferguson (First name) (Last name) is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature J. M. Lyle M.D. ~~Midwife~~ Address Lewiston Ida Date Jan-6-'43

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Doctor Lyle (First name) (Last name), who attended this birth Out of county (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leslie Benjamin Ferguson Signature

Orofino, Idaho P. O. Address

Subscribed and sworn to before me this day of January 19 43

(SEAL) Samuel F. Swanson Notary Public, residing at Orofino Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1943 by Mabel Keeler, Registrar.

JAN 13 1943

FEB 9 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-127029-645

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363863
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City MOSCOW
(c) ~~Street Address~~ or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) ~~Street Address~~ or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) MOSCOW ~~IDA~~.

4. FULL NAME OF CHILD LLoyd ALVIN SWANSON

5. Date of Birth of Child (Month, day, year) Sept. 27-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** AXIL W. SWANSON
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Redwing (City or town) MINNEASOTA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA Isabelle Odenborg
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Wheaton (City or town) Minneasota (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN (Born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by ANNA (First name) SWANSON (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature deceased M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Mrs Andria (First name) Bakkan (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Isabelle Odenborg Swanson Signature
East Madison, Cottage Grove, Oregon P. O. Address

Subscribed and sworn to before me this 8th day of January, 1943
(SEAL) Lois C. Lynne Notary Public, ~~residing~~ for Oregon at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My comm. exp. 9/28/46

Received for filing on JAN 12 1943 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-229022613

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363871

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No. no number
(d) Name of Hospital or Maternity Home: Our own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 1 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No. no number
(e) How long has **MOTHER** lived in Idaho? 24+ yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Idah

4. FULL NAME OF CHILD Dorthy Grace Brian

5. Date of Birth of Child (Month, day, year) 6/29/1909

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Henry Brian

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

14. Exact Occupation Barber

15. Industry or Business Barber

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie May Watts

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Rexburg, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~xx~~ 60 years of age, that I have known this person for 33 years, and that Dr. George E. Hyde (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Henry Brian Signature

53 East First North Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of January, 19 43

(SEAL)

Leon Perry Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1943 by ____, Registrar.

APR 20 1970

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796 130 039 291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363874
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. Riverside Add.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3/4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No Riverside Add.
(e) How long has **MOTHER** lived in Idaho? 2 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) American Falls, Ida.

4. FULL NAME OF CHILD Karl Krause Grotheer

5. Date of Birth of Child (Month, day, year) July 30, 1909

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Herman Cord Grotheer
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Benton County, (City or town) Missouri. (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business General Merchandise store.

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Emeley Krause
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace FonDuLac, (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Herman (First name) Grotheer (Last name), who is related to this child as Father. (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Kansas } ss.
County of Crawford }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 33 years, and that Dr. Noth (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herman Cord Grotheer Signature

R.R. 4, Pittsburg, Kansas. P. O. Address

Subscribed and sworn to before me this 6th day of January, 1943

(SEAL) Notary Public, residing at Pittsburg, Kans.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1943 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 24 1961

JAN 13 1943

MAR 5 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459 107042 469

United States
Department of Commerce
Bureau of Census

JAN 12 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363942
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Twin Falls, (b) City Twin Falls
(c) Street Address or R.F.D.No. 222 3rd ave east
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D.No. .....
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD William Carlos Meigs

5. Date of Birth (Month, day year) Aug. 7th 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy x

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carlos Oliver Meigs
11. Color or Race W
12. Age at time of THIS birth 35 yrs.
13. Birthplace Dubuque Iowa (City or town) (State or foreign country)
14. Exact Occupation Implement Dealer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louisa Adele Dorow
17. Color or Race W
18. Age at time of THIS birth 26 yrs
19. Birthplace Ann Arbor Mich. (City or town) (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2.30P M. on the date and at the place stated above and that personal particulars were furnished by C O Meigs (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) 7 12 41 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Twin Falls, } ss.
County of Twin Falls }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, C O Meigs, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Carlos Meigs (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that H W Clouchek (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

C. O. Meigs
Signature

Twin Falls, Idaho
P. O. Address

Subscribed and sworn to before me this 14th day of July, 1941

(SEAL)

Notary Public, residing at Twin Falls, Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

693-206007-215

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363962

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County BLAINE (b) City HAILEY

(c) Street Address or R.F.D. No. —

(d) Name of Hospital or Maternity Home: HOME

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County

(c) City HAILEY

(d) Street Address or R.F.D. No. —

(e) How long has **MOTHER** lived in Idaho? 6 Mo yrs.

3. RESIDENCE OF FATHER (city, state) HAILEY IDAHO

4. FULL NAME OF CHILD FRANCES WILLARD WILLIAMS

5. Date of Birth of Child (Month, day, year) July 6 1909

6. Sex FEMALE

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** RICHARD GARRET WILLIAMS

11. Color or Race WHITE

12. Age at time of THIS birth 37 yrs.

13. Birthplace LANDS END (City or town) ENGLAND (State or foreign country)

14. Exact Occupation MINISTER

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CATHERINE HENES SAVAGE ~~WILLIAMS~~

17. Color or Race WHITE

18. Age at time of THIS birth 31 yrs.

19. Birthplace COUNTY DOWNS (City or town) IRELAND (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 33 years, and that Unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wesley Bert Williams Signature

211 Mill St. Renton Washington P. O. Address

Subscribed and sworn to before me this 11th day of January, 1943.

(SEAL) Lucille Williams Notary Public, residing at Renton, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1943 by Mark Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-101032-655

363990

363990

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Hagerman, Idaho

4. FULL NAME OF CHILD Fred Elwin Montrose

5. Date of Birth of Child (Month, day, year) July 1, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Albert Montrose

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Springfield (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Mary Weech

17. Color or Race White

18. Age at time of THIS birth 16 yrs.

19. Birthplace Hagerman (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 9:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Elmore }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Mrs. (First name) Allen (Last name), midwife, who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Albert Montrose Signature

Mountain Home, Idaho. P. O. Address

Subscribed and sworn to before me this 18th day of January, 1943

(SEAL) C E Morell Notary Public, residing at Mtn. Home, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-108036-269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364023
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ONEIDA (b) City NEELY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Neely
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Neely, Idaho

4. FULL NAME OF CHILD MARTIN EARL SEELOS

5. Date of Birth of Child (Month, day, year) Aug 8th 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** GEORGE SEELOS
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace St Louis (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming for self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sylvia Caroline Sorensen
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Neely, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Nancy (First name) Byington (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Seelos Signature

1035 No Lincoln Ave, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of January 1943.

(SEAL) J. A. McQuillan Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1943 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 212 028-699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364030
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Harrison, Ida

4. **FULL NAME OF CHILD** Helen Marianne Walther
5. Date of Birth of Child (Month, day, year) July 12, 1909
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry William Walther
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Cashier in lumber company
15. Industry or Business lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Fritschow
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Marlow Germany (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum wouldn't know
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 33 years, and that Dr. John (First name) Busby (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Louise Walther Signature

Apt. 8, E. 602 30th Avenue, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 20 day of January 1943

(SEAL) Ella Logan Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-222042-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364052
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Milner
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Milner
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mildred Ross Roberson
5. Date of Birth of Child (Month, day, year) July 22, 1909
6. Sex Female
7. Twin or Triplet --
If so—born 1st, 2nd, 3rd --
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Millard Roberson
11. Color or Race Amer.
12. Age at time of THIS birth 32 yrs.
13. Birthplace Jerseyville, Illinois (City or town) (State or foreign country)
14. Exact Occupation Chauffeur
15. Industry or Business Chauffeur

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Ross Grimes
17. Color or Race Amer.
18. Age at time of THIS birth 36 yrs.
19. Birthplace Oskaloosa, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

We ~~I~~ the undersigned, being first duly sworn, say that ~~I~~ we are the father and ~~I~~ the mother (Mother, etc.) of the person whose name appears in Item 4, above, that ~~I~~ we are now 66 and 70 years of age, that I have known this person for all her life ~~years~~, and that Dr. J. C. Patterson (First name) (Last name), who attended this birth is now deceased. (Is now deceased) We ~~I~~ further state that the facts on the certificate above are true to the best of ~~my~~ our knowledge, and that ~~I~~ we desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Millard Roberson Signature
Carrie Ross Roberson
Burley, Idaho ~~P. O.~~ Address

Subscribed and sworn to before me this 14th day of January, 1943

(SEAL) [signature] Notary Public, residing at Burley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993 202042 853

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364067
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Shoshone St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. Shoshone St.
(e) How long has **MOTHER** lived in Idaho? 5 mths yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls Idaho

4. FULL NAME OF CHILD Bertha Katrina Richardson

5. Date of Birth of Child (Month, day, year) July 2, 1909

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George Richardson
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Skin (City or town) Norway (State or foreign country)
14. Exact Occupation cook
15. Industry or Business restaurant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mathilda Helgeson
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Molle (City or town) Sweden (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. one (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that Dr. Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Richardson Weyman Signature

344 S. Crescent Drive, Beverly Hills, Calif. P.O. Address

My Commission Expires Aug. 1, 1943

Subscribed and sworn to before me this 12th day of Jan., 1943

(SEAL) A V Dedrick Notary Public, residing at Los Angeles Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by [signature] Registrar.

JAN 2 0 1943

AUG 1 0 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-116021-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364069
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Parents Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Preston Ida.

4. FULL NAME OF CHILD Harold Shaffer Seamons

5. Date of Birth of Child (Month, day, year) Nov. 16, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Oscar Munroe Seamons

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Hyde Park (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ethel Shaffer

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Preston (City or town) Ida. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 33 years, and that Dr Allen Cutler Sr. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosella Wann Signature

Preston, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January, 1943

(SEAL) Notary Public, residing at Preston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

443-123-018-718

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364095
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Weippe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Weippe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10mths yrs.

3. RESIDENCE OF FATHER (city, state) Weippe, Ida.

4. FULL NAME OF CHILD Chester Otwell Mulder

5. Date of Birth of Child (Month, day, year) Aug. 23, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Corneil Mulder
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation Sawmill
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mollie Rozena Payne
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Kingston, Maryland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12:30 M. on the date and at the place stated above, and that personal particulars were furnished by Mollie Rozena Mulder (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Samson Snyder M.D. Midwife Address Date

State of Idaho
County of ~~Ada~~ Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 33 years, and that Mrs. Samson Snyder (First name) (Last name), who attended this birth Living at Orofino, Ida. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Samson Snyder Signature
Orofino Idaho P. O. Address

Subscribed and sworn to before me this 27 day of August 1942

(SEAL) Frank [illegible] Notary Public, residing at Orofino Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 25 1943

MAR 5 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-112003 962

364112

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

DEC 31 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No. 89
Town Reg. Dist. No. 52

1. **PLACE OF BIRTH:** (Caribou)
   (a) County Bannock (b) City Soda Springs
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these) (Caribou)
   (a) State Idaho (b) County Bannock
   (c) City Soda Springs
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? 35 yrs.
   (f) Mother's mailing address (For registration notice): Mail to Richard au, Soda Springs
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Richard Lau

5. **DATE OF BIRTH** (Month, day, year) Sept. 12, 1909

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel Lau

11. Color or Race W

12. Age at time of THIS birth 45 yrs.

13. Birthplace Soda Springs
(City or Town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Rose

17. Color or Race W

18. Age at time of THIS birth 35 yrs.

19. Birthplace Soda Springs
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9A M. on the date and at the place stated above, and that personal particulars were furnished by May Rose Lau (First name) (Last name), who is related to this child as mother (Mother, etc.)

Oct. 3, 1942

26. (a) Oct. 3, 1942 (Date received) (b) D. Russell Tingey (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Ellis Ackley M. D. (D. O., Midwife, etc.)
and address Dr. Ellis Ackley Soda Springs Date 10/2/42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DETACH

133-218028-89

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364141
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City St. Joe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City St. Joe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) St. Joe - Idaho

4. FULL NAME OF CHILD Edith May Allen

5. Date of Birth of Child (Month, day, year) July-18-1909

6. Sex Female **7.** Twin or Triplet - If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert B. Allen
11. Color or Race American **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Piketon (City or town), Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace C. Harvey
17. Color or Race American **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Maple Rapids, Michigan (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for [illegible] years, and that Dr. (First name) Stewart (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert B. Allen Signature

St Joe Idaho P. O. Address

Subscribed and sworn to before me this 23 day of Dec, 1942

(SEAL) Fred Edwards Probate Judge Notary Public, residing at St Maries

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

NOV 8 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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695-272044 345

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 364163
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Wash. (b) City Weiser
(c) Street Address or R.F.D. No. State Academy
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Weiser
(d) Street Address or R.F.D. No. Academy
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Calif

4. FULL NAME OF CHILD Alma Loretta Finn

5. Date of Birth of Child (Month, day, year) Feb. 12 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elmer R. Finn
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Eugene (City or town) Oreg. (State or foreign country)
14. Exact Occupation Restaurant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora May Cunningham
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Elmont Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 33 years, and that Agnes (First name) Cunningham (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora May Lemich Signature

9022 S. E. Steele St., Portland, Ore. P. O. Address

Subscribed and sworn to before me this 23rd day of December 19 42

(SEAL) Fred Duncan My Commission Expires 7-25-43 Notary Public, residing at Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by Mabel Fowler, Registrar.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

547-206-003-819

364172

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 408 No. 6th Ave.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 408 No. 6th Ave.
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Id

4. FULL NAME OF CHILD Winnefrad Edgley

5. Date of Birth of Child (Month, day, year) Nov. 6, 1908

6. Sex Female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leo Herbert Edgley
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace (City or town) ____ (State or foreign country) England
14. Exact Occupation ____
15. Industry or Business Machinist by trade

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Harrison
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace (City or town) Logan, (State or foreign country) Utah
20. Exact Occupation House-wife
21. Industry or Business ____

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____

23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that H. A. (First name) Castle (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ethel Harrison Edgley Signature

Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of January 1943

(SEAL) A B Chase Notary Public, residing at Pocatello Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by Mark L Edgley, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

129 109 032 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364188
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Idaho

4. FULL NAME OF CHILD Donald Edgar Akins

5. Date of Birth of Child (Month, day, year) 9/9/09

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Edgar Akins

11. Color or Race white

12. Age at time of THIS birth 21 yrs.

13. Birthplace Shoshone, Idaho (City or town) (State or foreign country)

14. Exact Occupation Bookkeeper

15. Industry or Business Hay, Grain & Implements

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie Lucinda Wilhelm

17. Color or Race white

18. Age at time of THIS birth 19 yrs.

19. Birthplace Ione, Oregon (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Clatsop } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Dr. J. B. Kneagy (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C. Akins Signature

Route 1, Box 579, Astoria, Ore. P. O. Address

Subscribed and sworn to before me this 18th day of January, 19 43

(SEAL) NOTARY PUBLIC FOR OREGON

Notary Public residing at

My Commission Expires Aug. 15, 1944.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1943 by Mabel Reeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 21 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-223 025-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365287
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) 3

4. **FULL NAME OF CHILD** Effie Susanna Laine

5. Date of Birth of Child (Month, day, year) Sept. 23 1909.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Oscar Laine
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Finland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susanna Parjunthy
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Finland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Mrs (First name) Ranta (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susanna Laine Signature

Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 11 day of January, 19 43

(SEAL) E F Aberlund Notary Public, residing at Kooskia, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JAN 25 1943 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-208025-575

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365295
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Winona
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Winona
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Winona, Idaho

4. **FULL NAME OF CHILD** Helen Margaret Buckingham

5. Date of Birth of Child (Month, day, year) April 8, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ross David Buckingham
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace North Yam Hill (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Maude Egalston
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Blue Springs (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 11:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Cascade } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that Dr. Fred Campbell (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ross D. Buckingham Signature

NOTARY PUBLIC for the State of Montana
Residing at Great Falls, Montana.
My commission expires May 23rd, 1943

30 20th Street Southwest Gt. Falls, Mont P. O. Address

Subscribed and sworn to before me this 15th day of January, 1943

(SEAL) Notary Public, residing at Great Falls, Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 25 1943 by Mabel Fielder, Registrar.

JAN 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed by the local registrar~~ for ~~record in~~ the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

668-103 009 355

865299

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNER (b) City SANDPOINT
(c) Street Address or R.F.D. No. 2ND AVE W.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNER
(c) City SANDPOINT
(d) Street Address or R.F.D. No. 2ND AVE W.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) SANDPOINT, IDAHO

4. FULL NAME OF CHILD THOMAS FREDERICK HARRIS FOY

5. Date of Birth of Child (Month, day, year) JUNE 3 1909

6. Sex MALE

7. Twin or Triplet SINGLE If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ANDY AUSMUS FOY
11. Color or Race WHITE **12.** Age at time of THIS birth 27 yrs.
13. Birthplace SALESVILLE (City or town) MONTANA (State or foreign country)
14. Exact Occupation BARBER
15. Industry or Business EMP. FRANK SPRINGER

MOTHER OF CHILD

16. FULL MAIDEN NAME EMMA LEE
17. Color or Race WHITE **18.** Age at time of THIS birth 23 yrs.
19. Birthplace KALISPELL (City or town) MONTANA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of Pend Oreille }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Andy Ausmus Foy Signature
x Sand Point Wash P. O. Address

Subscribed and sworn to before me this 18th day of January, 1943.

(SEAL) W. S. Gurnea Notary Public, residing at Sand Point

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 25 1943 by Mabel Keller, Registrar.

JAN 26 1943

APR 11 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such [illegible] may be received [illegible] by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

567-204004962

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Idaho

4. **FULL NAME OF CHILD** Helen Louise Vogel

5. Date of Birth of Child (Month, day, year) 2/4/ 1909.

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Oscar Fred Vogel
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Bern, Switzerland (City or town) (State or foreign country)
14. Exact Occupation R. R. Engineer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Floremce O. Robinson
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Coalville, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol. Argenti Nitrosi

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was bornalive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Florence O. Vogel. (First name) (Last name), who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address 1350 Wishon ave Fresno Calif Date 1-18-43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-105014 981

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365346
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 6 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa Idaho

4. **FULL NAME OF CHILD** Wallace Frances Garrity

5. Date of Birth of Child (Month, day, year) April 5 1909

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Edmund Garrity
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Faribault (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katharine Elizebeth Ryan
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Waukon (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9 A M. on the date and at the place stated above, and that personal particulars were furnished by Katharine (First name) Garrity (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. ✓ Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 38 years, and that Mrs. J. N. Murray (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katharine Elizebeth Garrity Signature

Nursing Idaho P. O. Address

Subscribed and sworn to before me this 21 day of December, 1942

(SEAL) Paul C. Garrity Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1943 by Mabel H. Elder, Registrar.

JAN 12 1971

JAN 27 1943

JAN 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799 114 003-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365347
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County (b) City Pocatello
(c) Street Address or R.F.D. No. 600 N. Arthur
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 600 N. Arthur
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) 600 N. Arthur

4. **FULL NAME OF CHILD** Frank Leroy Price
5. Date of Birth of Child (Month, day, year) Oct. 14, 1909
6. Sex Male
7. Twin or Triplet One If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo.
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Harper Price
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Oneida (City or town) Idaho (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business Rail Road Union Pac.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Lucy McCann
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Brainard (City or town) Minnesota (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Used
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Missouri
County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Dr. Castle (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Anna L. Price Signature
2911 Geyer St Louis Mo. P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1943
(SEAL) My Com. expires Mar. 1944 W. J. Roche Notary Public, residing at 3306 S. 13th St Louis Mo.

Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.

Received for filing on JAN 26 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365351
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Driggs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 3 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Driggs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4½ yrs.

3. RESIDENCE OF FATHER (city, state) Driggs, Idah

4. FULL NAME OF CHILD Roberta Crandall

5. Date of Birth of Child (Month, day, year) Sept. 25, 1909

6. Sex Female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harvey Leslie crandall
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Springville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sallie May Colvin
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Culpepper, Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 34 years, and that Margaret E. Crandall (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sallie May Crandall Signature

Rt. #1, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of January, 1943

(SEAL) John L. Bloem Notary Public, residing at Idaho Falls,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1943 by Mabel Fuller, Registrar.

JAN 2 8 1943

JUN 30 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 15 195

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Lewisville
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lewisville
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
3. RESIDENCE OF FATHER (city, state) Lewisville, Ida.

4. FULL NAME OF CHILD Thomas Alexander Hoggan
5. Date of Birth of Child (Month, day, year) Apr. 10, 1909
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Drummond Hoggan
11. Color or Race White
12. Age at time of THIS birth 27½ yrs.
13. Birthplace Manti, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lella Marler
17. Color or Race White
18. Age at time of THIS birth 28½ yrs.
19. Birthplace Clifton, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used that I know of.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of ____
County of ____ } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33½ years, and that Dr. R. D. Tucker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lella Marler Hoggan Signature
723 East Jefferson, Boise, Ida. P. O. Address

Subscribed and sworn to before me this 4th day of February, 1943.

(SEAL) Pauline Aulbach Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2/4/43 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-11702959

365395

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 365395
Local Reg. No.
Reg. Dist. No.

FEB 8 1943

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Rathdrum
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Rathdrum
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum Idaho

4. **FULL NAME OF CHILD** BURTON SUNDAY ADAMS

5. Date of Birth of Child (Month, day, year) Jan. 17, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Dott Rufus Adams
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Adel (City or town) Iowa (State or foreign country)
14. Exact Occupation Assessor
15. Industry or Business State-County

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Maud Reinhart
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Wilmot (City or town) South Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living Seven

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that Dr. Frank (First name) Wenz (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Maud Adams Signature

2943 St Paul, Denver, Colo. P. O. Address

Subscribed and sworn to before me this 30th day of January, 1943

(SEAL)

Mildred W. Varnlof Notary Public residing at Denver, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MILDRED W. VARNLOF, Notary Public
City and County of Denver, Colorado
My Commission expires Feb. 5, 1944

Received for filing on FEB 8 1943 by Mary K. Reed Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314 124031-745

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 365404

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Craigmont
   (c) Street Address or R.F.D. No. ?
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Craigmont
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Craigmont Idaho

4. **FULL NAME OF CHILD** Eugene Paul Laufer

5. Date of Birth of Child (Month, day, year) Aug. 24 -09

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bruno Christain Laufer

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Itzen Minn. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Gunkel

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace New Hall Iowa (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that Dr (First name) Burke (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. B. C. Laufer Signature

Craigmont Idaho P. O. Address

Subscribed and sworn to before me this 25 day of Jan., 19 42

(SEAL) Eugene Reuter Notary Public, residing at Craigmont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1943 by Mark Fletcher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 8 1943

NOV 3 0 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

365426

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Arthur Alvin Peters

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 2 | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth March 29 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Herbert Peters	18. Full maiden name Jettie Parlie Mahaffey
10. Residence (usual place of abode) (If non-resident, give place and State) Nampa Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Nampa Idaho
11. Color or race White 12. Age at last birthday 22 (years)	20. Color or race White 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Caldwell Idaho	22. Birthplace (city or place) (State or Country) Widner Arkansas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Cement constr.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work March, 1909	25. Date (month and year) last engaged in this work March 29, 1909
17. Total time (years) spent in this work 3 yrs	26. Total time (years) spent in this work 3 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living [illegible] (b) Born alive but now dead [illegible] (c) Stillborn 0

29. If stillborn, period of gestation ——— months or weeks

30. Cause of Stillbirth ——— Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed JAN 28 1943, 193.. Mabel F. Elsner

Registrar.

DELAYED

753 129 014 418

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

aopt n.p. State of ~~Idaho~~ California } ss.
aopt n.p. County of ~~Canyon~~ Sacramento }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

aopt n.p. Jettie Parlie Duvall being first duly sworn says that She is the Mother (Relationship of child)* of Arthur Alvin Peters

born March 29 - 1909 (Date of birth) at Nampa, Idaho,

whose certificate of birth is hereto attached, and that Arthur Alvin Peters desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Arthur Alvin Peters hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Beller - M.D., ~~M. D.~~ Midwife was the medical attendant at the birth of said Arthur Alvin Peters and that the said medical attendant ~~is~~ cannot be located (Now deceased (or) cannot be located)

Name of Affiant Jettie Parlie Duvall

P. O. Address Rt 5 - Bx 7960

Subscribed and sworn to before me this 9th day of December, 1941

Alta O. Haug
Notary Public.

Residing at Sacramento California, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JAN 2 9 1943

775-22-9022-863

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365427
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Marysville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Fremont
   (c) City Marysville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 66 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston Ida

4. **FULL NAME OF CHILD** Elda Maranda Green (Wilson)

5. Date of Birth of Child (Month, day, year) Aug 29 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wilmar Cadmus Green
11. Color or Race caucasian
12. Age at time of THIS birth 48 yrs.
13. Birthplace (City or town) Iowa (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Coach driver Yellow Stone

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Hollingsworth
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Florence (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho. } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 72 years, and that Hattie Watson (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Green Signature

708 Nth Arthur Ave. Pocatello Idaho. P. O. Address

Subscribed and sworn to before me this 27th day of January, 1943

(SEAL) Geo. I. Cox Notary Public, residing at Poca Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1943 by Mabel H. Nelson, Registrar.

JAN 2 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-207-022-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365452
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Chester
(c) Street Address or R.F.D. No. Chester
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Chester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) both deceased

4. FULL NAME OF CHILD Stella Naomi Blanchard

5. Date of Birth of Child (Month, day, year) 4-7-1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alma Moroni Blanchard
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Springville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Retired Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Lillian Smith
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9:45 P.M. on the date and at the place stated above, and that personal particulars were furnished by Juniette (First name) Brown (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Juniette J. Brown M.D. Midwife Address St. Anthony, Idaho Date Jan. 18 1943

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-118-009-655

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365458
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 711 Ruth Ave
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 3 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 711 Ruth
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) 3

4. **FULL NAME OF CHILD** William Peter Steg
5. Date of Birth of Child (Month, day, year) 18 Sept Year 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Peter Felix Steg
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Mill Workers
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha L Wendt
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that Dr. Mr. P. McKinnon Steg (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Bertha L. Steg Signature
608 Main Sandpoint P. O. Address

Subscribed and sworn to before me this 26 day of January, 1943

(SEAL) [signature] Notary Public, residing at Sandpoint Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

954-109-022-435

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365469
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Burdette Thornton Remington

5. Date of Birth of Child (Month, day, year) April 9, 1909

6. Sex Male

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jerome Jackson Remington
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Paradise, Cache County, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jenetta McNiel
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Logan, Cache County, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE (1st child died at birth)

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jenetta McNiel Remington Signature
Box 5, Parker, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of Jan, 1943
(SEAL) Kathryn Coffin Deputy Clerk of District Court, Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434 127042 544

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365474
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberly
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Kimberly, Ida

4. FULL NAME OF CHILD Floyd Raymond McMaster

5. Date of Birth of Child (Month, day, year) Feb. 27, 1909

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Roy Orestus McMaster

11. Color or Race white

12. Age at time of THIS birth 24 yrs.

13. Birthplace Bedford (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmering

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Kendall Edmiston

17. Color or Race white

18. Age at time of THIS birth 22 yrs.

19. Birthplace Sutton, Nebraska (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr. T.O. Boyd (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Sarah McMaster Signature

My Commission Expires May 20, 1945. Hansen, Idaho. P. O. Address

Subscribed and sworn to before me this 26th day of January, 19 43

(SEAL) Clifford S. Fallis Notary Public, residing at Kimberly, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1943 by Mark Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

APR 21 1945

493-218004-753

365521

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Ovid
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Ovid
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD LaRue Miles

5. Date of Birth of Child (Month, day, year) Feb. 18, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnancy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME John Spencer Miles
11. Color or Race white **12.** Age at time of THIS birth 27 yrs.
13. Birthplace St. George, Utah (City or town) (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane Matilada Peterson
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Ovid, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by 13 S-0 Weston Ave (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Fresno Calif. Date 1-18-43

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Bingham } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that ~~(First name) (Last name)~~, who attended this birth ~~(Is now deceased) or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane M. Peterson Miles Signature
West Center St., Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of December, 19 42

(SEAL) [signature] Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on DEC 31 1942 by [signature], Registrar.

FEB 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 56, Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412.113 042813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365593
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months 23 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberly
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 Mo yrs.

3. **RESIDENCE OF FATHER** (city, state) Kimberly, Ida

4. **FULL NAME OF CHILD** James Franklin Massie
5. Date of Birth of Child (Month, day, year) May 13, 1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry D. Massie
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Waverly (City or town) Kansas (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beulah Estella Halferty
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Pleasant Plain (City or town) Iowa (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3, 1%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 A M. on the date and at the place stated above, and that personal particulars were furnished by Beulah Massie (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature W. F. Pike M.D. Midwife Address Oakland, Calif Date 1/29/43

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grand Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 33 years, and that Dr. W. F. Pike (First name) (Last name), who attended this birth Can Not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire ~~to have~~ this birth recorded under Chapter 139, 1937 Session Laws.

James E Halferty Signature
Box 474-Kimberly, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of January, 1943

(SEAL) Clifford S. Hallis Notary Public, residing at Kimberly Idaho

My Commission Expires May 20, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1943

SEP 4 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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816-118021 459

365605

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Preston Ida.

4. FULL NAME OF CHILD Gordon Meikle Hawkes

5. Date of Birth of Child (Month, day, year) Oct. 18, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Claudius E. Hawkes
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation School Teacher
15. Industry or Business Education

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Meikle
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Smithfeild, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argoral

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6.30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Claudius E. Hawkes (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature R. W. States M.D. Midwife Address Preston. IDA. Date Feb 2. 1943

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1943 by Mabel F. Elefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 25 1974

MAR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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219-203004-418

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365608
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? all her life yrs.

3. RESIDENCE OF FATHER (city, state) Monpelier, Idaho

4. FULL NAME OF CHILD Vivian Barkdull

5. Date of Birth of Child (Month, day, year) Feb. 3, 1909

6. Sex Female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Edmond Barkdull
11. Color or Race white **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Georgetown (City or town) Idaho (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Isabella Dayton
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Dingle, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Don Poynter M.D. Midwife Address 1350 Wishon Ave Fresno Calif Date 1-19-43

AFFIDAVIT to be completed when the attendant does not sign in Item 25

State of Idaho
County of Bear Lake } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 33 years, and that Dr. Poynter (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josie Bissegger Signature
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of April, 19 42.

(SEAL) Levi Aland Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

LEVI AALAND NOTARY PUBLIC MONTPELIER, IDAHO MY COMMISSION EXPIRES

Received for filing on FEB 5 1943 by Mary Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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365623

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 365623
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Latah (b) City Potlatch
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   IN THIS county 9 years 6 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Potlatch
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Helen Frances Wiley

5. Date of Birth (Month, day, year) 6-29-1909

6. Sex female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Dousman Wiley
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Surveyor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Swanson
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living 6 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Lucille Wiley Rowe (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) FEB 5 1943 (Date received) Maud F Elder (Registrar's signature)

25. Attendant's **OWN** signature J. W. Thompson M.D. (D.O., Midwife, etc.) and address Date

27. Given name added on ____ by ____ (Registrar's signature)

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Josephine Wiley, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Helen Frances Wiley as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Josephine Wiley Signature
Moscow Idaho P. O. Address

Subscribed and sworn to before me on this 11 day of January, 1942

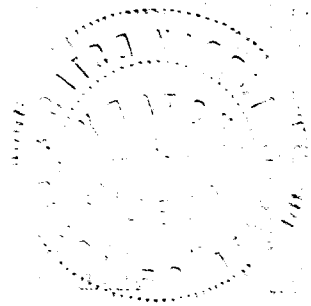
(SEAL) Murray Esters Notary Public, residing at Moscow.

FEB 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



168-229031-358

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365655
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Nezperce Ida

4. FULL NAME OF CHILD Lois Evelyn Johnson

5. Date of Birth of Child (Month, day, year) April 29, 1909

6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George P. Johnson
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Garrison (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sadie May Lehmann
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Garrison (City or town) Iowa (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 7 A M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Geo (First name) Johnson (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature O. A. Jeffreys M.D. ~~Midwife~~ Address 1223 N. Seventh Ave Los Angeles Cal. Date 1-25-43

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for three years, and that O. A. (First name) Jeffreys (Last name) M.D., who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Geo. P. Johnson Signature

P. O. Address

Subscribed and sworn to before me this 17 day of December, 1942

(SEAL) Perry W Mitchell Notary Public, residing at Nezperce Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

818-103029-315

365702

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365702
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Main & Morton
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Glen La Valley Hays
5. Date of Birth of Child (Month, day, year) Mar 3. 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edgar Laurence Hays
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Macomb (City or town) Illinois (State or foreign country)
14. Exact Occupation R. F. D. carrier
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Grace La Valley
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Fergus Falls (City or town) Minn. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that Dr. Jos. Aspray (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Alice Hays Signature
R3 - Boise, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of February, 1943
(SEAL) Pauline Ambrose Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 11, 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294 127 006 962

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 365713

State File No. 365713

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. 1055 Canal Ave
(d) Name of Hospital or Maternity Home: Own residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 1055 Canal Ave
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Ida

4. FULL NAME OF CHILD Alfred William Brunt

5. Date of Birth of Child (Month, day, year) Aug. 27, 1909

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Brunt

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Christchurch (City or town) New Zealand (State or foreign country)

14. Exact Occupation Merchant

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara J. Rascoe

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at [illegible] M. on the date and at the place stated above, and that personal particulars were furnished by Geo (First name) Brunt (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Idaho Falls Ida Date 2/14/43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1943 by Mary F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

359 225001 385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365786
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Star
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Star
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Clara Leis

5. Date of Birth of Child (Month, day, year) Sept. 25, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Leis
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Molly Theil
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Alice Showerman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Leis Signature

St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of January, 1943

(SEAL) C. Richards Notary Public, residing at St. Anthony, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1943 by Mary F Elder, Registrar.

FEB 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-119 001-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365797
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise Idaho
(c) Street Address or R.F.D. No. R.D. #4.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Boise Idaho (b) County Ada
(c) City
(d) Street Address or R.F.D. No. R.D. #4.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jesse William Giese

5. Date of Birth of Child (Month, day, year) March 19-1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Henry Giese
11. Color or Race white
12. Age at time of THIS birth ..... yrs.
13. Birthplace Grandenz (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Ann White
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Council Bluffs (City or town) Iowa (State or foreign country)
20. Exact Occupation Housework.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Alice A. Giese (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Fresno } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 33 years, and that Anna Cronk (First name) (Last name), who attended this birth now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Alice Ann Giese Signature
Rt. 9 - Box 811 - Fresno Calif. P. O. Address

Subscribed and sworn to before me this 4th day of February, 1943

(SEAL) Mary Carle Karin Notary Public, residing at Fresno

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MISSION EXPIRES JANUARY 22, 1944

Received for filing on FEB 10 1943 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

375 123028 363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 865806
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenia (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** William Reward Lincoln
5. Date of Birth of Child (Month, day, year) Jan 23, 1904
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm Franklin Lincoln
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Ridott Illinois (City or town) (State or foreign country)
14. Exact Occupation Plasterer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Ardella Cole
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace ~~Post Fa~~ Ridott Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 34 years, and that Dr McLain (First name) (Last name), who attended this birth X (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Grace Lincoln Signature
Le Grand, Cal. P. O. Address

Subscribed and sworn to before me this 8 day of February, 1943

(SEAL) W A Stobbes Justice of Peace Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695226-029-758

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365835
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 10 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Collins
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Collins, Ida

4. FULL NAME OF CHILD Violet Lucille Frei

5. Date of Birth of Child (Month, day, year) April 26, 1909

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mo **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Frei
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Clay County (City or town), Kansas (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Gereral Merchand ise

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Iona Gehrett
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Beulah (City or town), Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Dr. Olson (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Myrtle I. Gehrett-Frei
Signature
Moscow Idaho.
P. O. Address

Subscribed and sworn to before me this 9 day of February, 19 43

(SEAL)

Notary Public, residing at Moscow Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1943 by Mary Felder, Registrar.

FEB 1 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

167112014-395

365854

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City New Plymoth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City New Plymoth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Lenard Harold Jordan

5. Date of Birth of Child (Month, day, year) May 12, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willis Wayne Jordan
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Hermitage (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Kirk Creel
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Wichita (City or town) Kansas (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 3:30 A M. on the date and at the place stated above, and that personal particulars were furnished by Willis Wayne (First name) Jordan (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Willis Wayne Jordan M.D. Midwife Midwife is Deceased Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 34 years, and that Lenard Harold (First name) Jordan (Last name), who attended this birth Mrs Hoaglan, midwife is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Willis Wayne Jordan Signature

1001 Harold St. Redlands, Calif. P. O. Address

Subscribed and sworn to before me this 7th day of February, 1943

(SEAL) Geo. Fowler Notary Public, residing at Redlands Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753 110 022-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365875
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Teton City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Father & Mother's Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 5 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Teton, Ida.

4. FULL NAME OF CHILD Thomas LeRoy Peterson

5. Date of Birth of Child (Month, day, year) May 10, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Niels Peterson

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)

14. Exact Occupation Power House Operator

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Stoddard

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Beaver (City or town) Idaho (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 33 years, and that Doctor (First name) J. R. Shoupp (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel S. Peterson Signature

St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of February, 1943

(SEAL) ____ Notary Public, residing at St. Anthony,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 15 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

229-230-021-465

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 365898
Local Reg. No. 23
Reg. Dist. No. 540

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston, Idaho

4. **FULL NAME OF CHILD** Aldyth M. Skidmore

5. Date of Birth of Child (Month, day, year) May 29, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Alonzo Skidmore
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Richmond (City or town) Utah (State or foreign country)
14. Exact Occupation Lumber yard owner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Marinda Monson
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. L. A. Bright (First name) (Last name), who is related to this child as sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 47 years of age, that I have known this person for 34 years, and that Dr. Allen R. Cutler Sr. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Armina Skidmore Bright Signature

Weston, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of February 1943

(SEAL) Zan Marshall Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2-8-1943 by Effie W. Brenner, Registrar.

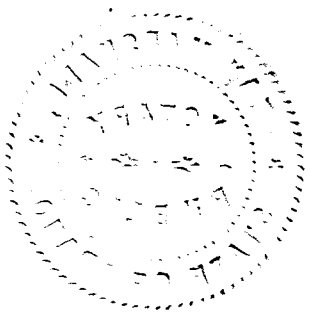
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



84-202-030-814

365927

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon
   (c) Street Address or R.F.D. No. Idaho
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Elizabeth Quarles

5. Date of Birth of Child (Month, day, year) Dec. 2, 1909.

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Johnson Quarles
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Paducah (City or town) Kentucky (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business Power Plant Operator

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Margaret Haman
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Fort Worth (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for since birth years, and that Dr. George Whitwell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Aileen Maude Sharpe Signature

Com Ex 2/21/1944

1139 Meadowbrook Ave P. O. Address Los Angeles Calif

Subscribed and sworn to before me this 11 day of January, 1943

(SEAL) Charles F. Read Notary Public, residing at 5076 N. Pasadena Los Angeles Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1943 by Mary F. Felder, Registrar.

FEB 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

229-101-004-384

365950

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Nounan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Nounan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Nounan Idaho

4. FULL NAME OF CHILD Archibald Carlyle Skinner Jr.

5. Date of Birth of Child (Month, day, year) 5/1/09

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? No

FATHER OF CHILD

10. **FULL NAME** Archibald Skinner
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Nounan (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Mae Chugg
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Nounan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 12:15 a. M. on the date and at the place stated above, and that personal particulars were furnished by Ethel Skinner (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Eliza Chugg M.D. Midwife Address Soda Springs, Idaho Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 18 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-218-038-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365985
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ellen Elizabeth Kofoed

5. Date of Birth of Child (Month, day, year) Nov 18 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arnold Q Kofoed
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Weston Idaho (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etna Stephens
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Preston Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Etna Kofoed (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for 34 years, and that Dr Allen Cutler (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etna Stephens Kofoed Signature

P. O. Address

Subscribed and sworn to before me this 16 day of February, 1943

(SEAL)

O K Reeves Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

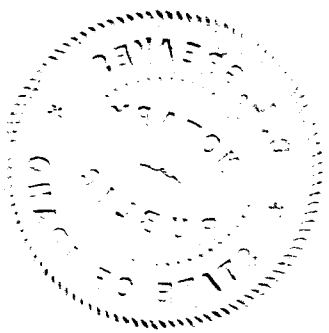
Received for filing on FEB 18 1943 by Mary F Eder, Registrar.

FEB 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



993-121-010-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365968
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yr. 8 mon.

3. RESIDENCE OF FATHER (city, state) Iona, Idaho

4. FULL NAME OF CHILD Gordon Becraft Ritchie

5. Date of Birth of Child (Month, day, year) Aug. 21, 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Ritchie
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Marriott, Weber Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Nell Becraft
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Genesee, Alabama New York (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [illegible] (Born alive, stillborn) at [illegible] M. on the date and at the place stated above, and that personal particulars were furnished by George Ritchie (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. Midwife Address Idaho Falls Ida Date Jan 6-43

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-110-240-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365985
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 mos.

3. **RESIDENCE OF FATHER** (city, state) Wallace

4. **FULL NAME OF CHILD** George Edwin Mayenschein

5. Date of Birth of Child (Month, day, year) May 10 - 1909

6. Sex Male

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Otto L. Mayenschein
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Hillsboro (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Druggist Physician
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie E. Evanson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Dallas (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4:05 P.M. on the date and at the place stated above, and that personal particulars were furnished by Otto L. Mayenschein (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature O. L. Mayenschein M.D. Midwife Address Yakima Wash Date Feb 16-43

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 34 years, and that Otto L. Mayenschein (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Otto L. Mayenschein Signature

419 Masonic Temple Yakima Address

Subscribed and sworn to before me this 16th day of Feb., 1943

(SEAL)

Emma R Dyer Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

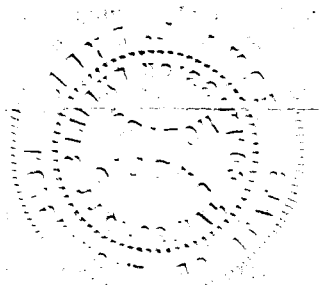
JAN 22 1973
FEB 26 1973

FEB 21 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



451-103-008-693

366013 366013

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Rosebery
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Rosebery
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Rosebery Idaho

4. FULL NAME OF CHILD Earl Richard Meador

5. Date of Birth of Child (Month, day, year) Oct. 3, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Manfred Edwin Meador
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Berry County, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margret Blanche Williams
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Adrein County Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of New Mexico
County of Colfax } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 33 years, and that no doctor (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margret Blanche Meador Signature
Maxwell R.R. #1 N. Mex. P. O. Address

Subscribed and sworn to before me this 15th day of Feb., 1943

(SEAL) Ignacio Lopez Notary Public, residing at Maxwell, N.M.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-01, Idaho Code Annotated.)

My Commission expires July 26, 1943

Received for filing on FEB 24 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843-206-044-235

366040

366040

United States
Department of Commerce
Bureau of the Census *Now Adams

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366040
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington* (b) City Indian Valley
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: parents' Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington*
(c) City Indian Valley
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Indian Valley Idaho

4. FULL NAME OF CHILD CHRISTENA MAY HUTCHISON

5. Date of Birth of Child (Month, day, year) Sept. 6 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Amasa L. Hutchison
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Cassia County, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Argie V Steward
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Polk County, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Mrs. Mattie Gray (M.W.) (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Imo Hutchison Signature

Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of December, 19 42

(SEAL) [signature] Notary Public, residing at Council, Idaho

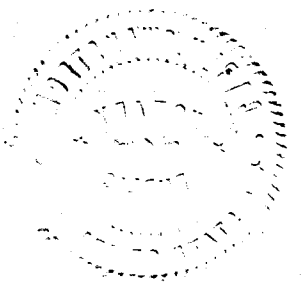
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1943 by [signature], Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



297-106-014469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366055
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell,
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell, Idaho
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Idaho

4. FULL NAME OF CHILD Robert Claud Kipp

5. Date of Birth of Child (Month, day, year) 6th. Dec. 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Months Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Palmer Kipp
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Centralia (City or town) Wisconsin (State or foreign country)
14. Exact Occupation contracting
15. Industry or Business Brick Kiln, and contracing

MOTHER OF CHILD

16. FULL MAIDEN NAME Lulu Annette Morgan
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Elroy (City or town) -Wisconsin (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 33 years, and that Adelia Gertrude (First name) Morgan (Last name) (mother) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lulu Annette Morgan Kipp Signature

Caldwell, Idaho-407 S. 9th. Street P. O. Address

Subscribed and sworn to before me this 18th. day of February, 19 43

(SEAL) Jessie D. Walker Notary Public, residing at Caldwell Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1943 by Mary F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-218-028-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 366056
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Hamson
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ✓ days.
In THIS county ✓ years ✓ month ✓ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Hamson
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address 3765 Loma Vista Oakland Calif

3. RESIDENCE of FATHER (city, state): Oakland Calif

4. FULL NAME OF CHILD Maybelle Jessie Whiting
5. Date of Birth (Month, day, year) March 18, 1909
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Edward Whiting
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Syracuse (City or town) New York (State or foreign country) ✓
14. Exact Occupation Stationary Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Etta Going
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Barnsville (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at Oak A. M. on the date and at the place stated above, and that personal particulars were furnished by Cora (First name) Whiting (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 20 1943 (Date received) (b) Mary F. Elder (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature ✓ M.D. (D.O., Midwife, etc.)
and address ✓ Date

State of California
County of Alameda } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora Etta Going Whiting being first duly sworn, say that I am Mother (Related to (or) acquainted with) Maybelle Jessie Whiting (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Busby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cora Etta Going Whiting Signature
3765 Loma Vista Ave. Oakland, Calif. P.O. Address

Subscribed and sworn to before me on this 16th day of February, 1943

(SEAL) Grace S. Rhoner Notary Public, residing at 3921 Magee Ave. Oakland, Calif.

my com. expires May 3rd 1946

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 2 1943

JUN 1 6 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

799-104-001-036

366078

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. North 8th Street.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days
IN **THIS** county years Six month Fourteen days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. North 8th
(e) How long has **MOTHER** lived in Idaho? 6mo yrs.
(f) Mother's mailing address North 8th

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Raymond Lloyd Griffin

5. Date of Birth (Month, day year) Sept. 4, 1909

6. Sex White **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd 1st **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ferdinand Corbet Griffin
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Portland, Maine (City or town) (State or foreign country)
14. Exact Occupation Undertaker.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susie Wilson Scott
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Osceola (City or town) Nevada. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 22 1943 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Nevada
County of White Pine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Susie Wilson Griffin, being first duly sworn, say that I am Related (Related to (or) acquainted with) Raymond L. Griffin (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. D. Springer (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Susie Wilson Griffin Signature

..... P. O. Address

Subscribed and sworn to before me on this 17th day of February 1943.

(SEAL)

Virginia Wallace Notary Public residing at Ely, Nevada

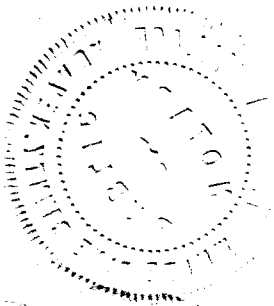
VIRGINIA WALLACE, Notary Public
My Commission Expires, Oct. 5, 1946

FEB 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



515-230-023-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 366096
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Gem (b) City New Plymouth
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 5 years 7 month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Gem
(c) City New Plymouth
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? 1904 to 1909
(f) Mother's mailing address Same

3. RESIDENCE of FATHER (city, state): Same

4. FULL NAME OF CHILD Vivian Alicia Van Natta

5. Date of Birth (Month, day, year) June 30. 1909

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leo Alonzo Van Natta
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Platteville (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Alice Wilson
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace 28 miles south of St. Louis (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 a. M. on the date and at the place stated above, and that personal particulars were furnished by Marguerite Coffelt (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) FEB 22 1943 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by Maud F. Felder (Registrar's signature)

25. Attendant's OWN signature Marguerite Coffelt ~~M.D.~~ (~~D.O.~~, Midwife, etc.) and address 633 A. West Maple Orange Calif. Date July 19, 1941

State of Oregon
County of Benton } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marguerite Coffelt, being first duly sworn, say that I am related to Vivian (Related to (or) acquainted with) Alicia Van Natta Bolton (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I was the attendant at (Name of attendant at birth), ~~who attended~~ said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Marguerite Coffelt Signature
1928 Western Ave. Corvallis Ore. P.O. Address

Subscribed and sworn to before me on this 8 day of February, 1943.

(SEAL) [signature] Notary Public, residing at .....

NOTARY PUBLIC FOR OREGON
My Commission Expires Dec. 3, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 2 1943

JUL 15 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 366120

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Cambridge

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington

(c) City Cambridge

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Cambridge Idaho

4. FULL NAME OF CHILD Dorothy Berniece Adams

5. Date of Birth of Child (Month, day, year) July 16, 1909

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Warren Adams

11. Color or Race white **12.** Age at time of THIS birth 37 yrs.

13. Birthplace Eldon (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Leona Cox

17. Color or Race white **18.** Age at time of THIS birth 35 yrs.

19. Birthplace Silverton, Oregon (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ng

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Linn } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 37 years, and that Dr. C. Schmitz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Effie Cox Adams

P. O. Address Lebanon, Oregon

Subscribed and sworn to before me this 18th day of February, 19 43

(SEAL) Notary Public, residing at Lebanon Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES SEPT. 9, 1944

Received for filing on FEB 22 1943 by Mary F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 22 1943

FEB 8 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City St. Joe
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Born At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City St Joe
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 7- yrs.

3. **RESIDENCE OF FATHER** (city, state) St Joe - Idaho.

4. **FULL NAME OF CHILD** Merle Edward Thompson

5. Date of Birth of Child (Month, day, year) Feb. 25-1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Thompson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Sheridan Lucas Co. Iowa (City or town) (State or foreign country)
14. Exact Occupation Lumber Mill Worker
15. Industry or Business Mfg. Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Hacker
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace State of Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 6
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Not Known. Date

State of Kansas
County of Rice } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 33+ years, and that Mrs James Summers (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Charles Henry Thompson Signature

109 E 5th Hutchinson. Kans. P. O. Address

Subscribed and sworn to before me this 15 day of February, 1943

(SEAL) Rex C Wyatt Notary Public, residing at Sterling, Kans.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 23 1943 by [illegible], Registrar.

FEB 23 1943

JUL 12 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-210025-766

366150

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Harpster
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 7 months 19 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City P.O. Harpster
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Harpster Ida

4. **FULL NAME OF CHILD** Glenna Ruth Kinkaid

5. Date of Birth of Child (Month, day, year) Apr. 10-1909

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Marion Stephen Kinkaid
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Pantora (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming & stock raising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Edith Powell
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Marshalltown (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Renton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 33 years, and that Mrs Antimicia Roberts (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Edith Kinkaid Signature

403 3rd Ave. E. Kennewick Wash. P. O. Address

Subscribed and sworn to before me this 19 day of Feby, 1943

(SEAL) L E Johnson Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 23 1943 by Maud F Elder, Registrar.

FEB 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763-230-054-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366897

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Opal Cynthia Pollard			2. Date Of Birth: August 30, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Minidoka	b. City or Town of Birth: Heyburn
FATHER	6. Full Name of Father: Robert Theodore Pollard			7. State or Country of Father's Birth: Selby, Missouri
MOTHER	8. Full Maiden Name of Mother: Margaret Louise Ellis			9. State or Country of Mother's Birth: Wayne, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Opal Cynthia Pollard Nicole		11. Present Address of Registrant: 509 So. D. Street Rupert, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 24, 1964	12. Signature of Notary: Helen Clark		13. Notary Commission expires: Oct. 1, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: child's own birth certificate	By whom issued and signed: on file with state of Idaho # 152255	Date Issued: -----	Date Orig. Entry: child born March 8, 1927
	Date of Birth: Age 17	Birth Place: Heyburn, Idaho	Full Name of Mother: ----------	Name of Father: - ---------
SUPPORTING RECORD 2.	Type of Document: Marriage Record from Cassia Co. Court House Certified	By whom issued and signed: Frank B. Kearns Cassia Co. Clerk	Date Issued: Aug. 24, 1964	Date Orig. Entry: Married Dec. 26, 1925
	Date of Birth: Age 16	Birth Place: Heyburn, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: Photocopy of application for Social Security Number	By whom issued and signed: U.S.Treasury Department	Date Issued: ---	Date Orig. Entry: Dec 1, 1949
	Date of Birth: August 30 1909	Birth Place: Heyburn, Idaho	Full Name of Mother: Margaret Louise Ellis	Name of Father: Robert Theodore Pollard
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Joyce B. Foltz	Date Filed: October 21, 1964

FORM BH 56067

DELAYED

366897

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 8 - 1943

State File No.
Local Reg. No. 9
Reg. Dist. No. 457

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Minidoka (b) City Heyburn
   (c) Street address or R. F. D. No. 1
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home ..... Days
   In THIS county (residence) years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Minidoka
   (c) City
   (d) Street address or R. F. D. No. 1
   (e) How long has MOTHER lived in Idaho? 35 yrs.
   (f) Mother's mailing address (For registration notice): Heyburn, Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Gene Cynthia Pollard

5. **DATE OF BIRTH** (Month, day, year) Aug 30 - 1942

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Theodore Pollard

11. Color or Race white

12. Age at time of THIS birth 47 yrs.

13. Birthplace Libby (City or Town) Missouri (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Louise Ellis

17. Color or Race white

18. Age at time of THIS birth 37 yrs.

19. Birthplace Hayne (City or Town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1:20 A. M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Margaret Pollard, who is (First name) (Last name)
related to this child as mother (Mother, etc.)

26. (a) Feb. 2-1943 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Hugh E. Dean M. D. (D. O., Midwife, etc.)
and address Burley, Idaho Date

OCT 29 1964

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery

(d) Did baby have any:

(1) Congenital Malformation? No

Describe:

(2) Birth Injury? No

Describe:

(3) Was mother given a Wasserman before delivery?

Yes: ✓ No Pos. Neg. ✓

(e) Signature of Physician:

DELAYED

753 219 007 319

367138

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Clyde
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Clyde
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 64 yrs.

3. **RESIDENCE OF FATHER** (city, state) Clyde, Id

4. **FULL NAME OF CHILD** NELLIE LOUISE PECK

5. Date of Birth of Child (Month, day, year) 8/19/1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Isaac Peck
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline S. Larson
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 33 years, and that Emily Basinger (First name) (Last name), who attended this birth id deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline S. Larson, Mother Signature

Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of February, 1943

(SEAL) O. Monaghan Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1943 by Mary Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1970

FEB 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396 11 7036 685

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367142
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home on ranch
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls, Id

4. **FULL NAME OF CHILD** Harold Oliver Crowley

5. Date of Birth of Child (Month, day, year) July 17, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oliver F. Crowley
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Bieber, Lassen CO, Calif. (City or town) (State or foreign country)
14. Exact Occupation Farming.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma Edith Wheeler
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Lookout, Modoc County, Calif (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 34 years, and that Dr. Everett Sykes (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alma Edith Crowley Signature

American Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 20th day of February, 1943

(SEAL) [illegible] Notary Public, residing at [illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1943 by Mabel F. Elder, Registrar.

FEB 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-15021-235

367192

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367192
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Preston
   (c) Street Address or R.F.D. No. 282 N. 1st West
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No. 282 N. 1st W.
   (e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston, Idaho

4. **FULL NAME OF CHILD** Leeral Laurence Johnson

5. Date of Birth of Child (Month, day, year) Sept. 15, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Laurence Johnson
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Hyde Park, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Stephens
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Preston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Oneida }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for life years, and that Dr Nolan (First name) ____ (Last name), who attended this birth was deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary S. Johnson Signature
Preston Idaho P. O. Address

Subscribed and sworn to before me this 25th day of Feb., 1943

(SEAL)

Pauline Ambrose, Notary Public, residing at Preston.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1943 by Mary H Elder, Registrar.

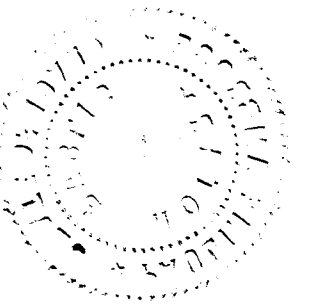
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



262-202021-155 367x37 367237

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No. 1
Reg. Dist. No. 240

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston Idaho

4. **FULL NAME OF CHILD** Nurilda Rosa Bosworth

5. Date of Birth of Child (Month, day, year) April 2-1909

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Fredrick Bosworth
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Preston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Jenkins
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Preston (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth (First name) Bosworth (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Franklin } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 55 years of age, that I have known this person for 34 years, and that Ellen (First name) Morgan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie J Bosworth Signature

Preston Idaho P. O. Address

Subscribed and sworn to before me this 6 day of March 1943

(SEAL) Jan Marshall Notary Public, residing at Preston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1-13-1943 by Effie W. Brawner, Registrar.

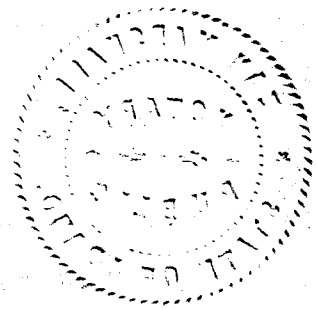
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



553-123035-238

367241 367241

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367241
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. Idaho St.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston, Idaho

4. FULL NAME OF CHILD Denver Clark Nelson

5. Date of Birth of Child (Month, day, year) Jan. 23, 1909

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin (Bennie) Morine Nelson
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Dansville, (City or town) Illinois (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Owned Barber Shop

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Schmidt
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Geneseo, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife ✓ Address now deceased Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of Yakima }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 34 years, and that Dr. John C. Schmidt (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter ~~130~~, ~~1937~~ Session Laws.

Mrs. Elizabeth Nelson Signature
1308 Jerome Avenue, Yakima P. O. Address

Subscribed and sworn to before me this 26 day of February, 1943.
(SEAL) Nina A. Nelson Notary Public, residing at Yakima, Wn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1943 by Mary E. Elder, Registrar.

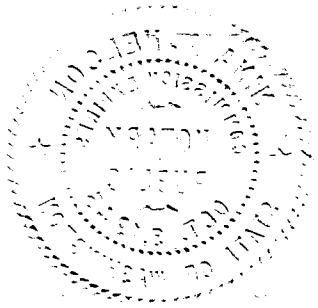
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367280
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1102 River St.
(d) Name of Hospital or Maternity Home: a home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 3 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1102 River St.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Ida

4. FULL NAME OF CHILD Dorothy Lucille Oaier

5. Date of Birth of Child (Month, day, year) Sept. 14, 1909

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Oaier
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace St. Maries (City or town) Michigan (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Eliza Clark
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Salmon City (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12-15 A M. on the date and at the place stated above, and that personal particulars were furnished by Elisa (First name) Henshaw (Last name), who is related to this child as great aunt, Maternal (Mother, etc.)

25. Attendant's **OWN** signature J. M. Taylor M.D. ~~Midwife~~ Address Boise Date Mch. 22-1943

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1943 by Maud E. Eden, Registrar.

MAR 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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367322

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Powers (b) City Rockland,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home, on farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Powers,
(c) City Rockland
(d) Street Address or R.F.D. No. Farm
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) as above

4. FULL NAME OF CHILD James Murlan Southwell

5. Date of Birth of Child (Month, day, year) Feb. 6, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Southwell,

11. Color or Race White

12. Age at time of THIS birth 23 yrs.

13. Birthplace Ogden, (City or town) Utah, (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Ellen Lance

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Rockland, (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife,

21. Industry or Business 4501 West Webster, Seattle Wash.

22. Name prophylactic used to prevent Ophthalmia Neonatorum No knowledge

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington,
County of K I N G. } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 34 years, and that Eliza Lish, (First name) midwife (Last name), who attended this birth is deceased, (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Marie Ellen Lance Signature

Margretta Bullock P. O. Address

Subscribed and sworn to before me this 21 day of February, 19 43

(SEAL)

Notary Public, residing at Seattle, Washington.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1959

FEB 26 1943

AUG 15 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 201 036 855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367333
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Oneida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Evadyna Hart
5. Date of Birth of Child (Month, day, year) April 1 1909
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur William Hart
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Bloomington Idaho (City or town) (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Evadyna Henderson
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Clifton Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by A.W. Hart (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for all life years, and that G. R. Cutler (First name) (Last name), who attended this birth Deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur M Hart Signature

P. O. Address

Subscribed and sworn to before me this 15 day of February 1943

(SEAL) D M Condie Notary Public residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1943 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367345
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Gooding (b) City Hagerman
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Hagerman
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hagerman Ida.

4. **FULL NAME OF CHILD** Lawrence Conklin
5. Date of Birth of Child (Month, day, year) April 29, 1909
6. Sex Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert H Conklin
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Correctionville (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna May Yaden
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Landon (City or town) Kentucky (State or foreign country)
20. Exact Occupation None Home Maker
21. Industry or Business Now Deceased -

22. Name prophylactic used to prevent Ophthalmia Neonatorum +
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Hagerman (Born alive, stillborn) 29-1909 M. on the date and at the place stated above, and that personal particulars were furnished by Hilig W Yaden (First name) - (Last name), who is related to this child as Grand Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grand Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 34 years, and that Deceased - (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Hilig W Yaden Signature
307 - So. 2nd St. P. O. Address

Subscribed and sworn to before me this 17 day of Feb., 1943

(SEAL) Harold Compton Notary Public, residing at Yakima
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-119-028-381

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home A O Wing Home 9th Ave (M. Roche Residence
(e) Mother's stay **BEFORE** delivery: Coeur d'Alene
IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Near Spirit Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Robert William Wing.

5. Date of Birth of Child (Month, day, year) Dec. 19th, 1909.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Amos Oscar Wing
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Levant, Maine (City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtie Elmira Clark
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Levant, Maine (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon,
County of Columbia. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Patrick J. (First name) Scallon M.D. (Last name), who attended this birth (Dead) Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mertie E. Wing Signature

Rainier, Oregon P. O. Address

Subscribed and sworn to before me this 12th day of January, 1943

(SEAL) Fred W. Herman Notary Public, residing at Rainier

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) comm. exp. 7/11/44

Received for filing on MAR 1 - 1943 by Mavel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1971

MAR 1 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Swan Lake
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Swan Lake
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Swan Lake

4. **FULL NAME OF CHILD** FRANK G QUIGLEY

5. Date of Birth of Child (Month, day, year) June 9, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert George Quigley
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Swan Lake (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Walker
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Clarkston, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that Ellen Barger (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Quigley Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of February, 1943.

(SEAL)

Notary Public, residing at Salmon, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 - 1943 by Mabel Felder, Registrar.

MAR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Lewisville, Idaho

4. FULL NAME OF CHILD Jack Jeffs

5. Date of Birth of Child (Month, day, year) Nov. 4, 1909

6. Sex male

7. Twin, or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JOHN HENRY JEFFS
11. Color or Race White
12. Age at time of THIS birth 18 yrs.
13. Birthplace Riverton (City or town) Utah (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CLARA ELLSWORTH
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lewisville, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of IDAHO
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 33 years, and that Mrs. Nell Ellsworth (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John H. Jeffs Signature

Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of February, 1943

(SEAL)

Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 - 1943 by Mary E. Eldredge, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367449

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Elmore (b) City Taft (Hill City)

(c) Street Address or R.F.D. No. None

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Elmore

(c) City Taft P.O. changed to Hill City

(d) Street Address or R.F.D. No. None

(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) 47

4. FULL NAME OF CHILD Arthur Wayne Clark

5. Date of Birth of Child (Month, day, year) Sept. 23, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank A. Clark

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Iowa (City or town) (State or foreign country)

14. Exact Occupation Homesteading

15. Industry or Business Rancher — Livestock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola La Follette

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Deer Lodge Co. - New Chi. Mont. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 P M. on the date and at the place stated above, and that personal particulars were furnished by Viola (First name) Clark (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ~~Idaho~~ Wash. County of ~~Blaine~~ King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Mrs. Reese Boyer (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Viola La Follette Clark Signature

Sicade, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of Feb, 1943.

(SEAL) Sallie R Ormsbee Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1943 by Mabel E Elder, Registrar.

K

MAR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

792-111-022-719

367469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. Not numbered
(d) Name of Hospital or Maternity Home: At Home On Main St.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. Main St.
(e) How long has **MOTHER** lived in Idaho? 1 yr 9 mos.

3. **RESIDENCE OF FATHER** (city, state) Ashto-Ida

4. **FULL NAME OF CHILD** Garr Wheatley Gibson

5. Date of Birth of Child (Month, day, year) July 11 1909

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm Thomas Gibson
11. Color or Race White
12. Age at time of THIS birth 29 yrs. 11 mos
13. Birthplace West Weber (City or town) Utah (State or foreign country)
14. Exact Occupation Furniture and
15. Industry or Business Undetaker

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Garr
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Jessie Gibson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature W. L. Gibson M.D. Midwife Address Ashton Idaho Date 1-5-43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 - 1943 by Maud Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

844-220042-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367470
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Blue Lakes Blvd
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No Blue Lakes Blvd.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls

4. **FULL NAME OF CHILD** Laura Lola Louise Humphrey

5. Date of Birth of Child (Month, day, year) Jan. 20, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George W. Humphrey
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Saltville (City or town), Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Jane Crenshaw
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Saltville (City or town), Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Margaret (First name) Humphrey (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 34 years, and that Dr. Henry Clouchek (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret J. Humphrey Signature

266 Filmore St. Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of February 1943

(SEAL) Notary Public, residing at Twin Falls Co. Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 - 1943 by Maud Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-222006 154

367498

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 1 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Ida

4. **FULL NAME OF CHILD** Edith Ellen Neat

5. Date of Birth of Child (Month, day, year) Nov. 22, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ransom William Neat

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Ogden (City or town) Utah (State or foreign country)

14. Exact Occupation Salesman

15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Anderson

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Ogden (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Nevada
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4. above, that I am now 69 years of age, that I have known this person for 34 years, and that Gertrude Bathway (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Ann Anderson Neat Signature

Overton Nevada P. O. Address

Subscribed and sworn to before me this 17th day of February 19 43

(SEAL)

T. W. Bragg Notary Public, residing at Overton Nev.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

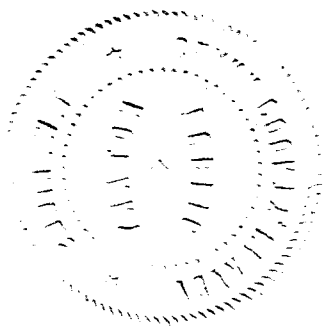
Received for filing on MAR 5 - 1943 by Maud E. Eden, Registrar.

MAR 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



115-214-039-524

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367302

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City Aberdeen
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls, Idaho

4. **FULL NAME OF CHILD** Freida Janzen

5. Date of Birth of Child (Month, day, year) November 14 1909

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy normal

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry W. H. Janzen
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Henderson (City or town) Nebraska (State or foreign country)
14. Exact Occupation Engineer - stationary and traction
15. Industry or Business servicing for machine companies

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Esau
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace (not Known) (City or town) Russia (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Kansas } ss.
County of Harvey }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that (name unknown) (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry W H Janzen Signature

116 E 1st, Newton, Kansas P. O. Address

Subscribed and sworn to before me this 24th day of February, 1943.

Commission Expires: 4-19-46 (SEAL) Vera Harder Notary Public, residing at Newton, Kansas.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 - 1943 by Maud E Eldridge, Registrar.

MAR 6 1943

MAY 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 10 1952

297-218-040-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367575
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wallace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 0 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wallace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 0 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wallace Idaho

4. **FULL NAME OF CHILD** Elsie Mae Bigler

5. Date of Birth of Child (Month, day, year) Dec 18, 1909

6. Sex Female

7. Twin or Triplet one

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Romeo Bigler
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Foundry Helper
15. Industry or Business Foundry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Bartemess
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace La Grande Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Walla Walla } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that (First name) Midwife (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank R Bigler Signature
Vets Hosp Walla Walla Wa P. O. Address

Subscribed and sworn to before me this 4th day of March, 1943

(SEAL) J W Manning, Notary Public, residing at Walla Walla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 - 1943 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-219. 040-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367576
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kingston,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Violet Opal McGillivray

5. Date of Birth of Child (Month, day, year) June 19, 1909

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo. **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alexander McGillivray

11. Color or Race White **12.** Age at time of THIS birth 44 yrs.

13. Birthplace Muir, Michigan (City or town) (State or foreign country)

14. Exact Occupation Logging

15. Industry or Business Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Ina Pearl Smith

17. Color or Race White **18.** Age at time of THIS birth 28 yrs.

19. Birthplace Cheboygan, Michigan (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Shoshone } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for years, and that Dr. Busby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Pearl McGillivray Howard, Signature

Kingston, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of March, 19 43

(SEAL) W. W. Murdock Notary Public, residing at Kingston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 8 - 1943 by Maud F. Eden, Registrar.

FEB 11 1974

MAR 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-23-D34-455

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367578
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Rupert
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Rupert
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rupert, Ida.

4. **FULL NAME OF CHILD** Carol Doane Camp

5. Date of Birth of Child (Month, day, year) Dec. 31, 1909

6. Sex F

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) No

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Garfield Camp
11. Color or Race W
12. Age at time of THIS birth 46 yrs.
13. Birthplace Alliance, Ohio (City or town) (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Marshall Deem
17. Color or Race W
18. Age at time of THIS birth 29 yrs.
19. Birthplace Wilton, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California } ss.
County of Tulare }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that Dr. J. B. Kenagy (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva M. Camp Signature

Box 217, Earlimart P. O. Address

Subscribed and sworn to before me this 3 day of March, 1943.

(SEAL) E. W. Bryant, Notary Public residing at Tulare Co Earlimart Calif.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires March 7, 1943

Received for filing on MAR 9 - 1943 by Mary F. Eldon, Registrar.

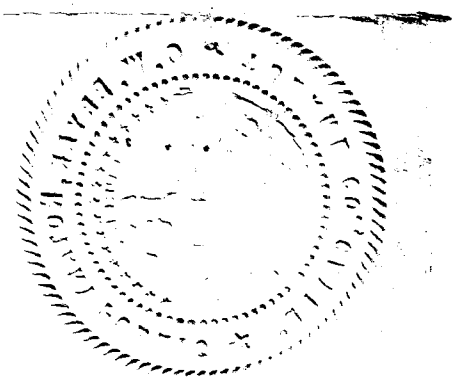
JUN 17 1975

MAR 9 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



855-102-044-653

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAR -8 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367582
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Cambridge
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Cambridge
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cambridge, Idaho

4. **FULL NAME OF CHILD** Wells Franklin Henley

5. Date of Birth of Child (Month, day, year) 1909, Aug. 2

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Thomas Henley
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Granger (City or town) Wyoming (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Wells
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace La Grange (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington, County of Yakima } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Dr. Frank (First name) Smitz (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida May Henley Signature

Wapato, Washington P. O. Address

Subscribed and sworn to before me this 4 day of March, 19 43.

(SEAL) ____, Notary Public, residing at Wapato.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR -8 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-209-027-659

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367597
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1yr yrs.

3. **RESIDENCE OF FATHER** (city, state) Jerome

4. **FULL NAME OF CHILD** Eva Tiefenbach

5. Date of Birth of Child (Month, day, year) Dec. 9, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Tiefenbach
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Austria-Hungary (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Weiler
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Austria-Hungary (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Tiefenbach (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Ohio
County of Cuyahoga } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that Mid-Wife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Elizabeth Tiefenbach Signature

Steve Suhaycik, Notary Public
My commission expires 1-16-45

13619 DEISE AVE CLEVELAND-O. P. O. Address

Subscribed and sworn to before me this 19 day of February, 1943

(SEAL) Steve Suhaycik, Notary Public, residing at Cleveland O.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 - 1943 by Mark F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-115-029-819

367611

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD OLLIE CLYDE STROHM

5. Date of Birth of Child (Month, day, year) JULY 15, 1909

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME PHILLIP AUGUST STROHM
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Topeka, (City or town) Kansas, (State or foreign country) U.S.A.
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LILA AZELLA HARRIS
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Eureka, (City or town) Kansas, (State or foreign country) U.S.A.
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for all his life years, and that Mrs Lillie Stanford (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lila Strohm Signature

Troy, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of March, 1943

(SEAL) L. Brooke Notary Public, residing at Troy, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 - 1943 by Maud Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-220-044-765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367699
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years 8 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. #2
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mable Magdalene Saling

5. Date of Birth of Child (Month, day, year) Oct. 20 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elmer Lewis Saling
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Weiser (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Anna Connally
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Ritzell (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for years, and that Elmer Saling (First name) (Last name), who attended this birth —— (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Elmer Saling Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me this 11 day of March, 19 43

(SEAL)

Paulene Ambrose, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1943 by Maud E. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 4 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843-1 of 006-293

367723

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. 396 North Ash St.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years 3 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot,
   (d) Street Address or R.F.D. No. 396 North Ash St.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho

4. **FULL NAME OF CHILD** Thomas Lloyd Hutchison

5. Date of Birth of Child (Month, day, year) May 20, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Asberry Hutchison
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Indianola, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Eleanor Bithell
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Ophir (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10:40 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ann (First name) Bithell (Last name), who is related as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Nevada
County of Churchill } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that Mary Ann Bithell (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David Asberry Hutchison Signature

Route 1 Box 72A Fallon, Nevada P. O. Address

Subscribed and sworn to before me this 10 day of Mar, 19 43

(SEAL) [illegible], Notary Public, residing at Fallon Nev

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1943 by Mary F. Elder, Registrar.

MAR 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital~~ Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-102-010859

367731

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley Idaho

4. **FULL NAME OF CHILD** Rodland Roswell Mallory

5. Date of Birth of Child (Month, day, year) Dec 2-1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? no

FATHER OF CHILD

10. **FULL NAME** Lorenzo Mallory
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Montpelier - Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mamie Priscilla Herrick
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Montpelier - Idaho (City or town) (State or foreign country)
20. Exact Occupation House - wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mamie (First name) Mallory (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonn } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 34 years, and that Dr. Cutler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Mallory Signature

P. O. Address

Subscribed and sworn to before me this 11 day of March, 1943

(SEAL) A. L. Clark Notary Public, residing at Emmett Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1943 by Mabel F. Elder, Registrar.

MAR 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-207-028-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367743
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 15 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Doris Annie Tyree
5. Date of Birth of Child (Month, day, year) Aug 7. 1909
6. Sex female
7. ~~Twin or Triplet~~ ~~If so—born~~ 1st, 2nd, 3rd
8. No. months of Pregnancy 9 m.
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Christopher Colombus Tyree
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Henry County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Francies Robison
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Southwest City, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 33 years, and that Dr John Busby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Francis Tyree Signature
Box 46. Coeur d'Alene, Ida. P. O. Address

My commission expires June 2, 1945

Subscribed and sworn to before me this 10th day of March, 1943

(SEAL) Hubert H Boston Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-210-206-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367766
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. -
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. -
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Id

4. FULL NAME OF CHILD Ann Bernat

5. Date of Birth of Child (Month, day, year) August 10, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Bernat
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Visnova, Czechoslovakia (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria Blazek
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Maly-Levre, Czechoslovakia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by John (First name) Bernat (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Illinois } ss.
County of Cook. }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33½ years, and that Midwife (First name) Battvy (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Bernat Signature

2314 So. Homan Avenue, Chicago, Ill. P. O. Address

Subscribed and sworn to before me this 12 day of March, 1943

(SEAL) Joseph Bendo Notary Public, residing at Cook County Berwyn Ill.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1943 by Mary H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-228-026-299

367769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Lewisville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence of Parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Lewisville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Parents are both deceased yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Twila Afton Kinghorn

5. Date of Birth of Child (Month, day, year) May 28, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Kinghorn
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Belleville, Illinois (City or town) (State or foreign country)
14. Exact Occupation Agriculturalist
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Dorcy Brian
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace East Mill Creek, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person nearly for 34 years, and that Dr. Rufus D. Tucker, M. D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Davina Kinghorn Collard Signature

140 Tenth Street, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of March, 1943

(SEAL) H. Collard Notary Public, residing at Idaho Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

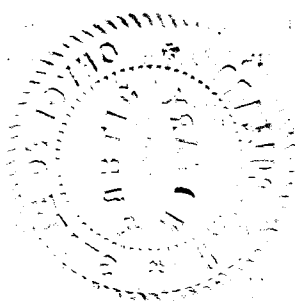
Received for filing on MAR 15 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



914-117.042-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367790
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County TWIN FALLS (b) City TWIN FALLS
   (c) Street Address or R.F.D. No. R.F.D. #1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County TWIN FALLS
   (c) City TWIN FALLS
   (d) Street Address or R.F.D. No. R.F.D. #1
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) TWIN FALLS IDAHO

4. **FULL NAME OF CHILD** REX CLOUCHEK RAMBO

5. Date of Birth of Child (Month, day, year) MARCH 17 1909

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** WILLIAM H. RAMBO
11. Color or Race WHITE
12. Age at time of THIS birth 22 yrs.
13. Birthplace BUFFALO (City or town) MISSOURI (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FLORA IVA COLE
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace LUCERNE (City or town) COLORADO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 4 A M. on the date and at the place stated above, and that personal particulars were furnished by DELLA (First name) RAMBO (Last name), who is related as AUNT (Mother, etc.)

25. Attendant's **OWN** signature Della Rambo M.D. Midwife Address MURTAUGH IDAHO Date 3/12/43

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1943 by Mary H Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

dup of 1909-04423

294-225-012 713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367798

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County FREMONT (b) City MARYSVILLE
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county ? years — month — days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City MARYSVILLE
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? — yrs.
(f) Mother's mailing address —

3. **RESIDENCE of FATHER** (city, state): SAME

4. **FULL NAME OF CHILD** WINIFRED ELOISE SIDLE

5. Date of Birth (Month, day, year) MAY 25 1909

6. Sex FEMALE

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN ALBAN SIDLE
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace CLIFTY (City or town) INDIANA (State or foreign country)
14. Exact Occupation BLACKSMITH
15. Industry or Business OWN

MOTHER OF CHILD

16. **FULL MAIDEN NAME** KATHERINE MARIE GALLAGHER
17. Color or Race WHITE
18. Age at time of THIS birth 36 yrs.
19. Birthplace ARCADIA (City or town) MICHIGAN (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 17 1943 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's
OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Montana }
County of Gallatin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mary C. Young, being first duly sworn, say that I am Mother's First Cousin (Related to (or) acquainted with) Winifred Eloise Sidle (Name of person on certificate above) as second cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. E. Young (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary C Young Signature

Three Forks, Mont. P. O. Address

Subscribed and sworn to before me on this 6th day of September, 19 41

(SEAL) Notary Public, residing at Three Forks, Mont.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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31K-108.042-418

367820

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No.....
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State..... (b) County.....
(c) City .....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Albert Verne La Monte
5. DATE OF BIRTH (Month, day, year) April 8 - 1909
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert LaMonte
11. Color or Race W
12. Age at time of THIS birth 33 yrs.
13. Birthplace Charlotte Mich
(City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Inez Raymond
17. Color or Race W
18. Age at time of THIS birth 23 yrs.
19. Birthplace Toronto Ont
(City or Town) (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 1%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was White Male (born alive, ~~stillborn~~) at 9:33½ A.M. on the date and at the place stated above, and that personal particulars were furnished by Inez La Monte (First name) (Last name), who is related to this child as Mother (Mother, etc.)

Mary H Elder

26. (a) MAR 17 1909 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature A. A. Newberry M.D. (D.O., Midwife, etc.)
and address Filer Ida Date April 9/1909.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAR 17 19[illegible]

MAR 15 1974

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

857-203-030-256

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367821
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City JUNCTION
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county LEMHI yrs 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LEMHI
   (c) City JUNCTION
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 YEARS yrs.

3. **RESIDENCE OF FATHER** (city, state) BAKER, IDAHO.

4. **FULL NAME OF CHILD** MYRTLE YEARIAN

5. Date of Birth of Child (Month, day, year) JAN 3, 1909

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** ALPHA A. YEARIAN
11. Color or Race WHITE
12. Age at time of THIS birth 47 yrs.
13. Birthplace JUNCTION (City or town) IDAHO (State or foreign country)
14. Exact Occupation BLACKSMITH
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MINNIE L. SNODGRASS
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace BAKER IDAHO. (City or town) LEMHI (State or foreign country)
20. Exact Occupation HOUSEKEEPING
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 11 A.M. on the date and at the place stated above, and that personal particulars were furnished by ALPHA A. YEARIAN (First name) (Last name), who is related as FATHER (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address INDIAN VALLEY IDAHO — Date 3/18/43

AFFIDAVIT

State of IDAHO, County of ADAMS } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 34 years, and that A.E. MURPHY (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alpha A. Yearian Signature

INDIAN VALLEY IDAHO. P. O. Address

Subscribed and sworn to before me this 12 day of MARCH, 19 43.

(SEAL) P.H. Ware, Notary Public, residing at INDIAN VALLEY? IDA.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1943 by Mavel H. Elgin, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-219. 225-243

367835

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Fenn

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho

(c) City Fenn

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Fenn, Idaho

4. FULL NAME OF CHILD Irene Frances Sprute

5. Date of Birth of Child (Month, day, year) Oct. 19, 1909

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Anton Sprute

11. Color or Race White **12.** Age at time of THIS birth 36 yrs.

13. Birthplace Seneca, Kansas (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Bernadine Kuther

17. Color or Race White **18.** Age at time of THIS birth 31 yrs.

19. Birthplace Greencreek, Illinois (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Catherine Kuther Sprute (First name) (Last name), who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature J. D. Shumick M.D. ~~Midwife~~ Address Grangeville Idaho Date 3-14-1943

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL)

Notary Public, residing at

(Note: Perjury is ~~punishable as a~~ felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1943 by Carl E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-221-041-123

United States
Department of Commerce
Bureau of the Census

MAR 22 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367901
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Teton (b) City Cedron Sch Dist
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 4 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Teton
   (c) City Bates, Sch. Dist
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) Bates, Idaho

4. **FULL NAME OF CHILD** Irene Virginia Hanson

5. Date of Birth of Child (Month, day, year) Dec 21, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alma Hanson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Hyrum, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming & Teaching
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Aslagsen
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Stavanger (City or town) Norway (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 A M. on the date and at the place stated above, and that personal particulars were furnished by Alma (First name) Hanson (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Teton } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 33 years, and that Jane (First name) Ellis (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alma Hanson Signature
Driggs, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of March, 1943

(SEAL) [signature], Notary Public, residing at Driggs, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1940

MAR 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

144 218035 385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367904
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private dwelling home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Mary Estella Judd.

5. Date of Birth of Child (Month, day, year) Jan. 18 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herbert B Judd

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Iowa (City or town) (State or foreign country)

14. Exact Occupation Merchant's Delivery

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della Mable Tyer

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Roslyn, Wash. (City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 34 years, and that Dr Schaff (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Della M Bisbee Signature
484 SE Lincoln Portland Ore. Address

Subscribed and sworn to before me this 10 day of March 1943

(SEAL) Margaret O'Dea Notary Public, residing at Portland Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Aug 6 1944

Received for filing on MAR 23 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236 117 021 318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367926
Local Reg. No.
Reg. Dist. No. 4

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Fairview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 30 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) 22

4. **FULL NAME OF CHILD** Harold Taylor Stoddard

5. Date of Birth of Child (Month, day, year) Nov 17 1909

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John William Stoddard

11. Color or Race Caucasian

12. Age at time of THIS birth 29 yrs.

13. Birthplace Iona (City or town) Utah (State or foreign country)

14. Exact Occupation Teaching

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Geneva alice Taylor

17. Color or Race Caucasian

18. Age at time of THIS birth 28 yrs.

19. Birthplace Payson (City or town) Utah (State or foreign country)

20. Exact Occupation Home Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature G. W. States M.D. Midwife Address Preston Ida Date 3-22-1943

State of Idaho
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for years, and that Dr Gilbert-States (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geneva Stoddard Signature

Shoshone, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of March, 1943

(SEAL) Howard E. Atkins ~~Notary Public, residing at~~ PROBATE JUDGE OF LINCOLN COUNTY, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1943 by Mabel E. Lee, Registrar.

DEC 18 1959

MAR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-20-007819

369032

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Arco
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Arco Blaine
(c) City Arco
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Arco Blaine, Idaho

4. FULL NAME OF CHILD Cora Fena Gittings

5. Date of Birth of Child (Month, day, year) Jan. 1, 1909.

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd - **8.** No. months of Pregnancy 9 mos. **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME William Samuel Gittings
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Rea Harkey
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Maxwell, (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon, County of Crook. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 34 years, and that Dr. Stephens (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Gittings Signature

Prineville, Oregon, P. O. Address

Subscribed and sworn to before me this 17th day of March, 19 43

(SEAL) Lou Beckstead Notary Public, residing at Prineville, Oregon,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. expires 1-24-45

Received for filing on MAR 24 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-24-016539

369049

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county – years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4½ yrs.

3. RESIDENCE OF FATHER (city, state) Burley Ida

4. FULL NAME OF CHILD Odessa Tolman

5. Date of Birth of Child (Month, day, year) 14 Sept 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Cyrus Tolman
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Richfield (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amanda Elison
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Grantsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Amanda Tolman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Amanda E Tolman M.D. Midwife Address 6509 Flora Ave Bell Date 3/20/43

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 32 years, and that Mrs Shallenberger (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Amanda Elison Tolman Signature

My Commission Expires Oct. 28th 1944

Bell Calif. Flora Ave 6509 P. O. Address

Subscribed and sworn to before me this 20th day of March 1943

(SEAL)

Notary Public, residing at Bell Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1943 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

751-211-026-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 23 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369090
Local Reg. No. 2
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City LaBelle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 19 years 6 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City LaBelle
(d) Street Address or R.F.D. No. Lorenzo R.F.D. 1
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) LaBelle Idaho

4. FULL NAME OF CHILD Verona May Pearson

5. Date of Birth of Child (Month, day, year) May 11-1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carl Albert Pearson
11. Color or Race Swedish
12. Age at time of THIS birth 26 yrs.
13. Birthplace Malmo (City or town) Sweden (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Scott Morgan
17. Color or Race American
18. Age at time of THIS birth 19½ yrs.
19. Birthplace LaBelle (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6:00 p. M. on the date and at the place stated above, and that personal particulars were furnished by Grace Scott (First name) Pearson (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ora Squires M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person ~~for~~ since Birth years, and that Ora (First name) Squires (Last name), who attended this birth ——— (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Scott Pearson Signature
2227 S. Walnut Grove, Rosemead P.O. Address

Subscribed and sworn to ~~before me~~ this 26th day of February, 1943

(SEAL) Edward T. Clark Notary Public, residing at San Gabriel, Calif

My Commission Expires April 20, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1943 by Mavel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-126-002-963

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369099
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) ~~Street Address or~~ R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home Residence.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Ashton
(d) ~~Street Address or~~ R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton, Ida

4. FULL NAME OF CHILD Talmage J. Hill

5. Date of Birth of Child (Month, day, year) April 26, 1909

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry Hill
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Sheffield (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Bertha Zollinger
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Providence, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum S.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ida (First name) Hill (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Hargis M.D. Midwife Address Ashton Idaho Date 4-20-43

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4 above that I am now 65 years of age, that I have known this person for years, and that E. L. (First name) Hargis (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry Hill Signature

Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 1st day of March, 19 43

(SEAL) Notary Public, residing at Rexburg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

546-209-022-893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369113
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Parker
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Family Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years 4 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Parker
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Billings, montana

4. **FULL NAME OF CHILD** Laura Lois Huffman

5. Date of Birth of Child (Month, day, year) May 9 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elroy Huffman
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Springfield, missouri (City or town) (State or foreign country)
14. Exact Occupation Sheepshearer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Inger Elizabeth Hill
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Parker, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Malheur } ss.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for Thirty-three years, and that Margaret (First name) Crespo (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Charlotte Kyger Signature
Nyssa, Oregon P. O. Address

Subscribed and sworn to before me this 13 day of March, 19 43.

(SEAL) Thaddeus Jennings, Notary Public, residing at Nyssa Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1943 by Mabel F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses ~~prescribed in Chapter 2, Title 39, Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915-216-044-439

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369124
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Moorehead Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 34 years 7 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Hellen Elizabeth Ransopher
5. Date of Birth of Child (Month, day, year) Sept 16, 1909
6. Sex female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd 3d
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elmer E. Ransopher
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace (City or town) Ohio (State or foreign country)
14. Exact Occupation Druggist
15. Industry or Business drug

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence B. McRoberts
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Bigelow (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington } ss.
County of Snohomish }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 34 years, and that Dr. G. Waterhouse (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence B Ransopher Signature
Box 1834 R.F.D. #4 Everett Wash. P.O. Address

Subscribed and sworn to before me this 23d day of March, 1943.

(SEAL) [signature], Notary Public, residing at Everett, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1943 by Mavel F Elder, Registrar.

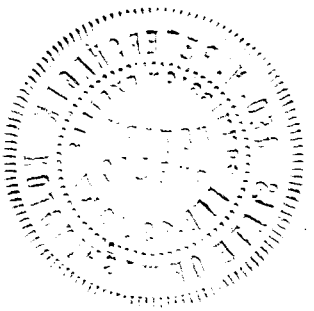
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



459-218-009-243 369151

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369151
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: --
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sagle, Idaho
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** MABEL Elvira DEROSHIA

5. Date of Birth of Child (Month, day, year) July 18, 1909

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Wallace Deroshia
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Piledriver
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Angeline Bullock
17. Color or Race Whi e
18. Age at time of THIS birth 23 yrs.
19. Birthplace S. Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that Dr. McKinnon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Angeline Deroshia Signature
Sagle, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of March, 1943

(SEAL) Francis J. Long, ~~Notary Public~~ Probate Judge, residing at Sandpoint

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 5 1943 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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735-207-019-853

369171

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369171
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Challis
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Challis
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Virginia Lee Glennon

5. Date of Birth of Child (Month, day, year) Nov. 7, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lawrence E. Glennon
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace American (City or town) Clark County, Missouri (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Virginia E. Hecox
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace American (City or town) Clark County, Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32½ years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L. E. Glennon
Signature

Pocatello, Idaho
P. O. Address

Subscribed and sworn to before me this 8th day of April, 19 43

(SEAL)

Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 8 - 1943 by Mary F. Edgar, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-12-044-253

369184

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369184
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Midvale
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Midvale
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Midvale, Idaho

4. **FULL NAME OF CHILD** VERNE LEROY DUNHAM

5. Date of Birth of Child (Month, day, year) Oct. 24-1909

6. Sex male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eugene Dunham
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Kekouk (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Beckman
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Badax (City or town) Michigan (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Union } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for since birth-34 years, and that Dr. Hewins (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma Dunham Signature
Elgin, Oregon P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1943.

(SEAL) NOTARY PUBLIC FOR OREGON My Commission Expires Feb. 19, 1945 Jesse Cruson, Notary Public, residing at Elgin, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

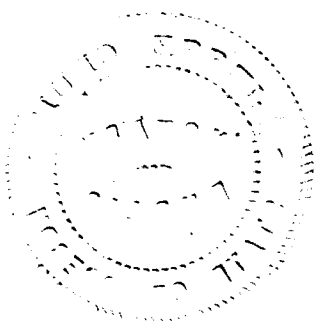
Received for filing on APR 12 1943 by Mary E. Eldon, Registrar.

APR 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



666-205-044-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369248
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County WASHINGTON (b) City INDIAN, VALLEY
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: OWN HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County WASHINGTON
   (c) City INDIAN VALLEY
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) INDIAN, VALLEY, IDAHO.

4. **FULL NAME OF CHILD** OLA, ADELPHIA, WOODS.

5. Date of Birth of Child (Month, day, year) SEPTEMBER, 5th 1909

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** HOMER, BLAINE, WOODS
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace INDIAN, VALLEY, IDAHO (City or town) (State or foreign country)
14. Exact Occupation FARMING.
15. Industry or Business FARMER.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CORA, LANE.
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs.
19. Birthplace COUNCIL IDAHO. (City or town) (State or foreign country)
20. Exact Occupation FARMING.
21. Industry or Business FARMER.

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child TWO (b) Born alive and now living TWO

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN, ALIVE (Born alive, stillborn) at HOME M. on the date and at the place stated above, and that personal particulars were furnished by SARAH, C, LANE (First name) (Last name), who is related as GRANDMOTHER (Mother, etc.)

25. Attendant's **OWN** signature Sarah C Lane M.D. Midwife Address Meridian Idaho Date March 31 1943

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

258-108-028-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369251

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth),
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Washington (b) County Pend Oreille
   (c) City Dalkena
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs. 0 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dalkena Wash.

4. **FULL NAME OF CHILD** Clarence A. Beyer

5. Date of Birth of Child (Month, day, year) Aug. 8, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leo O. Beyer

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Minnesota (City or town) Minn. (State or foreign country)

14. Exact Occupation Bookkeeper

15. Industry or Business Dalkena Lbr. Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Kennedy

17. Color or Race Anglo Saxon

18. Age at time of THIS birth yrs.

19. Birthplace Hutchison Minn. (City or town) (State or foreign country)

20. Exact Occupation Home wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Latah }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 34 years, and that Bell Kennedy (First name) (Last name), who attended this birth Mother cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leo O. Beyer Signature

Deary Idaho P. O. Address

Subscribed and sworn to before me this 20 day of March, 1943

(SEAL)

L. L. Brooke Notary Public, residing at Troy Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1943 by Mary E. Elder, Registrar.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2 94-130-010-533

369308

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 639 N. Water Ave.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 29 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 639 N. Water
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address same as above

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD John Walter Simpkins

5. Date of Birth (Month, day year) 5/30/09

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Neil Simpkins

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Lenoxshire, Scotland (City or town) (State or foreign country)

14. Exact Occupation Law Enforcement Officer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Della May Ellis

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Dickey, Idaho (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 31 1943 (Date received) (b) Maud E Lee (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, G.W.Wood, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) John Walter Simpkins (Name of person on certificate above) as Friend (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Tom Willson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

G.W.Wood Signature

Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 30 day of August, 19 41

(SEAL) Esther Stemke Notary Public, residing at Idaho Falls, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 6 1972
JUL 26 1974

APR. 16 1943

DELAYED REGISTRATION LAW

~~(1937 Session Laws, Chapter 139, Section 4)~~

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

28-211-012. 556

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369339
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Rexburg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ? years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Rexburg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 36 yrs. 4 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho.

4. **FULL NAME OF CHILD** Zelma Fern Sharp

5. Date of Birth of Child (Month, day, year) May 11, 1909

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis Sharp, Jr.,
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Smithfield, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Seymour Neff
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Madison } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy-five years of age, that I have known this person for thirty-three years, and that Dr. George Hyde (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Francis Sharp Jr Signature

Thornton, Idaho Rt. 1. P. O. Address

Subscribed and sworn to before me this 30th day of March, 19 43

(SEAL) Daniel Rides, Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1943 by Mary H Eden, Registrar.

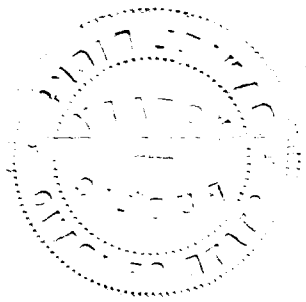
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



145-204-034-296

369362

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minodaka (b) City Heyburn
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minodaka
   (c) City Heyburn
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Heyburn, Idaho

4. **FULL NAME OF CHILD** Marian Etta Ames

5. Date of Birth of Child (Month, day, year) Nov. 4, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Solon Eugene Ames
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Essex (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zoe Brown
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace ~~Kate~~ Varner (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Zoe (First name) Ames (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Washington
County of Pierce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 27 years, and that Dr. (First name) Thompson (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Zoe Ramsdell. Signature
Lake Bay, Wash. P. O. Address

Subscribed and sworn to before me this 27 day of March, 1943

(SEAL) Clara Tillmans, Notary Public, residing at Lake Bay Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1943 by Mary E Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 5 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-104-003 - 463

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Idaho

No. 124 S. Johnson St.

Hospital at Home

Registration District No. ..... File No. 369367

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Charles K. Long

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
				July 4 (Month) (Day) 1909 (Year)

FATHER

FULL NAME Charles E. M. Long

RESIDENCE 124 S. Johnson, Pocatello, Idaho

COLOR White

AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Valparaiso, Indiana

OCCUPATION Dentist

MOTHER

FULL MAIDEN NAME Mabel Dalman Long

RESIDENCE 124 S. Johnson, Pocatello, Idaho

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed APR 2 1943 19.....

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 5 1943

DELAYED

465-128-002-695

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369452
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams.
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 56 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Norvel George Donoho.

5. Date of Birth of Child (Month, day, year) May 28th1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Elisha Donoho.
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Wellington (City or town) Texas (State or foreign country)
14. Exact Occupation Deceased
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Artie Donoho Winkler.
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Council (City or town) Idaho (State or foreign country)
20. Exact Occupation Cook
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Anderson (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Mary Anderson M.D. Midwife Address Council Date Idaho

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1943 by Mark Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

81-9-228-176.165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369460
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No. Route#1
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: all her life
   In **THIS** county 24 years 5 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No. Route #1
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Millie Mae Harris

5. Date of Birth of Child (Month, day, year) October, 28, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Archibald Harris
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Malad, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Mae Jones
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12:30A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Mae Jones Harris (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature D C Ray M.D. ~~Midwife~~ Address Pocatello Idaho Date 4-6-1943

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1943 by Mary F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1943

JAN 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

883-101-086-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369506
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No. RFD#1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 29 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ray Hill

5. Date of Birth of Child (Month, day, year) Dec. 1, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Hill
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phoebe Jones
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10P M. on the date and at the place stated above, and that personal particulars were furnished by Phoebe (First name) Hill (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho, County of Oneida } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 35 years, and that Mrs. Sarah Hughes (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

@Phoebe Jones Hill Signature

Malad RFD#1 Idaho P. O. Address

Subscribed and sworn to before me this 8th day of April, 1943.

(SEAL) ____, Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by Mavel F Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-207-024-268

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369510
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Gooding
   (c) Street Address or R.F.D. No. Box 102 - City
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Gooding
   (d) Street Address or R.F.D. No. Box 102 - City
   (e) How long has **MOTHER** lived in Idaho? 6 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Gooding, Idaho

4. **FULL NAME OF CHILD** Dorene Rosanna Heilinger

5. Date of Birth of Child (Month, day, year) April 7, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Samuel Heilinger
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Hamilton, Ohio (City or town) (State or foreign country)
14. Exact Occupation Janitor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Bohlander
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Erlenbach Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon, County of Clackamas } ss.

I, the undersigned, being first duly sworn, say that I am the Elizabeth Heilinger mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that Dr. Higgs (First name) (Last name), who attended this birth, wheresabouts unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Heilinger Signature

Oregon City, Oregon P. O. Address

Subscribed and sworn to before me this [illegible] day of [illegible], [illegible]

(SEAL) ....., Notary Public residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-[illegible] Idaho Code annotated)

Received for filing on APR 14 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date, such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

55-210-021-263

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369554
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston Idaho

4. **FULL NAME OF CHILD** Annie Evans

5. Date of Birth of Child (Month, day, year) Oct. 10. 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Isaac Bowen Evans
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Brigham City Box Elder Co Utah (City or town) (State or foreign country)
14. Exact Occupation Post master (1910)(1909.)
15. Industry or Business Representive To Legislature of Idaho

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie May Bolin
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace York South Carolina (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living Six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Salt Lake City Ut. } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59. years of age, that I have known this person for 34 years, and that Bessie May Bolin (First name) Evans (Last name), who attended this birth Mrs. Beaskstead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Bolin Evans Signature

P. O. Address

Subscribed and sworn to before me this 30th day of March 1943

(SEAL) R. A. Bolin, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1943 by Mary F Elders, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915-208-028-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

APR 15 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369607
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENAI (b) City COEUR D'ALENE
   (c) Street Address or R.F.D. No. 1601 Coeur d'alene ave
   (d) Name of Hospital or Maternity Home: At residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 11 months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County KOOTENAI
   (c) City COEUR D'ALENE
   (d) Street Address or R.F.D. No. 1601 COEUR D'ALENE
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) COEUR D'ALENE IDAHO

4. **FULL NAME OF CHILD** ESSIE MARYANN RANDALL

5. Date of Birth of Child (Month, day, year) AUGUST 8 1909

6. Sex FEMALE

7. Twin or Triplet TWIN If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ROCKLAND THOMAS RANDALL
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace NAPOLEON, OHIO (City or town) (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MABLE Celeste THORNBURGH
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace MILAN, KANSAS (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Dr (First name) Elderkin (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mable Celeste Randall Signature

Route 2 - Coeur d'alene P. O. Address

Subscribed and sworn to before me this 13 day of april, 1943

(SEAL) E. F. Ware, Notary Public, residing at Coeur d'alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1943 by Maud F. Elder, Registrar.

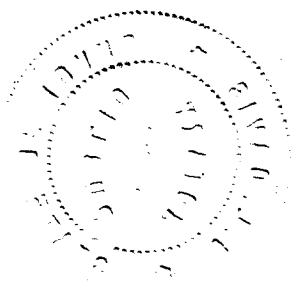
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



695-213-009-449

369626

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Clark Fork
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home, Residence
   (e) Mother's stay BEFORE delivery: IN THIS county years 6 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BONNER
   (c) City CLARK FORK
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 4½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Clark Fork Idaho

4. **FULL NAME OF CHILD** Esther Allean Fields

5. Date of Birth of Child (Month, day, year) Nov. 13, 1909

6. Sex Female

7. Twin or Triplet · If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Edgar Fields
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Latona (City or town) Jasper Co. Illinois (State or foreign country)
14. Exact Occupation War work in ordinance plant
15. Industry or Business Junk dealer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Maud Murphy
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Latona (City or town) Jasper Co. Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of Illinois } ss.
County of Jasper }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 55 years, and that Mrs (First name) Mead (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Maude Fields Signature

Paper City Illinois P. O. Address

Subscribed and sworn to before this 14th day of April 19 43

(SEAL) J. B. Smith Notary Public, residing at Paper City Ill

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 19 1943 by Maud E. Eldon, Registrar.

APR 1 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-219-006-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369645
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. Route #1
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No. Route #1
   (e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho

4. **FULL NAME OF CHILD** Donetta Jensen

5. Date of Birth of Child (Month, day, year) July 19 1909

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Franklin Jensen
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Lucretia Yancey
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Chesterfield (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living ~~Yes~~ 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Bingham }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Dr. Davis (First name) ____ (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Lucretia Yancey Jensen Signature
Blackfoot, Idaho R#1 P.O. Address

Subscribed and sworn to before me this 14 day of April, 1943

(SEAL)

Notary Public, residing at Blackfoot,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 19 1943 by Maud Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-103-001-217

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369647
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 711 Fort Street
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 10 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 711 Fort St.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Jerry Loraine Bagley Whiteley

5. Date of Birth of Child (Month, day, year) Sept. 3, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Whiteley
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Wire Chief
15. Industry or Business Bell Telephone Co of Idaho

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary V. Bagley
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Montpelier (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia~~ Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) 12.20 P M. on the date and at the place stated above, and that personal particulars were furnished by Mary V. Whiteley (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Dr. J. Springer M.D. Midwife Address unknown Address Boise, Idaho Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 33 years, and that Dr. J. Springer M.D. (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary V. Whiteley Signature
306 Hollywood Ave. Hallside, N. J. P. O. Address

Subscribed and sworn to before me this 12 day of April, 19 43

(SEAL) Gustav V. Catrillo Notary Public, residing at 59 Gregory St Jersey City, NJ.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 19 1943 by Maud Fiedler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 9 1943

AUG 27 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-213-001-236

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369649
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Eagle
(c) Street Address or R.F.D. No. Eagle R. Box Rte.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Yes years 6 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Blanche Dola Lietzke

5. Date of Birth of Child (Month, day, year) Feb. 13, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Henderson Lietzke
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Butler Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Beatrice Stover
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Buena Vista (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Monterey }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 34 years, and that Doctor Paine (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

aka Mrs. Nellie Beatrice Brewer.
Signature
431 Hyland Dr., Salinas, California
P. O. Address

Subscribed and sworn to before me this 2nd day of April, 19 43

(SEAL) Lillian M. Blades Notary Public, residing at Salinas, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 19 1943 by Mary F. Taylor, Registrar.

APR 1 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

663-27-003-991

369673

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Thatcher, Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home delivery
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Thatcher
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Thatcher, Idaho

4. **FULL NAME OF CHILD** Serena Folkman

5. Date of Birth of Child (Month, day, year) 6/17/1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Antone Folkman
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Plain City, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marian Doby Izatt
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Logan, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth and~~ including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 35 years, and that Emma (First name) Toone (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires April 8th, 1946.

Marian Doby Izatt Folkman Signature

Logan Utah R.F.D. P. O. Address

Subscribed and sworn to before me this 17th day of April, 1943

(SEAL) Edith W. Field, Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar for record in~~ the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

362-119-025-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369696
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City near Harpster
   (c) Street Address or R.F.D. No. 3 miles east of
   (d) Name of Hospital or Maternity Home: Harpster
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Harpster
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Iowa

4. **FULL NAME OF CHILD** Raymond George Cosand

5. Date of Birth of Child (Month, day, year) Feb. 19, 1909

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Cosand
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora B. Mc Comas
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Leadville Colorado (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Mid wife

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 a M. on the date and at the place stated above, and that personal particulars were furnished by Frank (First name) Cosand (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature Frank Cosand M.D. Midwife
Address 245 west 69 street Los-Angeles Calif
Date 4/17.43.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Los-Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 65 years, and that ____ (First name) ____ (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Frank Cosand Signature
245 West 69 Street Los-Angeles Calif Address

Subscribed and sworn to before me this 17th day of April, 19 43

(SEAL)

June Gamble, Notary Public, residing at Los Angeles Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1943 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or ~~in case of failure~~ to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-208-001-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369699
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Eagle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Ethel Frances Bush

5. Date of Birth of Child (Month, day, year) 2/8/1909

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 2nd. 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward E. Bush
11. Color or Race white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Ladonia (City or town), Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Bush (Krieg)
17. Color or Race white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Boise (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Napa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (also adopted father) guardian (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 28 years, and that Dr. J. E. Froom (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John P. Walker Signature
St. Helena, California P. O. Address

Subscribed and sworn to before me this 6th day of April, 1943.

(SEAL) Louis O. Vascom Notary Public, residing at St. Helena, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC, In and for the County of Napa, State of California

Received for filing on APR 21 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 22 1943

JAN 23 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-209. 021-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369704
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items of time of this birth)
   (a) County [redacted] (b) City Preston -
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) PRESTON, Idaho

4. **FULL NAME OF CHILD** MYRTLE HELEN JOHNSON

5. Date of Birth of Child (Month, day, year) August 9, 1909

6. Sex female

7. Twin or Triplet ✓ No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Julius Johnson

11. Color or Race white

12. Age at time of THIS birth 33 yrs.

13. Birthplace Barne (City or town) Minneasota (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marian Jensen

17. Color or Race white

18. Age at time of THIS birth 38 yrs.

19. Birthplace Lora (City or town) Denmark (State or foreign country)

20. Exact Occupation housewife -

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Franklin } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 33 years, and that Dr. Allen R. Cutler (First name) Sr. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julius Johnson Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of March, 1943

(SEAL) Ben R. Johnson, Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1943 by Mary E. Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-226.022-463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369706
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Farnum, Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Farnum, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Farnum, Idaho

4. **FULL NAME OF CHILD** Vivienne Brower

5. Date of Birth of Child (Month, day, year) Apr. 26, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Samuel Brower
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Richmond, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Dotter
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Utah
County of Davis
} ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that Dr. Young (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Wm S. Brower Signature

Roy, Utah P. O. Address

Subscribed and sworn to before me this 17 day of April, 1943

(SEAL)

Ruby B Abbott Notary Public, residing at Layton Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1943 by Mary F Eldredge, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 2 1968

MAY 3 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-229025-136

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370767
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Winona
   (c) Street Address or R.F.D. No. ---
   (d) Name of Hospital or Maternity Home: ------
   (e) Mothers stay **BEFORE** delivery: In **THIS** county four years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Winona
   (d) Street Address or R.F.D. No. ----
   (e) How long has **MOTHER** lived in Idaho? four yrs.

3. **RESIDENCE OF FATHER** (city, state) Winona, Idaho

4. **FULL NAME OF CHILD** Thelma O'Neil Patterson
5. Date of Birth of Child (Month, day, year) August 29, 1909
6. Sex female
7. Twin or Triplet single If so—born 1st, 2nd, 3rd x
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Washington Patterson
11. Color or Race white
12. Age at time of THIS birth 54 yrs.
13. Birthplace Russelville (City or town) Alabama (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Georgianna Atwood
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Laurens (City or town) South Carolina (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child seven (b) Born alive and now living 6 in '09

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Butte } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 33 years, and that Dr George Stockton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susie A Patterson Signature
Box 287 A Route 2, Oroville, Cal. P. O. Address

Subscribed and sworn to before me this 20th day of April, 1943.
(SEAL) Harry S. Hills, Notary Public, residing at Oroville, Butte County, California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1943 by Maud E Elder Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be~~ received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

884-210016-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370783
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CASSA (b) City Albion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born in Parent's Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County CASSA
   (c) City Albion
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Pearl Elizabeth Hymas

5. Date of Birth of Child (Month, day, year) October-10-1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur James Hymas
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Liberty (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cordelia Davis
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Monteazuma (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No Remedy needed
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12 P. M. on the date and at the place stated above, and that personal particulars were furnished by Cordelia Davis Hymas (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Cordelia Davis Hymas ~~M.D.~~ ~~Midwife~~ Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that Rose Hymas (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Cordelia Davis Hymas Signature
1303 - 32nd So. Salt Lake city Utah P. O. Address

Subscribed and sworn to before me this 17th day of April, 1943.

(SEAL) E. L. Marihart, Notary Public, residing at 620 So Normandie Los Angeles Calif.

My Commission Expires August 10th, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1943 by Mary F. Elgin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269 228028 364

370833

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENAI (b) City COEURD'ALENE
   (c) Street Address or R.F.D. No. 600 blk. Riverside
   (d) Name of Hospital or Maternity Home: unknown
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State about 7yrs (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lorene Marie Clarice Boivin

5. Date of Birth of Child (Month, day, year) Nov. 28, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ludger Boivin
11. Color or Race White
12. Age at time of THIS birth about 32 yrs.
13. Birthplace Winnepeg (City or town) Canada (State or foreign country)
14. Exact Occupation Mill worker
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Celima Toupin
17. Color or Race White
18. Age at time of THIS birth about 25 yrs.
19. Birthplace Terribon (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Kootenai } ss.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 33 years, and that Unknown (First name) ____ (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward C. Boivin Signature
1063 St Maries
Coeur d'Alene Ida. P. O. Address

Subscribed and sworn to before me this 10th day of April, 1943

(SEAL)

M. C. Frandsen, Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1943 by Mary F. Ledeer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 14 1970

APR 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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523-221-004-245

370835

United States
Department of Commerce APR 26 1943
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Paris
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 36 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Paris
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) Paris, Idaho

4. **FULL NAME OF CHILD** Melba Eschler

5. Date of Birth of Child (Month, day, year) Nov. 21, 1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Gottfried Eschler
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Boltigen, Bern, Switzerland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Kunz
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Zwischenflush, Bern, Switzerland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Rose K. Eschler (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. W. Fayward M.D. ~~Midwife~~ Address Logan, Utah Date Apr. 13-43

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1943

DEC 3 1974

MAR 10 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau~~ of ~~Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

435-125003-165

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 26 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370842
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 10 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Priest River Ida.

4. FULL NAME OF CHILD James Keith McEwan

5. Date of Birth of Child (Month, day, year) June 25, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sherwood S. McEwan

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Angelica (City or town) Wisconsin (State or foreign country)

14. Exact Occupation Forest Ranger

15. Industry or Business U.S. Forest Service

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie May Jones

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Shippen (City or town) Penn. (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bonner }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that Dr. Bowden (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie May McEwan Signature
Priest River Idaho P. O. Address

Subscribed and sworn to before me this 23 day of April, 1943

(SEAL) Warren Jones Notary Public, residing at Priest River, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public residing at Priest River, Idaho
My Commission Expires July 1, 1946

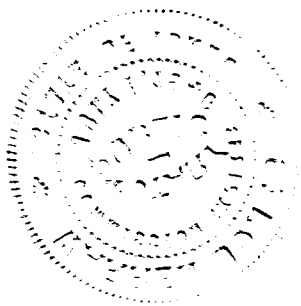
Received for filing on APR 26 1943 by ____, Registrar.

APR 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



455 229 005-751

United States
Department of Commerce
Bureau of the Census

APR 26 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370872
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City De Smet
   (c) Street Address or R.F.D. No. Star Route
   (d) Name of Hospital or Maternity Home: Born on Farm
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City De Smet
   (d) Street Address or R.F.D. No. Star Route
   (e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ruth Geraldene Deno

5. Date of Birth of Child (Month, day, year) June.29,1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alex Deno
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace San Jose, California. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Peavy
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Liberty Lake, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Six (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10 A M. on the date and at the place stated above, and that personal particulars were furnished by Alice (First name) Frecka (Last name), who is related as Aunt (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Whitman } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Frecka Signature

Tekoa, Wash. P. O. Address

Subscribed and sworn to before me this 14 day of April, 1943

(SEAL) [signature], Notary Public, residing at Tekoa, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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745-229 p40-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370903
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County SHOSHONE (b) City KELLOGG
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County SHOSHONE
   (c) City KELLOGG
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) KELLOGG, IDAHO

4. **FULL NAME OF CHILD** Ruth Irene Gunderson

5. Date of Birth of Child (Month, day, year) June 29, 1909

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** OLE C. GUNDERSON
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace NORWAY (City or town) (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARTHA BELL LAY
17. Color or Race WHITE
18. Age at time of THIS birth 38 yrs.
19. Birthplace INDIAN TERRITORY ARKANSA (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature J. R. Mason, M.D. Midwife Address Kellogg, Ida. Date 4/24-43

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1943 by Maud F. Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764105038-364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370910
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette Ida.

4. **FULL NAME OF CHILD** Arvin Elijah Pounder

5. Date of Birth of Child (Month, day, year) 6/5/09

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elijah Pounder
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Coulter
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Bethel, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 33 years, and that Dr. O. H. Avey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Pounder Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of April, 19 43.

(SEAL) John T. Kenward Notary Public, residing at Payette, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1963

APR 2 9 1943

JUN 15 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

599-115009 456

370938

United States
Department of Commerce
Bureau of the Census

APR 30 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
~~STATE~~ OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Blanchard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Blanchard
(d) Street Address or R.F.D. No. Post Office Bx.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Blanchard Idaho

4. FULL NAME OF CHILD DeWitt Freeman Friend

5. Date of Birth of Child (Month, day, year) July 15 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ralph R. Friend
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Friendsville (City or town) Maryland (State or foreign country)
14. Exact Occupation Storekeeper
15. Industry or Business Grocery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Belle DeWitt
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Oakland (City or town) Maryland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Ohio
County of Summit } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Clara Friend DeWitt Signature
38 Cook St. Akron, Ohio. P. O. Address

Subscribed and sworn to before me this 27 day of February, 1943
(SEAL) Francis A. Gardner Notary Public, residing at Akron Ohio
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 - 1943 by Mary F. Leder, Registrar.

Francis A. Gardner, Notary Public
My Commission Expires Feb. 18, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319 107014 249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370945
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. 3
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county two years three months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? two yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

4. **FULL NAME OF CHILD** Claude Raymond Carter

5. Date of Birth of Child (Month, day, year) May 7th, 1909

6. Sex male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Raymond Carter
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Gresham (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Evelyn Smith
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Tekamah (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California
County of Humboldt } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty nine years of age, that I have known this person for thirty three years, and that Dr. (First name) Miller (Last name), who attended this birth unable to locate (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Evelyn Carter Signature
22-23 N. St Eureka Calif. P.O. Address

Subscribed and sworn to before me this 21st day of April, 1943

(SEAL) ..... Notary Public, residing at Eureka, Humboldt Co., California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 - 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

dup of 1909-25713

BOTH DELAYED IF WHICH BIRTHDAY IS CORRECT

168-108013-313

370950

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 3 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370950
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CAMAS (b) City SOLDIER
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CAMAS
   (c) City SOLDIER
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) SOLDIER IDAHO

4. **FULL NAME OF CHILD** EVERTON CALDWELL JOHNSTON

5. Date of Birth of Child (Month, day, year) DECEMBER 8 1909

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** LLEWELLYN HENRY JOHNSTON
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace MOUNT FOREST, ONTARIO, CANADA. (City or town) (State or foreign country)
14. Exact Occupation PHYSICIAN
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELMA WILHELMINA CALDWELL
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace HUNTINGDON QUEBEC, CANADA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum SILVER NITRATE
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Iowa
County of Page } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that DR. ROBERT (First name) ELDER (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elma W. Johnston Signature

Clarinda Ia P. O. Address

Subscribed and sworn to before me this 30 day of April 1943

(SEAL) A. L. Glendenning Clerk Dist. Court, Notary Public, residing at Clarinda Ia

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1943 by Mavel H Calder, Registrar.

MAY 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370982
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Harpster
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 37 years 9 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Harpster
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Harpster, Idaho

4. **FULL NAME OF CHILD** Grace Caroline Adams

5. Date of Birth of Child (Month, day, year) Nov. 17, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Stephen Lester Adams
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Pittsburg, (City or town) Illinois (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Merchandise

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Henrietta Miller
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace North Branch, (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 33 years, and that Mrs. Tom (First name) Surrige (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nathan Carl Adams Signature
South Gate, California P. O. Address

Subscribed and sworn to before me this 22 day of April 1943 My Commission Expires January 29, 1946.

(SEAL) Mittie Thogard, Notary Public, residing at South Gate

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-206 042 443

United States
Department of Commerce
Bureau of the Census

MAY 3 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370983
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ~~Elmore~~ Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years Six months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Six yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Elizabeth Starmer
5. Date of Birth of Child (Month, day, year) Aug 6th 1909
6. Sex Female Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy nine
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles E Starmer
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Stewartville (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Muller
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Akureyri (City or town) Iceland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Minnesota
County of Hennepin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 33 years, and that Dr Graham (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary M. Starmer Signature
4709 Third ave So Minneapolis Address

Subscribed and sworn to before me this 28th day of April, 1943

(SEAL) A. Lellienskiold, Notary Public, residing at 5512 - Clinton Minn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1965

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-205037-318

371000

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Nr. Bruneau
   (c) Street Address or R.F.D. No. — At home
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county life years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Nr. Bruneau
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? Life yrs.

3. **RESIDENCE OF FATHER** (city, state) Nr. Bruneau, Idaho

4. **FULL NAME OF CHILD** SARAH JANE BROWN

5. Date of Birth of Child (Month, day, year) Oct. 5, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jessie Cleveland Brown
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace San Bernardino Co., Calif. (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Jeff Waterhouse

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertie May Hayes
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Owyhee Co., Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Humboldt } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-three years of age, that I have known this person ~~x~~ since birth ~~xxx~~, and that Adeline (First name) Johnson (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further states that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Bertie May Brown Signature

1505 4th St., Eureka, Calif. P. O. Address

Subscribed and sworn to before me this 29th day of April, 1943

(SEAL) Olive Redmond, Notary Public, residing at Humboldt Co California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1943 by Mark F. Feder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 3 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371017
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Gooding
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born in home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Gooding
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 mo yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** William Edgar Brown

5. Date of Birth of Child (Month, day, year) Sept. 2-1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edgar Walter Brown
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Hazelton (City or town) Pa. (State or foreign country)
14. Exact Occupation Clerk- (at that time)
15. Industry or Business Hardware

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan McCutcheon Brown
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Springfield (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at noon M. on the date and at the place stated above, and that **personal** particulars were furnished by Susan M. Brown (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Effie L. Mourne M.D. Midwife Address Gooding Idaho Date April 27- 43

AFFIDAVIT

State of California
County of San Francisco } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for all his life years, and that ..... (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan M. Brown Signature

440 Geary St San Francisco P. O. Address

Subscribed and sworn to before me this 31 day of March, 19 43

(SEAL) (Edith B Jack) Notary Public, residing at San Francisco

(Note: Perjury is punishable as a felony in Idaho (Sec. 17-2914 Idaho Code Annotated.)

NOTARY PUBLIC IN AND FOR THE CITY AND COUNTY OF SAN FRANCISCO, STATE OF CALIFORNIA

MY COMMISSION EXPIRES AUGUST 20, 1943

Received for filing on MAY 3 1943, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. 703 Shoshone St.N.
   (d) Name of Hospital or Maternity Home: None. Born in home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years 4 months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. 703 Shoshone St.N.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Idaho

4. **FULL NAME OF CHILD** John Hansen Hayes

5. Date of Birth of Child (Month, day, year) 12-18-1909.

6. Sex male

7. Twin or Triplet Twin — If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Edward Hayes.
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Kirkwood, Missouri. (City or town) (State or foreign country)
14. Exact Occupation Civil Engineer.
15. Industry or Business Engineering and construction.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elizabeth Hansen.
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Rockcreek, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife--Teacher.
21. Industry or Business Home maker.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth ~~and including~~ this child two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by Anna H. Hayes (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife Address 691 Shoshone St.N. Twin Falls, Idaho. Date 4/22/43.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Twin Falls }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 33 years, and that Henry W. Clouchek M.D. (First name) (Last name), who attended this birth is diseased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna H. Hayes Signature

691 Shoshone N. Twin Falls, Ida. P.O. Address

Subscribed and sworn to ~~before me this~~ 23rd day of April, 19 43.

(SEAL) ____, Notary Public, residing at Twin Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 - 1943 by Maud E. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 7 1943

JUN 4 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 5 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 371072
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Bancroft
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Bancroft
   (d) Street Address or R.F.D. No. Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Bancroft, Idaho

4. **FULL NAME OF CHILD** Alfred William Gortcinsky

5. Date of Birth of Child (Month, day, year) May 17, 1909

6. Sex male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd First

8. No. months of Pregnancy 7

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rudolph Martin Gortcinsky
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Berlin (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emelia Dattge
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Dept. of Hessen Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 33 yrs years, and that cannot be located (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily Gortcinsky Signature

Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of April, 19 43

(SEAL) Fannie Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1943 by Mary F. Felger, Registrar.

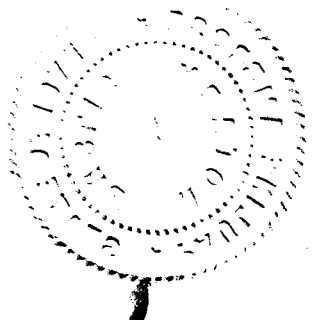
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371107
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City PRINCETON.
   (c) Street Address or R.F.D. No. UNKNOWN
   (d) Name of Hospital or Maternity Home: FAMILY HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City PRINCETON
   (d) Street Address or R.F.D. No. UNKNOWN
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) PRINCETON IDAHO

4. **FULL NAME OF CHILD** CHESTER LLOYD WARFIELD

5. Date of Birth of Child (Month, day, year) SEPT. 3RD 1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ARTHUR WILLIAM WARFIELD
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace ASOTIN (City or town) WASHINGTON (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ELIZABETH MOATS
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace TRAER (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that ..... (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lulu Livingston Signature

..... P. O. Address

Subscribed and sworn to before me this 5th day of May, 1943

(SEAL) A J Wernecke, Notary Public, residing at Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 10 1943 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County..Bingham.. (b) City..Moreland..
(c) Street Address or R.F.D. No..no street no..
(d) Name of Hospital or Maternity Home:
..Home..
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years ? months ? days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State..Idaho.. (b) County..Bingham..
(c) City ..Moreland,..
(d) Street Address or R.F.D. No..No street no..
(e) How long has **MOTHER** lived in Idaho?..5..yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD..Erving Elroy Farnsworth..

5. Date of Birth of Child (Month, day, year)..6/1/09..

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd nil

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**..Parley Elroy Farnsworth..
11. Color or Race..White.. 12. Age at time of THIS birth..26..yrs.
13. Birthplace..Utah.. (City or town) (State or foreign country)
14. Exact Occupation ..Laborer..
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME**..Alice Levina Higgins..
17. Color or Race..White.. 18. Age at time of THIS birth..21..yrs.
19. Birthplace..West Jordan.. (City or town) ..Utah.. (State or foreign country)
20. Exact Occupation ..Housewife..
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..1.. (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of..California.. } ss.
County of..Santa Clara.. }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..Mother..(Mother, etc.) of the person whose name appears in Item 4, above, that I am now..55..years of age, that I have known this person for..all his life..years, and that ..Brown.. (First name) (Last name), who attended this birth..cannot be located.. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

√ Alva L Farnsworth ..... Signature

465 Atlanta , San Jose, Calif. ..... P. O. Address

Subscribed and sworn to before me this..26th..day of..April.., 19..43..

(SEAL) Ella H Ballard ..... Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC IN AND FOR THE COUNTY OF SANTA CLARA, STATE OF CALIFORNIA. MY COMMISSION EXPIRES APRIL 9, 1945.

Received for filing on MAY 10 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

MAY 10 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Craigmont
   (c) Street Address or R.F.D. No. Ilo, now Craigmont.
   (d) Name of Hospital or Maternity Home: None - in the home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Ilo, now Craigmont.
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? eight yrs.

3. **RESIDENCE OF FATHER** (city, state) Ilo, now Craigmont.

4. **FULL NAME OF CHILD** LESTER LAWRENCE HARDIN.

5. Date of Birth of Child (Month, day, year) March 16, 1909.

6. Sex Male

7. Twin or Triplet neither

If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Thomas Jefferson Hardin
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Jane Goss.
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Viny Grove (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child Seven (b) Born alive and now living Six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington, County of Walla Walla. } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 36 years, and that Mrs. Gus (First name) Patton (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Jane Hardin Signature

Walla Walla, Washington. P. O. Address

Subscribed and sworn to before me this 16th day of April, 19 43.

(SEAL) ____, Notary Public, residing at Walla Walla, Wn.

(Note: Perjury is punishable as a felony in ~~Idaho~~ see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 10 1943 by ____, Registrar.

MAR 3 0 1970

FEB 2 0 1976

MAY 1 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3/7 229 028 244

United States
Department of Commerce
Bureau of the Census

MAY 10 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child.)

State File No. 371128
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Lane
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 3 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Lane
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lane, Idaho

4. **FULL NAME OF CHILD** Clarissa Mae Lapp

5. Date of Birth of Child (Month, day, year) Nov. 29, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Alfred Lapp
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Ontario (City or town) Canada (State or foreign country)
14. Exact Occupation logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Mae Sumner
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Berlin (City or town) Michigan (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 33 years, and that LAM (First name) Mrs. (Last name) Hodge, who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts in the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lillie M Lapp — Signature
Lane Idaho — P. O. Address

Subscribed and sworn to before me this 23 day of April, 1943.

(SEAL) — Jno. E. Mac Post Master, Notary Public, residing at Lane Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Commission expires May 6, 1948

Received for filing on MAY 10 1943 by Lillie M. Lapp Deputy Registrar, Preston, Idaho.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-126-036 331

371142

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 10 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Spencer Clausen Condie

5. Date of Birth of Child (Month, day, year) Nov 26 1909

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gideon Condie
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Croydon Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Christinia Clausen
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Preston Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 1:20 M. on the date and at the place stated above, and that personal particulars were furnished by Carrie Condie (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Dr. (First name) Kern (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Christian Condie Signature

Preston, R. F. D. 1, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of April, 1943.

(SEAL) P M Condie Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 10 1943 by Mary E Elder, Registrar.

MAY 13 1943

MAR 12 1968

MAR 21 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

731 208044 255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371143
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washe (b) City Cambridge
   (c) Street Address or R.F.D. No. Cambridge Idaho
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Wash.
   (c) City Cambridge
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cambridge Ida

4. **FULL NAME OF CHILD** Edith Christine Gladhart

5. Date of Birth of Child (Month, day, year) Dec. 8, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter Michael Gladhart
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Erie, Pa. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alma Kennedy
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace James Port, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child One. (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8. P M. on the date and at the place stated above, and that personal particulars were furnished by Mary Gladhart (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature T. A. Schmidt M.D. ~~Midwife~~ Address Weiser Idaho Date 4-30-43

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

792-119-014-493

371144

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371144
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No. Payette, Idaho
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county One years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Payette
   (d) Street Address or R.F.D. No. Payette, Idaho
   (e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Idaho

4. **FULL NAME OF CHILD** Lester Clarence Gissel

5. Date of Birth of Child (Month, day, year) November 19, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Soren Gissel
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Grenaa, (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sina Nickelsen
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Belgrade, (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Sina (First name) Gissel (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Inell Dinsmore ~~M.D.~~ Midwife Address Payette, Idaho Date 5/5/43

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1943 by Mary E Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-219040-269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 371149
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Shoshone (b) City Wardner.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In THIS county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City Wallace
   (d) Street Address or R.F.D. No. Bank 171
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Agnes Elizabeth Thompson.

5. **DATE OF BIRTH** (Month, day, year) Oct. 19-1909

6. Sex Female

7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Francis Thompson

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Helena (City or Town) Montana (State or foreign country)

14. Exact Occupation Machinist

15. Industry Business Foundry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Parker Swinnerton

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Eagle Grove (City or Town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN signature** F. R. Mason. M.D. (D.O., Midwife, etc.)
and address Kellogg, Ida. Date 4/5-43.

26. (a) MAY 13 1943 (Date received) (b) Mary Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

MAY 1 3 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

249 218001-249

United States
Department of Commerce
Bureau of the Census

JUN 1 1943

(Be sure the information is as of date of birth of THIS child) 371229

State File No. 371229
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. 1515 NO. 17
(d) Name of Hospital or Maternity Home: 1515 NO. 17 (HOME)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5½ years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. 1515 NO. 17
(e) How long has **MOTHER** lived in Idaho? 5½ yrs.

3. RESIDENCE OF FATHER (city, state) BOISE IDAHO

4. FULL NAME OF CHILD JOSEPHINE HARRIET BURNS
5. Date of Birth of Child (Month, day, year) JULY 18, 1909
6. Sex FEMALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** ERWIN LESTER BURNS
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace GREENE COUNTY WISCONSIN (City or town) (State or foreign country)
14. Exact Occupation DENTIST
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** THEA BURGESON
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace PERRY - DANE COUNTY - WISCONSIN (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Credes Sol.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature John Bouk M.D. Midwife Address Boise Ida Date June 8 43

State of MINNESOTA
County of HENNEPIN } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 33 years, and that JOHN BOUCK, M. D. (First name) (Last name), who attended this birth ~~CANNOT BE REACHED BY ME~~ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thea Burgeson Burns Signature
4324 Xerxes Av-SO P. O. Address

Subscribed and sworn to before me this 28 day of May, 1943
(SEAL) Don B. Eckes Notary Public, residing at Mpls, Minn.
DON B. ECKES Notary Public, Hennepin County, Minn. My Commission Expires May 1, 1945
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 36, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-231030-595

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371260
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Carmen
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 17 months 1 days 6

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Carmen
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yr. 1 mo. 6 da. yrs.

3. **RESIDENCE OF FATHER** (city, state) Carmen, Idaho

4. **FULL NAME OF CHILD** Ethel Mae Myrtle Rooke

5. Date of Birth of Child (Month, day, year) October 31, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Otto Rooke
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Duluth (City or town) Minn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Mae Niemann
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Carmen (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 33 years, and that DR. (First name) WHITWELL (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Rooke McCracken Signature

CARMEN, IDAHO P. O. Address

Subscribed and sworn to before me this 5th day of MAY, 19 43.

(SEAL) Maurine C. McBride, Notary Public, residing at SALMON, IDAHO

(Note:—Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 17 1943 by Mabel H. Elder, Regis

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 0 1969

MAY 1 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to such ~~date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955 117014-566

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371263
Local Reg. No.
Reg. Dist. No.

MAY 12 1943

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. R. 7 D.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN THIS county 7 years ✓ months ✓ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. R. 7 D.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Walter Monroe Reeser

5. Date of Birth of Child (Month, day, year) April 17, 1909

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jacob Reeser
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Eureka (City or town) Illinois (State or foreign country)
14. Exact Occupation Carpenter & Farmer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Nofziger
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Archbold (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon
County of Linn } ss.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 34 years, and that Fanny Ulrich (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ed L Reeser Signature

539 E. 1st Albany Oregon P. O. Address

Subscribed and sworn to before me this 10 day of May, 1943

(SEAL) E. B. Williamson Notary Public, residing at ____

My commission expires Feb. 9th, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 12 1943 by Mary F. Eldure, Registrar.

MAY 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

219 116 014 119

United States
Department of Commerce
Bureau of the Census

MAY 13 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371269
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Middleton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Middleton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Oscar Sidney Barnett
5. Date of Birth of Child (Month, day, year) 2/16/09
6. Sex male
7. Twin or Triplet
   If so—born 1st, 2nd, 3rd 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bird Lawrence Barnett
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Bellplain (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Lee Jarvis
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Teedsiding (City or town) Wyoming (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nebraska
County of Lancaster } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 34 years, and that Do not remember name (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Lee Barnett Signature
5002 Sherwin, Lincoln Neb P. O. Address

Subscribed and sworn to before me this 5th day of May, 1943.

(SEAL) Selma H Walnaood, Notary Public, residing at Heckman Neb

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

818-220016-266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371280
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. Rt.1 Box 31
(d) Name of Hospital or Maternity Home: Home delivery
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley, Ida.

4. **FULL NAME OF CHILD** Goldie Rebecca Haynes
5. Date of Birth of Child (Month, day, year) 9/20/09
6. Sex female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Barber Haynes
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Tooele, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Richards Bowen
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Tooele, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that D.P.Oldahm (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Margaret Richards Bowen Haynes Signature

Route 1 Box 31 Oakley, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of January, 1943

(SEAL) C.G. Larson Notary Public, residing at Oakley Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 18 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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834 101 020 139

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

MAY 17 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371298
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mtn. Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mtn. Home
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mtn. Home, Idaho

4. **FULL NAME OF CHILD** JOHN YTURRI

5. Date of Birth of Child (Month, day, year) Jan. 1, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** VICTOR YTURRI
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Viscaya Provine, Spain (City or town) (State or foreign country)
14. Exact Occupation Proprietor of Grocery store
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christina Alzola
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Viscaya Province, Spain (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Nevada
County of Clark } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 34 years, and that Dr. J.W. Mather (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina Yturri Signature

14 E. Clark Ave., Las Vegas, Nevada P.O. Address

Subscribed and sworn to before me this 13th day of May, 19 43

(SEAL)

Notary Public, residing at Las Vegas, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3914, Idaho Code Annotated.)

Received for filing on MAY 17 1943 by Mary F Elder, Registrar.

MAY 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has~~ occurred ~~subsequent~~ to ~~such date, such report~~ may be ~~received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-111-004-243

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 371307
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier Idaho.

4. **FULL NAME OF CHILD** Leo Robert Kunz,

5. Date of Birth of Child (Month, day, year) 9/11/1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Kunz
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Baltigen, Switzerland. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Sutter
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Bern, Switzerland. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none that I know of.

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for all his life years, and that Mrs. Chas. Bridges (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Sutter Kunz Signature

Pegram, Idaho, P. O. Address

Subscribed and sworn to before me this 13th day of May, 1943

(SEAL) Chas E Evans, Notary Public, residing at Montpelier, Idaho.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1943 by Mark Fulton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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396-220-016-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372368
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Rupert
   (c) Street Address or R.F.D. No. R.F.D
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Rupert
   (d) Street Address or R.F.D. No. R.F.D
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Loaina Frankie Trowbridge

5. Date of Birth of Child (Month, day, year) July 20, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank H. Trowbridge
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Oberlin (City or town) Ohio (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Burrell
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Crystal Lake (City or town) Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Florence Trowbridge (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Doctor (First name) Patterson (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Trowbridge Signature

615 West Holly Ave. El Segundo, California P. O. Address

Subscribed and sworn to before me this 14th day of MAY, 1943

(SEAL) [signature] Notary Public, residing at El Segundo Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC. 1 1976

MAY 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

C54-217-201-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 372381
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Edith Neumeyer

5. Date of Birth of Child (Month, day, year) Jan. 17, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bruce Neumeyer
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Bedford (City or town) Iowa (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Anna Robinson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Bedford (City or town) Iowa (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Francisco } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person f[redacted]ce Birth years, and that [redacted] (First name) (Last name), who attended this birth (Is [redacted] or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire [redacted] this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Monroe Robinson Signature
864 - Ellis St. P. O. Address

My Commission [illegible] Dec. 31, 1943

Subscribed and sworn to before me this 17 day of May, 1943

(SEAL) Steven Cohen, Notary Public, residing at 1337 Pork St San Francisco

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1943, by Mary [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 25 1956

MAY 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-203-006-276

372393

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAY 20 1943

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Firth
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Firth
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Firth-Idaho

4. FULL NAME OF CHILD Edith Marion Marie Lofquist

5. Date of Birth of Child (Month, day, year) Oct 3-1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Gustaf Leanard Lofquist

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Smoland (City or town) Sweden (State or foreign country)

14. Exact Occupation Minister

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christina Spanberg

17. Color or Race White

18. Age at time of THIS birth 43 yrs.

19. Birthplace Vestervich (City or town) Sweden (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 12 P.M. on the date and at the place stated above and that personal particulars were furnished by Judith M.D. Ouse (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature Judith M. Ouse M.D. Midwife Address 11518 Poway st State Calif Feb 27-43

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Calif. } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 34 + 6 years, and that Di Steele (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Judith M. Ouse Signature

MY COMMISSION EXPIRES SEPT. 11, 1946 11518 Poway st. La. Cal. P.O. Address

Subscribed and sworn to before me this 27 day of Feb., 1943

(SEAL) David W. Richards Notary Public, residing at Los Angeles Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1943 by DAVID W. RICHARDS County Recorder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915-205-028-569

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 24 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 372434
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENAI (b) City COEURD'ALENE
   (c) Street Address or R.F.D. No. 1601 COEURD'ALENE
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 11 months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County KOOTENAI
   (c) City COEURD'ALENE
   (d) Street Address or R.F.D. No. 1601 COEURD'ALENE
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) COEURD'ALENE IDA.

4. **FULL NAME OF CHILD** EFFIE Cleste R[illegible]DALL (Randall)

5. Date of Birth of Child (Month, day, year) August 4 1909

6. Sex FEMALE

7. Twin or Triplet TWIN If not—born 1st, 2nd, 3rd 1

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ROCKLAND THOMAS RANDALL

11. Color or Race WHITE

12. Age at time of THIS birth 42 yrs.

13. Birthplace NAPOLEON OHIO (City or town) (State or foreign country)

14. Exact Occupation CARPENTER

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MABLE CLESTE THORNBURG

17. Color or Race WHITE

18. Age at time of THIS birth 24 yrs.

19. Birthplace MILAN KANSAS (City or town) (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Kootenai } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Dr. Elderkin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mable Cleste Randall Signature

Route 1 Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 21st day of May, 1943.

(SEAL) L. L. Davis, Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 24 1943 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1971

MAY 27 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-223-036-781

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372442
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Onida (b) City Preston
(c) Street Address or R.F.D. No. General Del.
(d) Name of Hospital or Maternity Home: Home Confinement
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Onida
(c) City Preston
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Willa May Allen

5. Date of Birth of Child (Month, day, year) March 23, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alexander Charles Allen
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Weston Idaho (City or town) (State or foreign country)
14. Exact Occupation Plaster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel May Chapman
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Croyden Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Rachel May Chapman. Signature
3386 - Virginia - Lynwood - P. O. Address

Subscribed and sworn to before me this 21st day of May, 1943.

(SEAL) Gertrude C. Harris Notary Public, residing at Lynwood - Calif.

(Note: Perjury is punished by [illegible] see [illegible] Idaho Code Annotated.)

GERTRUDE C. HARRIS, Notary Public
MY COMMISSION EXPIRES JAN. 12, 1947

Received for filing on MAY 27 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-223-00-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372459
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Family home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Jesse Bell Helene Permenter

5. Date of Birth of Child (Month, day, year) Oct 23 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Lee Permenter
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Working on Public Works
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Alatha Barr
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Neosho Missouri (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Clackamas } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that Washington (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Alatha Barr Permenter
Ballston Oregon P. O. Address

Subscribed and sworn to before me this 22nd day of May 22, 1943

(SEAL) C B. Teefle, Notary Public, residing at Gladstone Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expired 3-22-45

Received for filing on JUN - 2 1943 by Mavel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-229-044-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372465
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Cambridge
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months 6 days 8

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Cambridge
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs 6 mo 8 days yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Eva Myrtle Weimer.
5. Date of Birth of Child (Month, day, year) 29th Oct 1909
6. Sex
7. Twin or Triplet
   If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo
9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Joel Willis Weimer
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace York Center (City or town) Neb. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha May Smith
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Defiance (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of King }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 33 years, and that Mrs Ella Davis (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Bertha May Weimer, Signature
Grandview Wash. R 1, P. O. Address

Subscribed and sworn to before me this 25 day of May, 1943

(SEAL) Arnold Mohn, Notary Public, residing at Bothell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-221-010-343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 27 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372468
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Glen
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Goldie Lucille Miller

5. Date of Birth of Child (Month, day, year) 3-21-1909

6. Sex Female. 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Samuel Miller
11. Color or Race White 12. Age at time of THIS birth 47 yrs.
13. Birthplace Salt Lake City (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Stock raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minerva Jane Lucky
17. Color or Race white 18. Age at time of THIS birth 40 yrs.
19. Birthplace Rio Vista California. (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for sine birth years and that Elsie Fluckiger Roberts (First name) (Last name) who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel Miller Signature

Rigby, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of March, 1943

(SEAL) Mark R. Rammell Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1943 by Mary Fiedler, Registrar.

MAY 27 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-210-009-636

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372501
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No. 424 South Euclid
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sandpoint
   (d) Street Address or R.F.D. No. 424 South Euclid
   (e) How long has **MOTHER** lived in Idaho? 2 yrs:

3. **RESIDENCE OF FATHER** (city, state) Sandpoint, Idaho

4. **FULL NAME OF CHILD** Virginia Cathern Brannon

5. Date of Birth of Child (Month, day, year) Jan. 10, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Howard Hall Brannon
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Glenville (City or town) West Virginia (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iva Ann Floyd
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Glenville (City or town) West Virginia (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Ohio
County of Athens } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for ~~59~~ 34 years, and that Malcolm (First name) McKinnen (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Iva Ann Brannon Signature
96 Richland Ave., Athens, O. P. O. Address

Subscribed and sworn to before me this 22nd day of May, 1943.

Elizabeth V. Bailey (SEAL) Elizabeth V. Bailey, Notary Public, residing at Athens, Ohio

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 2 1943 by Maud F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-202-031-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372529
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LEWIS (b) City KIPPEN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO. (b) County LEWIS
(c) City KIPPEN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) ~~KIPPEN IDAHO~~

4. FULL NAME OF CHILD LAUREN ORA HARRIS

5. Date of Birth of Child (Month, day, year) APRIL 2 1909

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME JOSEPH HARRIS

11. Color or Race WHITE **12.** Age at time of THIS birth 27 yrs.

13. Birthplace CHENEY (City or town) WASHINGTON (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ELIZIBETH COOPER

17. Color or Race WHITE **18.** Age at time of THIS birth 30 yrs.

19. Birthplace ~~RIEK~~ BECK (City or town) IOWA (State or foreign country)
Rieg Birk

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address KIPPEN IDAHO Date

State of IDAHO
County of LEWIS } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 34 years, and that DR GEORGE GAIGNARD (Last name), who attended this birth WHO IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Harris Signature

Culdesac Idaho P. O. Address

Subscribed and sworn to before me this 27 day of May, 1943

(SEAL) Notary Public, residing at Juchester Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 3 1943 by Mabel F Elders, Registrar.

JUN 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-208-028-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372530
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENI (b) City RATHDRUM
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County KOOTENI
   (c) City RATHDRUM.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** MYRTLE GLADYS DAVIS

5. Date of Birth of Child (Month, day, year) SEPT. 8. 1909

6. Sex FEMALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** SIDNEY ELI DAVIS
11. Color or Race W.
12. Age at time of THIS birth 53 yrs.
13. Birthplace ILLINOIS (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH DELLA TINDELL
17. Color or Race W
18. Age at time of THIS birth 23 yrs.
19. Birthplace DASSEL, MINN. (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11.30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Sarah D. Davis (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Caroline Kettner M.D. Midwife Address Raymond, Washington Date 4-10-1943

State of Washington
County of Lewis } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 yrs years, and that Dr. Brannen (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah D. Davis Signature

1107 Main St. Chehalis, Wash P. O. Address

Subscribed and sworn to before me this 14th day of April, 19 43

(SEAL) Wm. J. Darty, Notary Public, residing at Chehalis, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 3 1943 by Mary E. Eden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau~~ of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

293-103-019-268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 1 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372542
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Ivers
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Ivers
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 months

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD JAMES IVERS KILLOY

5. Date of Birth of Child (Month, day, year) Apr 3, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Joseph Killoy
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace California (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Lost Packer, Mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Boyle
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Killoy (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Silver Bow } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 34 years, and that Miss Mark McCallum (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Killoy Signature
517 W. Quartz St. P. O. Address

Subscribed and sworn to before me this 27th day of May, 1943.

(SEAL) Charles Brogan Notary Public, residing at Butte, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-215-209-666

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 372583

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Valley
   (c) Street Address or R.F.D. No. none.
   (d) Name of Hospital or Maternity Home: none. Born at home.
   (e) Mother's stay **BEFORE** delivery: IN THIS county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Bonner.
   (c) City Valley
   (d) Street Address or R.F.D. No. none.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Valley, Idaho.

4. **FULL NAME OF CHILD** Ladie Ona Norman

5. Date of Birth of Child (Month, day, year) July 18, 1909

6. Sex Female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) no.

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Samuel Hamilton Norman.
11. Color or Race White.
12. Age at time of THIS birth 48 yrs.
13. Birthplace Coshocton, (City or town) Ohio. (State or foreign country)
14. Exact Occupation Stone-mason
15. Industry or Business Building.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Wood.
17. Color or Race White.
18. Age at time of THIS birth 45 yrs.
19. Birthplace Coshocton, (City or town) Ohio. (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business home-making.

22. Name prophylactic used to prevent Ophthalmia Neonatorum none.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington, County of Thurston. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 34 years, and that the person (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. E. J. Smithers Signature

204 Maple Park, Olympia, Washington. P. O. Address

Subscribed and sworn to before me this 21st day of May, 1943

(SEAL) Kenneth N. Gillett Notary Public, residing at Olympia

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 9 1943 by Maud F. Felder, Registrar.

JUN 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-224:024-691

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372600
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Gooding
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Oregon (b) County Malheur
   (c) City Ontario
   (d) Street Address or R.F.D. No. In Oregon 3 years
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gooding, Idaho

4. **FULL NAME OF CHILD** Ida Margaret Tharp
5. Date of Birth of Child (Month, day, year) Aug. 24, 1909
6. Sex female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd 2nd.
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Stewart Tharp
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Blair, Nebraska (City or town) (State or foreign country)
14. Exact Occupation contractor-Farm improvments
15. Industry or Business clearing and leveling land

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Diana Frakes
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Davis County, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum both born
23. Number of children of this mother: (a) At time of birth and including this child 2 ~~(b) Born alive and now living~~ alive. 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Payette } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for ..... years, and that Dr. Higgs (First name) (Last name), who attended this birth do not know (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Diana Frakes Tharp Signature
445 N. 7th St. Payette, Idaho P. O. Address

Subscribed and sworn to before me this 4 day of June 1943

(SEAL) Lillian Wilson, Clerk of District Court, ~~Notary Public~~, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 9 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 2 1967

MAR 2 8 1969

JUN 1 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-212-036-359

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372604
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2⅓ yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho.

4. **FULL NAME OF CHILD** Margaret Jane Walker.

5. Date of Birth of Child (Month, day, year) Mar. 12, 1909.

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8⅔

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Walker
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Coalville (City or town) Utah (State or foreign country)
14. Exact Occupation Clerk.
15. Industry or Business Con. Wagon & Machine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Margaret Chisholm.
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Albia (City or town) Iowa. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 34 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Chisholm Walker. Signature

Rt. 1. Box 622. Kirkland Wash. P. O. Address

Subscribed and sworn to before me this 4th day of April, 1943.

(SEAL) A. O. Madsen Notary Public, residing at Kent

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 9 1943 by Maud F Elder, Registrar.

JUN 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, ~~Idaho~~ Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

353-116-010-963

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372605
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls, Idaho
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls, Idaho
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Horace Spooner Telford

5. Date of Birth of Child (Month, day, year) Dec. 16, 1909

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Witt Telford
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Bountiful, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha S. Rockwood
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at II-45-P. M. on the date and at the place stated above, and that personal particulars were furnished by Martha R (First name) Telford (Last name), who is related as Mother (attending physician now dead) (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date May 21st. 1943

AFFIDAVIT

State of Idaho } ss.
County of Bonneville }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty Seven years of age, that I have known this person for thirty-three years, and that Dr. Thomas (First name) C. Willson (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha R Telford Signature

Idaho Falls, Route 1 P. O. Address

Subscribed and sworn to before me this 4th. day of June, 1943.

(SEAL) W E Salter Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 9 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DISCLOSED

766-131-014-299

37-620

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372020
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. 709 11 Ave. So
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. 709 11 Ave. So
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** Eugene B. Powell

5. Date of Birth of Child (Month, day, year) August 31, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Hayden Powell
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Louisville, Kentucky (City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Brimberry
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Cofferville, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living dead

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Lena Powell (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena Powell Signature

P. O. Address

Subscribed and sworn to before me this 11 day of June, 1943.

(SEAL) ____, Notary Public, residing at Nampa, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 14 1943

DEC 31 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-216-014-213

372621 372621

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 1/2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 1/2 mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Thelma Maisie Moore

5. Date of Birth of Child (Month, day, year) March, 16, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Stephen Moore
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Lakeview (City or town) Oregon (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business United States Forest Service

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Ethlyn Ball [redacted]
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Julesburg (City or town), Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ag nos
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 a M. on the date and at the place stated above, and that personal particulars were furnished by mae (First name) moore (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Benton Clark M.D. ~~Midwife~~ Address Boise Ida. Date 6-14-43

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 4 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

244-111-022-695

372631

372631

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372631
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Rexburg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Rexburg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Harold William Smuin

5. Date of Birth of Child (Month, day, year) 3-11-1909

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Smuin
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Hardware Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Agnes Winter
17. Color or Race
18. Age at time of THIS birth yrs.
19. Birthplace Rexburg (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now m Fifty years of age, that I have known this person for thirty years, and that Lorin F Rich (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further [illegible] certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,

G. L. Vaughan Signature

Boise, Idaho. P. O. Address

[illegible] 15 day of June, 19 43.

[illegible] Notary Public, residing at Boise Idaho.

Commission Expires July 17, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.)

Received for filing on by, Registrar.

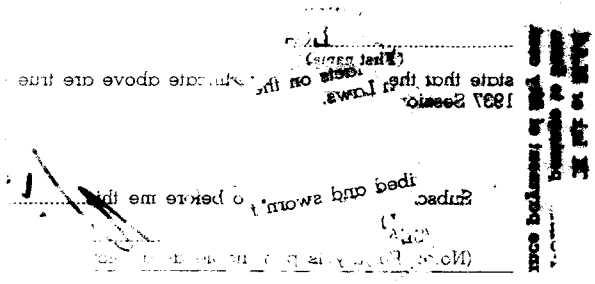
Use only BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance [illegible], money order or coin.

JUN 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



231-115 001-962

372641

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372641
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1612 N. 10th
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1612 N. 10th
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Ida

4. **FULL NAME OF CHILD** James William Blaine

5. Date of Birth of Child (Month, day, year) July 15, 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Edward Blaine
11. Color or Race W
12. Age at time of THIS birth 30 yrs.
13. Birthplace Grant County (City or town) Wisc. (State or foreign country)
14. Exact Occupation attorney
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Druff Rose
17. Color or Race W
18. Age at time of THIS birth 25 yrs.
19. Birthplace Riverside (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Dr. Robert Glase (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth D. Blaine (Mrs. S.E.) Signature

Boise, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of June, 19 43

(SEAL) S.E. Blaine Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1943 by ____ Registrar.

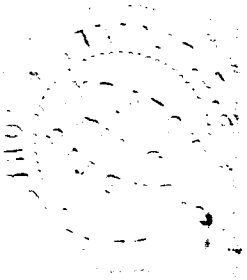
JUN 21 1943

MAY 31 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-211-01-766

372652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372652
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 13-6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Camilla Smith

5. Date of Birth of Child (Month, day, year) Sept 11-1909

6. Sex female

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Barr Smith
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country) U.S.A.
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Goodall
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Stockton (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for life years, and that E. B. Springer M.D. (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche Smith Signature

Eagle, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of June, 1943

(SEAL)

Pauline Andrus, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 23-1943 by Mary E. Eagle, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 29 1967

JUN 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-22-201-843

372660

372660

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Meridian
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Meridian
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian Idaho

4. **FULL NAME OF CHILD** Grace Marie Matlock

5. Date of Birth of Child (Month, day, year) Aug 22, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Wm Henry Matlock
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Georgie Irene Hicks
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace (City or town) West Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for life years, and that Dr. Dutton (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X William Henry Matlock Signature

Boise R.D. #4 P. O. Address

Subscribed and sworn to before me this 28 day of June, 1943

(SEAL) Pauline Ambrose, Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 28 1943 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

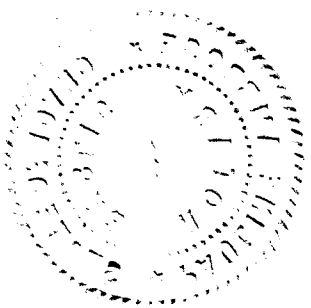
JUN 2 8 1943

JUN 8 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



713-264-029-619

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of

No. ____ St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

372690

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** Letha Nadine Palmer

3. Sex: Female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth Feb 4, 1919 (Month, Day, Year)

FATHER

9. Full name Leroy Lewis Palmer

10. Residence (usual place of abode) (If non-resident, give place and State) ____

11. Color or race White 12. Age at last birthday 57 (years)

13. Birthplace (city or place) (State or Country) Oregon, Pilot Rock

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work 40

MOTHER

18. Full maiden name Bernice May Warner

19. Residence (usual place of abode) (If non-resident, give place and State) ____

20. Color or race White 21. Age at last birthday 57 (years)

22. Birthplace (city or place) (State or Country) Pilot Rock, Oregon,

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work 35

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) F. D. Leahy, M. D.

or ____ Midwife

Address Farmington Wash

Filed JUN 14 1943, 193 [illegible] Registrar.

JUN 15 1943

DELAYED

619-120-014-238

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372744
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Payette
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Ida

4. **FULL NAME OF CHILD** Glen William Farson

5. Date of Birth of Child (Month, day, year) Dec. 20, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Farson
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Laurens, Iowa (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Eckerhausen
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Chicago Ill (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Learned Date

State of Idaho } ss.
County of Payette }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for all his life years, and that Dr. Avery (First name) (Last name), who attended this birth, is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Farson Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of June, 19 43.

(SEAL) WPA scribe, Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 15 1943 by Mabel E. Elder, Registrar.

JUN 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 - 112 - @40 - 551

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372785
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Enaville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Enaville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Enaville Ida.

4. **FULL NAME OF CHILD** Clifford Oliver Thompson

5. Date of Birth of Child (Month, day, year) Nov. 12, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George W. Thompson
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Portsmouth (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Eva
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Liverpool (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argorol
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by Bonnie (First name) Mc Rae (Last name), who is related as midwife (Mother, etc.)

25. Attendant's **OWN** signature Bonnie Mc Rae M.D. Midwife Address Enaville Idaho. Date May 12, '43

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1943 by Maud F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED MOTHER'S NAME ?

962-226-016-419

372794

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CASSIA (b) City OAKLEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Cassia
(c) City OAKLEY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD VERNA ROBISON

5. Date of Birth of Child (Month, day, year) JULY 26 1909

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** EDMOND ALVA ROBISON
11. Color or Race AMERICAN
12. Age at time of THIS birth 22 yrs.
13. Birthplace FILLMORE (City or town) UTAH (State or foreign country)
14. Exact Occupation BRICKLAYER
15. Industry or Business

MOTHER OF CHILD MARTINDALE

16. **FULL MAIDEN NAME** HANNAH ISABELLE
17. Color or Race AMERICAN
18. Age at time of THIS birth 22 yrs.
19. Birthplace VIRGIN CITY (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 34 years, and that Sarah Workman (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Isabelle Robison Signature
Cain Rural St Lancaster Calif. Address

Subscribed and sworn to before me this 30th day of May, 1943.

(SEAL) Milan N. Pond Notary Public, residing at Lancaster

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Commission Expires April 6th, 1947

Received for filing on JUN 16 1943 by Mary Felton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 11 1952

JUN 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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195-223-007-866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372804
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Carey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Carey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Leoma Maud Ainsworth
5. Date of Birth of Child (Month, day, year) Mar. 23, 1909
6. Sex Female
7. Twin or Triplet -- If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 8½
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Leon Ainsworth
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Theresa Maud Howard
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Skelmersdale, Lanc., England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 30 years, and that Lula (First name) Howard (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theresa Maud Ainsworth Signature
637-3rd Ave. W., Twin Falls, Ida. P.O. Address

Subscribed and sworn to before me this 10th day of June, 1943

(SEAL) Ruth L. Edmunds, Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1943 by Maud F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1943

DEC 21 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-203-007-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372830
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 8 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Thelma Lucy Wilson

5. Date of Birth of Child (Month, day, year) June 3rd, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Enoch Albert Wilson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Adelia Williamson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace St. Charles (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum I do not remember
23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 34 years, and that Eliza (First name) Wilson (Last name) "Midwife," who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie A. Brown Signature

5507 No. Figueroa St., Los Angeles, Calif. P. O. Address

My Commission Expires October 11, 1943.

Subscribed and sworn to before me this 12th day of June, 19 43

(SEAL) Ethel Cornwell Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1943 by Mark H. Ed... Registrar.

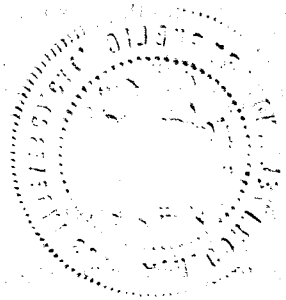
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



466-130-022-533

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 372847
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Squirrel
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at the home of Father & mother
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Squirrel
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Squirrel Ida

4. **FULL NAME OF CHILD** Orlo Leroy Moore

5. Date of Birth of Child (Month, day, year) June 30 1919

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alva H. Moore
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Courtland (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie M. Elliott
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Scandia (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Addie Moore (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Stagg M.D. Midwife Address Ashton Idaho Date 6-15-43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1943 by Mary Helder, Registrar.

JUN 2 2 1943

APR 2 8 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-206-022-418

372883

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 21 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Parker, Idaho
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State California (b) County Stanislaus
(c) City Modesto
(d) Street Address or R.F.D. No. R.F.D. No1
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Modesto, Calif.

4. FULL NAME OF CHILD Zetta Jeanne Harter

5. Date of Birth of Child (Month, day, year) Dec. 6, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Council Pleasant Harter

11. Color or Race White

12. Age at time of THIS birth 21 yrs.

13. Birthplace Modesto, (City or town) California (State or foreign country)

14. Exact Occupation Pharmacist

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Irene Dayley

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Oakley, (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of San Luis Obispo } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Fifty-two years of age, that I have known this person for 33 years, and that Dr. W. B. West (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel D. Harter Signature

My Commission Expires 2/5/46 Box 1023, Pismo Beach, California P. O. Address

Subscribed and sworn to before me this 10th day of June, 19 43

(SEAL) M. J. Merrill Notary Public, residing at San Luis Obispo, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1943 by Mary F. Elder, Registrar.

JUN 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815 113 006 632

374048

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 21 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Shelly Avenue
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay BEFORE delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Shelly Avenue
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Douglas Milton Haney

5. Date of Birth of Child (Month, day, year) April 13, 1942

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Augustus Haney
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Twin Bridges (City or town) Montana (State or foreign country)
14. Exact Occupation Work in Sugar Factory
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Rose Olsen
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Mount Pleasant Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. ~~Number~~ of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive or stillborn) at ( ) M. on the date and at the place stated above, and that personal particulars were furnished by Grace Haney (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature W. E. Patrie M.D. ~~Midwife~~ Address Blackfoot Ida. Date June 22-42

State of) ss.
County of)

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Dr. Walter E. Patrie (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace E. Haney Signature
Yakima Wash. P. O. Address

Subscribed and sworn to before me this 1st day of May, 1942

(SEAL) Grace L. Allen Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

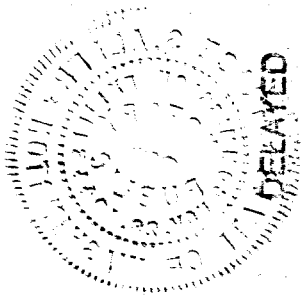
JUN 2 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FORMER REJECT



396-216014 463

374069

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. Sixth Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 6th Street
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Margaret Elizabeth Troyer

5. Date of Birth of Child (Month, day, year) June 16, 1909

6. Sex Fem

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elmer D. Troyer
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Middlebury, Indiana (City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business building

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Lotzko
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Avon, Minnesota (City or town) (State or foreign country)
20. Exact Occupation seamstress
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know Sol argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Troyer (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature J. E. Murray M.D. ~~Midwife~~ Address Nampa Ida Date June 20 1943

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Dr. Murray (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

~~My Commission Expires April 30, 1945~~ Mary Motzko Troyer Signature

Long Beach California P. O. Address

Subscribed and sworn to before me this 19th day of September, 19 43

(SEAL) Notary Public, residing at Long Beach, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires April 30

Received for filing on JUN 25 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236 102003 595

374088

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Mayan, Idaho
   (c) Street address or R. F. D. No.....
   (d) Name of Hospital or Maternity Home:
   .....
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Mayan
   (d) Street address or R. F. D. No.....
   (e) How long has MOTHER lived in Idaho?.....yrs.
   (f) Mother's mailing address (For registration notice):
   ..... Soda Springs, Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Soda Springs, Ida.

4. **FULL NAME OF CHILD** Vern Stoor

5. **DATE OF BIRTH** (Month, day, year) July 2, 1909

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Stoor

11. Color or Race W

12. Age at time of THIS birth 46 yrs.

13. Birthplace Finland
(City or Town) (State or foreign country)

14. Exact Occupation rancher

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Vinberg

17. Color or Race W

18. Age at time of THIS birth 37 yrs.

19. Birthplace Finland
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ZP M. on the date and at the place stated above, and that personal particulars were furnished by John Stoor (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) JUN 28 1943 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Ellis Kay Ly M. D. (D. O., Midwife, etc.)
and address Ellis Hackley Date 6/16/43
Soda Springs, Idaho

JUN 2 8 1943

AUG 2 5 1975

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

394-206-035 613

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 25 1943

State File No. 374134

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Morrow

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 1 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce

(c) City Morrow

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Morrow, Ida

4. FULL NAME OF CHILD Agnes Trukosity

5. Date of Birth of Child (Month, day, year) May 12, 1909

6. Sex Female

7. Twin or Triplet

If so—born ~~1st, 2nd~~, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Stephen Trukosity

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Libeny (City or town) Hongary (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Theresa Katz

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Stevens Point (City or town) Wisc. (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children ~~of this mother~~: ~~(a) At time of birth and including this child~~ 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Lewis } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 34 years, and that Mrs Ungricken (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Stephen Trukosity Signature

Craigmont, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of June, 1943

(SEAL) T. K. Cammack Notary Public, residing at Craigmont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 25 1943 by Mary E Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 26 1974

JUN 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863 126 003 236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374219
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 503 No. Hayes St.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 503 No. Hayes St.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Vernon Wendell Holmes

5. Date of Birth of Child (Month, day, year) October 26, 1909

6. Sex Male

7. Twin or Triplet ---

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carleton Grant Holmes
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Richmond Va (City or town) Michigan (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Mable Stoker
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as Mable A. Holmes (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of California
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for always years, and that ? (First name) Sprague (Last name), who attended this birth ~~or (Cannot be located)~~ (Is now deceased) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mable A. Holmes Signature

2009 Millis Street P. O. Address
Montebello, California

Subscribed and sworn to before me this ____ day of June, 1943

(SEAL)

Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 — 1943 by Mary F. Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

968-207033-569

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374221
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Rexburg
   (c) Street Address or R.F.D. No. P.O. Gen. Del.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Rexburg
   (d) Street Address or R.F.D. No. P.O. Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho

4. **FULL NAME OF CHILD** Veda Roylance [illegible]

5. Date of Birth of Child (Month, day, year) June 7, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alma Elliot Roylance
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Springville Utah (City or town) (State or foreign country)
14. Exact Occupation farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Plinia Norstrom
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Fairview Sampete Co. Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Madison } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 34 years, and that Magdelena Walz (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Roylance Signature
Rexburg, Ida. R.F.D. 2 P. O. Address

Subscribed and sworn to before me this 23 day of June, 1943.

(SEAL) Dee Stowell, Notary Public, residing at Rexburg Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 - 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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NOV 26 1951

286 - 211031-367

374239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374239
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Russell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Russell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Russell, Idaho

4. **FULL NAME OF CHILD** Zelma Lee Shockley

5. Date of Birth of Child (Month, day, year) August 11, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Breckenridge Shockley
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Atlanta, Georgia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel May Cox
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Chillicothe, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Texas
County of Ector } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Mrs. Mary E. Cox (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel May Shockley Signature
Route #1, Knott, Texas P. O. Address

Subscribed and sworn to before me this 28 day of June, 19 43

(SEAL) Carl Akins County Clerk residing at Odessa, Ector County, Texas.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 - 1943 by Mary F. Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1943

DELAYED REGISTRATION LAW

~~(1937 Session Laws, Chapter 139, Section 4)~~

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962-220-028-279

374243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Lane
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Lane
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lane, Idaho

4. **FULL NAME OF CHILD** Ona Jane Ross

5. Date of Birth of Child (Month, day, year) July 20, 1909

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Nick Ross
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Summerville (City or town) Missouri (State or foreign country)
14. Exact Occupation Road boss
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Belle Springer
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Nashville (City or town) Tennessee (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Kootenai } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 33 years, and that Matilda Cratsenburg (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie B. Ross. Signature
Lane Idaho P. O. Address

Subscribed and sworn to before me this 30th day of June, 1943.

(SEAL) W B Mc[illegible], Notary Public, residing at Coeur d Alene, I

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 - 1943 by Mabel F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943 JUL 2

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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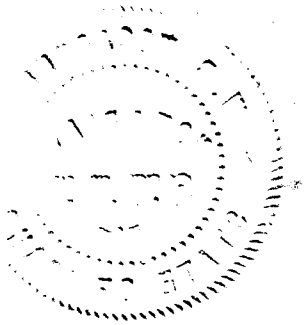

362-206-028-515

374281 374281

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374281

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County ____ (b) City Spirit Lake
   (c) Street Address or R.F.D. No. x
   (d) Name of Hospital or Maternity Home: x
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County x
   (c) City Spirit Lake
   (d) Street Address or R.F.D. No. x
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.
   (f) Mother's mailing address Spirit Lake, Ida.

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** Evelyn Geraldine Lobb

5. Date of Birth (Month, day, year) 4/6/1909

6. Sex Female

7. Twin or Triplet x

If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lucious Edgar Lobb
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Mill Worker
15. Industry or Business Lumber Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabel Van Curler
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Little Falls, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Isabel Lobb (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ____ (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am related to (Related to (or) acquainted with) Evelyn Geraldine Lobb (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth physician is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Isabel E. Van Curler Lobb. Signature

5203 - 30th S. W. P. O. Address

Subscribed and sworn to before me on this 12 day of June, 1943

(SEAL) ____ Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

766-101-001-849

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374293
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** William Gaylord Goodwin

5. Date of Birth of Child (Month, day, year) July 1, 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sam Henry Goodwin
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Bandera, Texas (City or town) (State or foreign country)
14. Exact Occupation Teacher Principal & Supt.
15. Industry or Business Private schools

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edwina Gilman Quinby
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Bangor, Maine (City or town) (State or foreign country)
20. Exact Occupation Housewife and Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M. Allen Calloway M.D. ~~Midwife~~ Address Boise, Idaho Date July 16, 1943

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19.

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 16, 1943 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795-126-003 315

374297

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374297
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Roseberry
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: At own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county One years five months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Roseberry
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? 14 yr 5 Mo. ~~yrs.~~

3. **RESIDENCE OF FATHER** (city, state) Idaho, Roseberry

4. **FULL NAME OF CHILD** FRANCIS TAYLOR GINTHER

5. Date of Birth of Child (Month, day, year) August 26, 1942

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Perry Ginther
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Spencer (City or town), Iowa (State or foreign country)
14. Exact Occupation Teacher and Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Irene Canaga
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Indianola (City or town), Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Ginther (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mary C. Rowland M.D. ~~Midwife~~ Address Roseberry Idaho Date

(Present address 407 Court St. Salem Ore.)

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 17 1943 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 19 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-101-042-613

374306

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Hansen
   (c) Street Address or R.F.D. No. R. F. D. 1
   (d) Name of Hospital or Maternity Home: Parents home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Hansen,
   (d) Street Address or R.F.D. No. R. F. D. 1
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hansen, Idaho

4. **FULL NAME OF CHILD** HOWARD DEWARD HILL

5. Date of Birth of Child (Month, day, year) September 1, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ALBERT BAKER HILL
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Berryvill (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MAE WALKER
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Berryvill (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 2:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of IDAHO
County of TWIN FALLS } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 34 years, and that DR. Moses (First name) Stearnes (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mae Hill Signature

Hansen, Idaho Route 1 P. O. Address

Subscribed and sworn to before me this 17th day of July, 1943.

(SEAL) ____, Notary Public, residing at Twin Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 21 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1970

JUL 21 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-18-025796

374327

United States
Department of Commerce
Bureau of the Census

JUL 6 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Kamiah
   (c) Street Address or R.F.D. No. Idaho
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 5 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Kamiah
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state) 43

4. **FULL NAME OF CHILD** Earl Raymon Knight

5. Date of Birth of Child (Month, day, year) 1909-Aug 18.

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John W Knight
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Lapport Ind. (City or town) Vigo Co. Ind. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Luthera Gifford [redacted]
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Pilotmound (City or town) Iowa (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 3x years, and that Hanna George (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Luthera Knight + Her Signature

Mark P.O. Address

Subscribed and sworn to before me this 1 day of July, 1943

(SEAL) H Naor Wilson Notary Public, residing at Kamiah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 - 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local ~~registrar for record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915 220 028 214

374333

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Spirit Lake
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born in own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Spirit Lake Idaho (b) County Kootenai
   (c) City Spirit Lake
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Since Oct-1907

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Margaret Lucille Hanson

5. Date of Birth of Child (Month, day, year) Feb. 20-1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Hartwick Louis Hanson
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Houston (City or town) Minnesota (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Seraphine Marcella Kaupp
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Blue Earth (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at noon M. on the date and at the place stated above, and that personal particulars were furnished by Seraphine Marcella Kaupp (First name) Hanson (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 34 years, and that Dr. Hammond (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Seraphine M. Hanson Signature

P. O. Address

Subscribed and sworn to before me this 3rd day July, 19 43

(SEAL) [signature], Notary Public, residing at Clarkston, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 28 1943 by Mavel Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943 8 JUL

MAY 26 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-216 001-354

374338

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Kuna
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 11 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Kuna
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 mos.xx yrs.

3. **RESIDENCE OF FATHER** (city, state) Kuna, Idaho

4. **FULL NAME OF CHILD** Ruth Ione King

5. Date of Birth of Child (Month, day, year) Sept.16-1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wright Seymour King
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Boulder, Colorado (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Bertha Tempe
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Glasgow, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I ~~attended~~ know of the birth of this child, who was born alive (Born alive, stillborn) at 4:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Florence B. King (First name) (Last name), who is related as mother (Mother, etc.)

25. ~~Attendant's~~ **OWN** signature Florence B. King ~~M.D. Midwife~~ Address Boulder, Colo. Date July 1-1943.

State of Colorado
County of Boulder } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 34 years, and that Dr.C. L. Dutton (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence B. King Signature

2136 Bluff St., Boulder, Colo. P. O. Address

Subscribed and sworn to before me this 1st day of July, 19 43.

(SEAL) James D. Lewis, Notary Public, residing at Boulder, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 - 1943 by Mark H Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-230028-399

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374396
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENAI (b) City HOPE
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County KOOTENAI
   (c) City HOPE
   (d) Street Address or R.F.D. No. Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? IDAHO yrs.

3. **RESIDENCE OF FATHER** (city, state) HOPE, IDAHO

4. **FULL NAME OF CHILD** LEONE FRANCES MC MURRAY

5. Date of Birth of Child (Month, day, year) JUNE 30, 1909

6. Sex FEMALE

7. ~~Twin or Triplet~~ SINGLE If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ERNEST FLOYD McMURRAY
11. Color or Race WHITE
12. Age at time of THIS birth 22 yrs.
13. Birthplace EMPORIA (City or town) KANSAS (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business LUMBER MILL

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EFFIE EDITH CRISP
17. Color or Race WHITE
18. Age at time of THIS birth 17 yrs.
19. Birthplace WATERVILLE (City or town), WASH. (State or foreign country)
20. Exact Occupation NONE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living THREE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 10:12 P.M. on the date and at the place stated above, and that personal particulars were furnished by EMMA E. (First name) CRISP (Last name), who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now FIFTY years of age, that I have known this person for THIRTY THREE years, and that EMMA E. (First name) CRISP (Last name), who attended this birth NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Effie Sartore Signature
4141 E. St. P. O. Address

Subscribed and sworn to before me this 6 day of July, 1943

(SEAL) June Trish, Notary Public, residing at Bemerton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 9 - 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

492-105001867

374401

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County IDA (b) City BOISE
   (c) Street Address or R.F.D. No. SOUTH 10th STREET
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County IDA
   (c) City BOISE
   (d) Street Address or R.F.D. No. SOUTH 10TH STREET
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** MANFORD RUSSELL MISNER
5. Date of Birth of Child (Month, day, year) JULY 5, 1909
6. Sex MALE
7. Twin or Triplet NO If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN BARTHLEMEW MISNER
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace LA GRANGE, IND. (City or town) (State or foreign country)
14. Exact Occupation MILL WORKER
15. Industry or Business SASH & DOOR FACTORY

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CATHERINE ROSE HOPEWELL
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace OQUWKA, ILL. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 34 years, and that JOHN (First name) BOECK M.D. (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine R Misner Signature

1635 S. E. SPOKANE AVENUE, PORTLAND, OREGON P. O. Address

Subscribed and sworn to before me this 6 day of July, 1943

(SEAL) W. L. W. [illegible], Notary Public, residing at Portland Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES JAN. 16, 1944

Received for filing on JUL 9 - 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1943

JUL 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-204019 645

374433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Challis
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 26 years 6 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Challis
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Dorothy Ida Hellman

5. Date of Birth of Child (Month, day, year) January 4 1909

6. Sex [illegible]

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** [illegible] Hellman
11. Color or Race [illegible]
12. Age at time of THIS birth 40 yrs.
13. Birthplace [illegible] (City or town) [illegible] Kansas (State or foreign country)
14. Exact Occupation [illegible]
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** [illegible]
17. Color or Race [illegible]
18. Age at time of THIS birth [illegible] yrs.
19. Birthplace [illegible] (City or town) [illegible] (State or foreign country)
20. Exact Occupation [illegible]
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was live (Born alive, stillborn) at 9:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by [illegible] (First name) [illegible] (Last name), who is related as ~~sister~~ aunt (Mother, etc.)

25. Attendant's **OWN** signature HOLLY ELDER M.D. Midwife Address [illegible] Date [illegible]

State of Idaho
County of Custer } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida B. Job Signature
Challis Idaho P. O. Address

Subscribed and sworn to before me this 8th day of July, 1943

(SEAL) John Boyd Custer Co. Recorder, Notary Public, residing at Challis, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1943 by Mabel F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1969

JUL 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451 206-025 866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374441
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Cottonwood
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 6 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Cottonwood
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) 18 yrs

4. **FULL NAME OF CHILD** Irene Marie Meakin
5. Date of Birth of Child (Month, day, year) Jan 6 1909
6. Sex Female
7. Twin or Triplet No — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 Mo
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Laurence Meakin
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Lanshire England (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Hotel Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Valentia Hofschulte
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Brocht Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 34 years, and that Joseph Laurence Meakin (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary V Meakin Signature
1528 W. 28th St. Los Angeles Calif. P.O. Address

My Commission Expires January 20, 1945

Subscribed and sworn to before me this 8th day of June, 1943

(SEAL) Olive E McGill, Notary Public, residing at 5473 Crenshaw Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1943 by Maud F Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

858 124 035 693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374473
Local Reg. No.
Reg. Dist. No.

JUL 16 1943

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce, (b) City Spaulding, Idaho.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN THIS county one years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nes Perce
   (c) City Spaulding,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? seven yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Henry William Hehman,

5. Date of Birth of Child (Month, day, year) Feb. 24, 1909

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Albert Hehman,
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Carolina, (City or town) Wisconsin. (State or foreign country)
14. Exact Occupation Railway section man.
15. Industry or Business Laborer(Railway)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Wilke
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Carolina, (City or town) Wisconsin. (State or foreign country)
20. Exact Occupation housewife,
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington. } ss.
County of Whitman }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person ~~since birth~~, and that Minnie Brummund, (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Hehman Signature

Rosalia, Washington, P. O. Address

Subscribed and sworn to before me this 5th. day of September, 1942

(SEAL) Verne Jones Notary Public, residing at Rosalia, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1943 by Mabel E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1943

SEP 26 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-103-029-154

374507

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County LATHA (b) City VIOLA
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County LATHA
(c) City VIOLA
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address ONTARIO OREGON

3. RESIDENCE of FATHER (city, state) DECEASED

4. FULL NAME OF CHILD MARION LEONARD ENEVOLDSON

5. Date of Birth (Month, day year) 4/3/09

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME ANDREW PETER ENEVOLDSON	16. FULL MAIDEN NAME ANDREA ANDERSON
11. Color or Race WHITE 12. Age at time of THIS birth 40 yrs.	17. Color or Race WHITE 18. Age at time of THIS birth 40 yrs
13. Birthplace (City or town) DENMARK (State or foreign country)	19. Birthplace (City or town) SCHLISWIG HOLSTINE (State or foreign country) DENMARK
14. Exact Occupation FARMER	20. Exact Occupation HOUSE WIFE
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 20 1943 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Malheur } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Andrea Anderson Enevoldson being first duly sworn, say that I am The mother (Related to (or) acquainted with) Marion Leonard Enevoldson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Leonard Squire (Name of attendant at birth), who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Andrea
Mrs Anderson Enevoldson Signature
RFD Ontario Oregon P. O. Address

Subscribed and sworn to before me on this 16 day of July, 1943
(SEAL) Dan Lemen Notary Public, residing at Ontario Ore
NOTARY PUBLIC FOR OREGON
My Commission Expires 10/9/44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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713-108-030-354

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374511
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 2 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) 20

4. **FULL NAME OF CHILD** Cecil Ronald Palmer

5. Date of Birth of Child (Month, day, year) July 8, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Palmer
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Shoupe (City or town), Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Grant Temple
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Ventura (City or town), Calif. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child Second (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of California
County of Contra Costa } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 34 years, and that ~~Cecil Ronald Palmer~~ (First name) Dr. George Kenney (last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Palmer — Signature
3212 Moran Ave Richmond Calif. — P. O. Address

Subscribed and sworn to before me this 14th day of July, 1943.

(SEAL)

Louis Mumford, Notary Public, residing at Richmond, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1949 by Mabel E. Eldridge, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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281-202-014-249

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375656
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 12 ave so
(d) Name of Hospital or Maternity Home: Shaw Hotel
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 10 days.
In **THIS** county 3 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 12 ave So
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Nampa

3. **RESIDENCE of FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD** Verna Bell Shaw

5. Date of Birth (Month, day, year) March 12-1909

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Edward Shaw
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Reynolds Creek Idaho (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Esther Smith
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Eugene Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to ~~prevent Ophthalmia Neonatorum~~ Ag No3 sol.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Edith Shaw (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUL 26 1943 (Date received) (b) Mary H Holden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Geo. D. McCullough M.D. (D.O., Midwife, etc.) and address Nampa, Ida. Date 7/26/43.

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) JUL 26 1943 Notary Public, residing at .....

SEP 24 1959
NOV 13 1959
JUL 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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699-114-014-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375765
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In home of parents
   (e) Mothers stay **BEFORE** delivery: In **THIS** county six years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. (On Dairy ranch)
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Jack Clarke Wright

5. Date of Birth of Child (Month, day, year) March 19, 1909

6. Sex Male

7. Twin or Triplet No-single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Isaac Wright
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Des Moines (City or town) Iowa (State or foreign country)
14. Exact Occupation Dairy Farmer
15. Industry or Business Dairying

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Dean Clarke
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Red Bluff (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of Walla Walla } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 34 years, and that Dr Young (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Dean Clarke Wright Signature
20 W. Poplar St, Walla Walla Wn. P. O. Address

Subscribed and sworn to before me this 26th day of July, 1943

(SEAL) G. S. Bond, Notary Public, residing at Walla Walla, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 29 1943 by Maud F. Felder, Registrar.

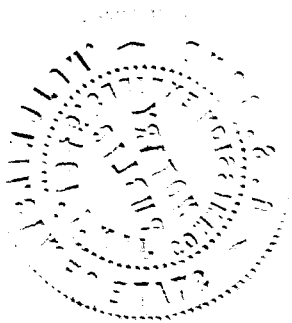
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



466-210-042-195

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375772
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County TWIN FALLS (b) City TWIN FALLS
   (c) Street Address or R.F.D. No. 225½ 5th AVE., NO.
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County TWIN FALLS
   (c) City TWIN FALLS
   (d) Street Address or R.F.D. No. 225½ 5th AVE., NO.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** THELMA JEWELL MOORE

5. Date of Birth of Child (Month, day, year) OCT. 10th 1909

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WALTER ABSALEM MOORE
11. Color or Race AMERICAN
12. Age at time of THIS birth 39 yrs.
13. Birthplace AURORA, (City or town) MISSOURI (State or foreign country)
14. Exact Occupation WELL DRILLER.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MINNIE LOU ARNHART
17. Color or Race AMERICAN
18. Age at time of THIS birth 27 yrs.
19. Birthplace AURORA, (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of NEVADA
County of CLARK } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that DR. T. O. BOYD (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie L. Moore Signature
651 Ave. D. Boulder City, Nev. P. O. Address

Subscribed and sworn to before me this 27 day of July, 1943

(SEAL)

Jane Cook Notary Public, residing at Boulder City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES JAN. 12, 1946

Received for filing on JUL 30 1943 by Mary E. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 30 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

632-126-014-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375798
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. R.F.D.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida.

4. **FULL NAME OF CHILD** Harold Edward Olsen

5. Date of Birth of Child (Month, day, year) Dec. 26, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Martin Olsen
11. Color or Race W.
12. Age at time of THIS birth 26 yrs. 26
13. Birthplace Okla. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Winnie Gertrude Ballard
17. Color or Race W.
18. Age at time of THIS birth 24 yrs. 24
19. Birthplace Neb. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that Dr. Young (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

G. M. Olsen Signature

Melba J Idaho P. O. Address

Subscribed and sworn to before me this 30th day of July, 1943

(SEAL) [signature], Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Apr. 26, 1945.

Received for filing on AUG 2 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

119-112-042-689

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375816
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Filer
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 4 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Filer
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs. 4 mos. 7 da. yrs.

3. **RESIDENCE OF FATHER** (city, state) Filer, Idaho

4. **FULL NAME OF CHILD** Claude Wayne Jarvis

5. Date of Birth of Child (Month, day, year) Sept. 12, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Arthur Jarvis
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Lowry City (City or town) Missouri (State or foreign country)
14. Exact Occupation Employee of Twin Falls Canal Co.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Magnolia Whinery
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Sulphur Springs (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 12:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Magnolia (First name) Jarvis (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Louise J Whinery M.D. Midwife Address 269 W 7th St, Claremont, Calif. Date July 8, 1943

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1943 by , Registrar.

APR 23 1975

AUG 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-125-022-4115

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375873
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Rexburg
   (c) Street Address or R.F.D. No. Broadway
   (d) Name of Hospital or Maternity Home: Parents Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Rexburg.
   (d) Street Address or R.F.D. No. Broadway
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg Idaho

4. **FULL NAME OF CHILD** John Davis Keller

5. Date of Birth of Child (Month, day, year) Feb 25. 1909

6. Sex male

7. Twin or Triplet First Born If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christian G. Keller
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Bern (City or town) Switzerland (State or foreign country)
14. Exact Occupation Keller Implement Co
15. Industry or Business merchant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elma Davis
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Green City (City or town) Missouri (State or foreign country)
20. Exact Occupation House Keeper
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 34 years, and that Dr. George E. Hyde (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elma Davis Keller Signature
1248 South Boulevard, Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me this 4th day of August, 1943.

(SEAL) Louise Keeler, Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1943 by Maud F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1943

OCT 1 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-108 1935-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375877
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperse (b) City Volmer
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperse
   (c) City Volmer
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Volmer, Idaho

4. **FULL NAME OF CHILD** George Alfred Pierce

5. Date of Birth of Child (Month, day, year) Nov. 8th, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Amos Alfred Pierce
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Nezperse Co. (City or town) Idaho (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Rose Lanway
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Garfield, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Deschutes } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-three years of age, that I have known this person for since birth years, and that Ella Virginia (First name) Wikoff (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Rose Pierce Signature

Bend, Oregon P. O. Address

Subscribed and sworn to before me this 2nd day of August, 1943

(SEAL) Helen M. Haney, Notary Public, residing at Bend, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires Jan. 19, 1947.

Received for filing on AUG 6 1943 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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356-209-025-168

375902

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City White Bird
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City White Bird
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) White Bird

4. **FULL NAME OF CHILD** Dorothy Jewell Thompson

5. Date of Birth of Child (Month, day, year) Oct 9 - 1909

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Albert Thompson
11. Color or Race White
12. Age at time of THIS birth 62 yrs.
13. Birthplace Attimesa (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Rose Johnson
17. Color or Race White
18. Age at time of THIS birth [illegible] yrs.
19. Birthplace Perry (City or town) Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Z (First name) (Last name), who is related as X (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address X Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 33 years, and that Dr. A. W. Foskett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Aramita Gaan Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of July, 19 43

(SEAL) W. Bothwell, Notary Public, residing at Grangeville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249-229-024-394

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375988
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Potlatch
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Potlatch
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Potlatch Ida.

4. **FULL NAME OF CHILD** Thelma Burden

5. Date of Birth of Child (Month, day, year) Aug. 29, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Stanley Burden
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Wyanskill (City or town) Oregon (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Crumley
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as sister (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 33 years, and that Dr. Hamilton (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Orpa Burden Pelton — Signature
Palatch, Idaho — P. O. Address

Subscribed and sworn to before me this 17th day of July, 1942

(SEAL)

D. L. Stapleton, Notary Public, residing at Potlatch, Idaho

NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho
My Commission Expires May 13, 1945.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 16 1943 by [illegible], Registrar.

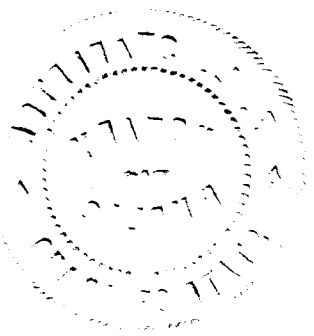
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



113-110 035-453

376045

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 376045
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Pierce P. O.
   (c) Street Address or R.F.D. No. In Country
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Pierce Post Office
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nez Perce Co Idaho.

4. **FULL NAME OF CHILD** Theodore Edward Jackson

5. Date of Birth of Child (Month, day, year) July 10, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Chester Jackson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Lancaster Co., Nebraska (City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hester Maude Delieus
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Grants Pass, Oregon. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Josephine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 34 years, and that Mrs. Sodaburg (First name) & Mrs. Harper (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Chester Jackson Signature

Rt. 1, Box 182, Grants Pass, Oregon. P. O. Address

Subscribed and sworn to before me this 30 day of October, 1942.

(SEAL) Ben W. Coutant County Clerk By Betty De Geneault Deputy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 19 1943 by Mary F. Lyder, Registrar.

JUN 1 4 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

48-102-028-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377177
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County (b) City Post Falls Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: was at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Post Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yr 6 mos

3. **RESIDENCE OF FATHER** (city, state) Post Falls Ida

4. **FULL NAME OF CHILD** Hubert Emerson Mylott

5. Date of Birth of Child (Month, day, year) March 20 1919

6. Sex male

7. Twin or Triplet

8. If—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lester Emerson Mylott

11. Color or Race white

12. Age at time of THIS birth 26 yrs.

13. Birthplace Durand (City or town) Wis. (State or foreign country)

14. Exact Occupation [illegible] farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delia Martha Prosser

17. Color or Race white

18. Age at time of THIS birth 24 yrs.

19. Birthplace Mankato (City or town) Minnesota (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None was used.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the Mothers (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 6 D years of age, that I have known this person for 34 years, and that can not remember name (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Delia Mylott — Signature
8415-13 Ave S W Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 17 day of Aug, 1943

(SEAL) Earl F. Byers, Notary Public, residing at Seattle, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 23 1943 by Earl F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded, or in case of failure to~~ report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3 86-125-018-38

377185

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Weippe
   (c) Street Address or R.F.D. No. Gen Del
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Weippe
   (d) Street Address or R.F.D. No. Gen Del.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weippe, Idaho

4. **FULL NAME OF CHILD** James Dalton Thomas

5. Date of Birth of Child (Month, day, year) Jan. 25, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Manford Thomas
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Richland Co. (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Ann Chambers
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Osage Co. (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living (yes) 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Butte } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty three years of age, that I have known this person for over 34 years, and that Mrs Mary Spurgon (First name) (Last name), who attended this birth is now deceased (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Julia Ann Thomas Signature
PO Box 822, Chico Calif. P. O. Address

Subscribed and sworn to before me this 17th day of August, 19 43

(SEAL)

Jessie L. Dean, Notary Public, residing at Chico

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 23 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-001022-319

377201

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Wilford
   (c) Street Address or R.F.D. No. Wilford, Idaho
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Wilford
   (d) Street Address or R.F.D. No. Wilford, Idaho
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wilford Ida

4. **FULL NAME OF CHILD** Eonice Larsen

5. Date of Birth of Child (Month, day, year) 11/1 09

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jens Murray Larsen
11. Color or Race Wht
12. Age at time of THIS birth 35 yrs.
13. Birthplace Manti (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Justina Larson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Ephraim (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Calif
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 34 years, and that Mary Justina Larsen (First name) (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Justina Larsen Signature
2144 W 68 Los Angeles, Cal. P.O. Address

Subscribed and sworn to before me this 19th day of August, 1943

(SEAL)

Sylvia Morey, Notary Public, residing at 2850 E. Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires February 28, 1946

Received for filing on AUG 24 1943 by Maud E. Edlefsen, Registrar.

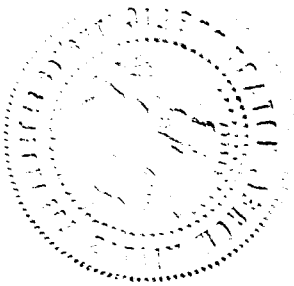
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



857-270-003-719

377227

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City POCATELLO
   (c) Street Address or R.F.D. No. 255 S. HAYES
   (d) Name of Hospital or Maternity Home: Own Home 255 S. HAYES
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County Bannock
   (c) City POCATELLO
   (d) Street Address or R.F.D. No. 255 S. HAYES
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** ROBERTA GERTRUDE HEGABOM

5. Date of Birth of Child (Month, day, year) 9/30/39

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ROBERT CHRISTIAN HEGABOM
11. Color or Race WHITE
12. Age at time of THIS birth 38 yrs.
13. Birthplace ST PAUL (City or town) MINN (State or foreign country)
14. Exact Occupation BARBER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LINDA GERTRUDE GARVIN
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace CORNING (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60-8-NO years of age, that I have known this person for 34 years, and that ANNA GARVIN (First name) my MOTHER (Last name), who attended this birth X (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Hegabom Clayton Signature

P. O. Address

Subscribed and sworn to before me this 13th day of August, 1943

(SEAL)

J. Adams, Notary Public, residing at Gardena, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Oct. 2, 1

Received for filing on AUG 21 1943 by Mary E. Eldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

54 4-029-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377230
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Bovill
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay BEFORE delivery: In THIS county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Bovill
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bovill, Idaho

4. **FULL NAME OF CHILD** Eugenia Helen Edgecombe

5. Date of Birth of Child (Month, day, year) August 24, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Uriah Frank Edgecombe
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Millwright
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Aleatha Benson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Union (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Walla Walla } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 33 years, and that No known (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Aleatha Edgecombe Signature
Prescott, Wash. P. O. Address

Subscribed and sworn to before me this 16th day of Aug, 1943

(SEAL) [signature], Notary Public, residing at Waitsburg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-22-4032-945

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 377232

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Shoshone
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home Delivery
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 7 months 24 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Shoshone
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shoshone, Ida.

4. **FULL NAME OF CHILD** Lucile Ida Burbidge

5. Date of Birth of Child (Month, day, year) 5/25/1909

6. Sex Female

7. Twin or Triplet

If so born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Burbidge
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Birmingham (City or town) England (State or foreign country)
14. Exact Occupation Brakeman, Oregon Short Line
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Margaret Rueland
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Plattsmouth (City or town) Nebr. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2:15 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ida (First name) Burbidge (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Shoshone Ida Date February 26 1943

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital~~ Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

538-209-001-214

377463

377263

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 1

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 512 Idaho
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Ida (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 512 Idaho
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** Julia Echevarria

5. Date of Birth of Child (Month, day, year) Sept 9th 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 11

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elajs Echevarria
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Spain (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Joaquina Badiola
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Spain (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Ida
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 34 years, and that Dr. George Collister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elias Echevarria Signature
912 Grove St. Boise P. O. Address

Subscribed and sworn to before me this 3 day of Sept., 19 43

(SEAL)

R. D. Barbour, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1943 by Mabel Holden, Registrar.

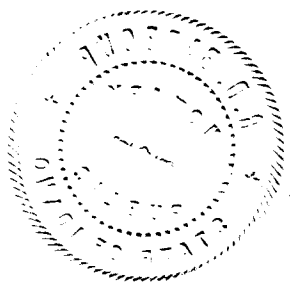
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



652-124-001-652

377283

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377283
Local Reg. No. 377283
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Ida.

4. **FULL NAME OF CHILD** LeRoy Earl Westley

5. Date of Birth of Child (Month, day, year) Dec. 24, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Herchel Westley
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Willard (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Lewis Westley
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Paradise (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by Julia (First name) Christensen (Last name), who is related as No relative (Mother, etc.)

25. Attendant's **OWN** signature Mary Calloway Joplin M.D. Midwife Address Boise Idaho Date Sept. 7-43

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah
County of Box Elder } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Dr. Mary Calloway (First name) (Last name), who attended this birth whereabouts unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Lewis Westley Signature
552 North 2nd West. Ph. P. O. Address

Subscribed and sworn to before me this 17th day of July Brigham City Utah 1943

(SEAL) Ardith N. Pearson, Notary Public, residing at Honeyville, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 18 1945

SEP 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-110-026-518

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 377297

State File No. 377297
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: BORN AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 9 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho

4. **FULL NAME OF CHILD** Dillon Wayne Later

5. Date of Birth of Child (Month, day, year) July 10, 1909

6. Sex Male

7. Twin or Triplet 0

If so—born 1st, 2nd, 3rd 0

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Stephen Later
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helena Mary Hayes
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace YORKSHIRE, England (City or town) (State or foreign country)
20. Exact Occupation Home-maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know.
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 6:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Helena Mary Hayes Later (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address Rigby, Idaho Date ____

AFFIDAVIT

State of Idaho, County of Jefferson } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 34 years, and that P. PAXTON (First name) (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helena M Later Signature

General Delivery--Rigby, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of September, 19 43

(SEAL) Kath K Bennett Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1943 by Mary Pilger, Registrar.

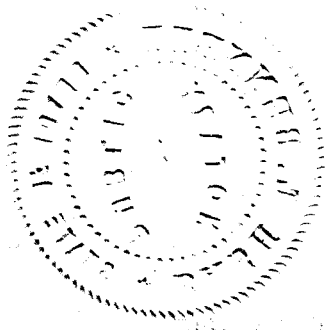
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 21 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



466-20-001-449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377338
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 217 E. Bannock St
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Oregon (b) County Multnomah
   (c) City Oregon City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 mo yrs.

3. **RESIDENCE OF FATHER** (city, state) Oregon City, Ore

4. **FULL NAME OF CHILD** Helen Margaret Moore

5. Date of Birth of Child (Month, day, year) 1-1-09

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hector H. Moore
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Walla Walla Wash (City or town) (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business Bakery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy H. Durant
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Amity, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 34 years, and that Susan M. Durant (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mildred Durant Johnson Signature
635 E. Jefferson Boise P. O. Address

Subscribed and sworn to before me this 23rd day of August, 19 43

(SEAL) L. Moore, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 27 1943 by Mary Hilder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

258-216-216-417

377357

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377357
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: In private home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months no days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 1 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Idaho

4. FULL NAME OF CHILD Doris Vilate Snyder

5. Date of Birth of Child (Month, day, year) July 16, 1909

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Benjamin Comstock Snyder
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Snyderville, (City or town) Utah, (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Artemissia Maxfield
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Murray, R.F.D. (City or town) Utah, (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 34 years, and that Dr. E. P. Oldham, (First name) (Last name), who attended this birth, I think he is dead, (Is now deceased) or (Cannot be located) I can not locate him I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. B. C. Snyder. Signature

Copper Hotel, Bingham Canyon, Utah P. O. Address

Subscribed and sworn to before me this 26th day of August, 19 43.

(SEAL) Elliott P. Evans Notary Public, residing at Bingham Canyon, Utah.

My Com. Exp. Dec. 8, 1945

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-9[illegible], Idaho Code Annotated.)

Received for filing on AUG 31 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-23-1022-916

377403

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Roberts
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Roberts
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Evalyn Mae McLuman

5. Date of Birth of Child (Month, day, year) July 31, 1909

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** James Sylvester McLuman

11. Color or Race W.

12. Age at time of THIS birth 30 yrs.

13. Birthplace (City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Ramson

17. Color or Race W

18. Age at time of THIS birth 33 yrs.

19. Birthplace Plain City Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was dead (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. Address Date

AFFIDAVIT

State of Idaho } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 5 1970

APR 16 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-226-009-869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377415
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Bonners Ferry
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Bonners Ferry
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2½ yrs. yrs.

3. **RESIDENCE OF FATHER** (city, state) Bonners Ferry, Ida

4. **FULL NAME OF CHILD** Alice Marion Stoos

5. Date of Birth of Child (Month, day, year) August 26, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank S. Stoos
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Naperville, Illinois (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Horn
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Erie, Pa. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 34 years, and that Dr. E. E. Fry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs F S Stoos, Signature

Bonners Ferry, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of August, 1943

(SEAL) [signature], Notary Public, residing at Bonners Ferry, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-127-029-292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377419
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Potlatch
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Near Potlatch
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Potlatch, Idaho

4. **FULL NAME OF CHILD** Ellis Orville Siegrist

5. Date of Birth of Child (Month, day, year) October 27, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Fred Siegrist
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mamie Artelle Sisk
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Richmond, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Okanogan }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 34 years, and that Dr. D.B.Harvison (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Siegrist. Signature

Omak, Washington P. O. Address

Subscribed and sworn to before me this 1st day of September, 19 43.

(SEAL) E.S. Clough, Notary Public, residing at Omak, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mabel H. Eder by SEP 4 1943, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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632-220-233-389

377425

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Near Rexburg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Near Rexburg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Virginia Eugenia Olson

5. Date of Birth of Child (Month, day, year) Oct. 20, 1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peder Waldemar Olsen
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Benlöse Ringsted Sjalland, Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Anne Christopherson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Near Storden (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid solution
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Alice Christopherson Olson (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address a Homestead near Rexburg, Idaho. Date

AFFIDAVIT

State of California
County of San Diego } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that Mrs. John Fawcett (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires August 23, 1943

Alice Christopherson Olson Signature
3815 Marlborough Ave. San Diego, Calif. P. O. Address

Subscribed and sworn to before me this 3rd day of July, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at San Diego, Calif.

Received for filing on SEP 3 1943 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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419-21-001-685

377431

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City
   (c) Street Address or R.F.D. No. Owyhee Station
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No. Rural Route
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** MARY ETHEL MARTIN

5. Date of Birth of Child (Month, day, year) Dec. 11, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ROBERT ALBERT MARTIN
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Onida (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ROSA MAY WHEELER
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Birdseye, (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of CALIFORNIA
County of ALAMEDA } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that MARY (First name) WHEELER (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa M. Smith Signature
3141 Curran Ave, Hayward, Cal. P. O. Address

Subscribed and sworn to before me this 3rd day of September, 19 43

(SEAL) Esther Breves, Notary Public residing at Hayward, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 8 1943 by Mabel E. Hughes, Registrar.

SEP 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-208-007-542

377432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Fisherie
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Fisherie
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Marie Beatrice Johnson

5. Date of Birth of Child (Month, day, year) Feb. 3, 1909.

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Balzer J. Johnson
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Wisconsin (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Marie Nisson
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Bullion (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 34 years, and that Dr. O. J. Allen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Marie Richards Signature

6133 Romaine St., Hollywood (38) Calif. P. O. Address

Subscribed and sworn to before me this 30th day of August, 1943.

(SEAL) Joseph W. Dull, Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1943 by Mabel Reed, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 5 1968

SEP 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-109-040-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377433
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No. Pst Office
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: Home
   In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** James Harold Coward
5. Date of Birth of Child (Month, day, year) May 9th 1909
6. Sex Male
7. Twin or Triplet
   If so—born 1st, 2nd, 3rd 3rd child
8. No. months of Pregnancy 9 Months
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Cross Coward
11. Color or Race White
12. Age at time of THIS birth 23 years yrs.
13. Birthplace Ball Camp, Tennessee Knoxville (City or town) (State or foreign country)
14. Exact Occupation Timberman Helper in Mines
15. Industry or Business Bunker Hill & Sullivan Led mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Elizabeth Cox
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Byington Tennesse, RFD #2 (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Dr. Machette (Deceased ( ) (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature Deceased M.D. Midwife Address Kellogg Date

State of Tennessee
County of Knox } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 34 years, and that Charles Cross Coward (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. C. C. Coward Signature
321 E. Oklahoma ave. Knoxville Tenn P. O. Address

Subscribed and sworn to before me this 19th day of August, 1943

(SEAL) Hazel S. Bogart, Notary Public, residing at 340 E Virginia Ave.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1943 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-110-029-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377468
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years six months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Reynold Christof Lange

5. Date of Birth of Child (Month, day, year) Nov. 10th, 1909

6. Sex Male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Henry Lange
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Granite Falls, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christina Ida Kirschbaum
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Granite Falls, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Minnesota
County of Renville } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for since birth years, and that Dr. Adare (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Henry Lange Signature
Granite Falls, Minnesota P. O. Address

Subscribed and sworn to before me this 24th day of August, 1943

(SEAL) [signature], Notary Public, residing at Sacred Heart, Minn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires Dec. 22, 1947

Received for filing on SEP 10 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the ~~effective date~~ of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-225-040-142

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377482
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg, Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Ramona Priscilla Elizabeth Reedy

5. Date of Birth of Child (Month, day, year) August 25, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Patrick Reedy
11. Color or Race White
12. Age at time of THIS birth 17 yrs.
13. Birthplace Toronto, Canada (City or town) (State or foreign country)
14. Exact Occupation Grocery Clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pansy Auberton
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace North Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature T. R. Mason M.D. Midwife Address Kellogg Ida Date 9/5-43

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 13 1943 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-202-202-145

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

SEP 15 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377544
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Sugar city
   (c) Street Address or R.F.D. No. R.R.1.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 8 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Sugar city
   (d) Street Address or R.F.D. No. R.R. 1.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sugar city Idaho

4. **FULL NAME OF CHILD** Emilie Michaelis

5. Date of Birth of Child (Month, day, year) Nov. 2 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Michaelis
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cathrine Amend
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington
County of Yakima } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 30 years, and that cant remember her name (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cathrine Michaelis Signature

R#2, Toppenish, Wash. P. O. Address

Subscribed and sworn to before me this 7th day of September, 19 43

(SEAL) ____, Notary Public, residing at Toppenish, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1943 by Mary Miller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-225-010-483

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377587
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 20 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Fort Hall

4. **FULL NAME OF CHILD** Gladys Rowena Hardy
5. Date of Birth of Child (Month, day, year) 10-25-1909
6. Sex female
7. Twin or Triplet No — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Ira Hardy
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Hooper (City or town) Utah (State or foreign country)
14. Exact Occupation B & B Carpenter
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Ann Myler
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Clarkston (City or town) Utah (State or foreign country)
20. Exact Occupation None
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Violet (First name) Cook (Last name), who is related as Sister (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ~~Idaho~~ Calif anjer
County of ~~Bonneville~~ Plumas ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 33 years, and that Do not know his name (First name) (Last name), who attended this birth Cannot locate (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Violet Julia Cook Signature
Beckwourth Calif P. O. Address

Subscribed and sworn to before me this 15 day of September, 1943

(SEAL) Imelda C. Winn, Notary Public, residing at Portola Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 20 1943 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-130-026-891

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377599
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No. Route 2
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 1 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No. Route 2
   (e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho

4. **FULL NAME OF CHILD** Archibald Eugene Boam

5. Date of Birth of Child (Month, day, year) 10-30-09

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Reuben George Boam
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Frances Hiatt
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum 4
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah
County of Weber } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 5-5 years of age, that I have known this person for all his life years, and that Mrs. H. Debell (First name) (Last name), who attended this birth is deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

S. Frances Hearon Signature
G. I. Barracks Park Ogden, Utah P. O. Address

Subscribed and sworn to before me this 15th day of Sept., 1943.

(SEAL) Commission expires 8/27/45 Ada M. Potter Notary Public, residing at Ogden, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1943 by Mary Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 21 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-112-016-419

377612

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CASSIA (b) City ORALEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City ORALEY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) DECLO IDAHO

4. FULL NAME OF CHILD FRANK RILEY ANDERSON

5. Date of Birth of Child (Month, day, year) DEC. 12-1943

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD ANDERSON

10. FULL NAME JOHN RILEY ANERSON

11. Color or Race WHITE

12. Age at time of THIS birth 32 yrs.

13. Birthplace GRANTSVILLE (City or town) UTAH (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ELIZABETH JANE MORSINDALE

17. Color or Race WHITE

18. Age at time of THIS birth 26 yrs.

19. Birthplace DUNCAN (City or town) UTAH (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Evelyn Anderson M.D. Midwife Address [redacted] Declo Idaho Date 22, April

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 20 1943 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 30 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-21 035 296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378757
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Gifford,
   (c) Street Address or R.F.D. No. 1,
   (d) Name of Hospital or Maternity Home: none, private home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Gifford,
   (d) Street Address or R.F.D. No. 1,
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gifford, Idaho.

4. **FULL NAME OF CHILD** LOUISE JEANET EASTER

5. Date of Birth of Child (Month, day, year) Nov. 15, 1909

6. Sex Female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd - -

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Levi Curtis Easter
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Bigelow, Missouri. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Bell Brown
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Prairieburg, Iowa. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business none.

22. Name prophylactic used to prevent Ophthalmia Neonatorum none.
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature (Midwife now) (Deceased) M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington, County of Yakima, } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for all her life ~~years~~, and that Maria A. Easter (First name), midwife, (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara B Easter Signature

Box 684, Wapato, Washington. P. O. Address

Subscribed and sworn to before me this 20th day of August, 1943.

(SEAL) ____, Notary Public, residing at Wapato, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 23 1943 by ____, Registrar.

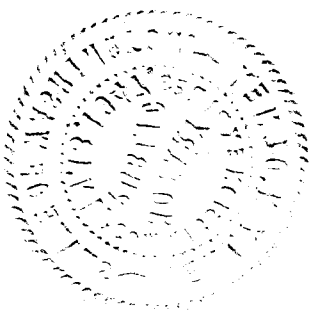
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



693-218-004-846 378861

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378861
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Paris
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Paris
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Eloda Wilcox
5. Date of Birth of Child (Month, day, year) Mar 18th 1909
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest Wilcox
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Paris (City or town) Ida. (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dessa Huff
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Lewiston (City or town) Utah (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for life years, and that Dr. Ashley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dessa H. Wilcox Signature
515-5th Ave. S. Nampa P.O. Address

Subscribed and sworn to before me this 25 day of October, 1943

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct. 25-1943 by [signature], Registrar.

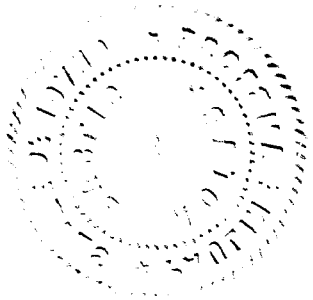
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



859 226 029 434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378867
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Potlatch
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Latah Co. (b) County Idaho
   (c) City Potlatch
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Potlatch Idaho

4. **FULL NAME OF CHILD** Grace Ernesteen Herriman
5. Date of Birth of Child (Month, day, year) Apr 26 1909
6. Sex F
7. Twin or Triplet No — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest H. Herriman
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Des Moines (City or town) Iowa (State or foreign country)
14. Exact Occupation Cabinet Maker
15. Industry or Business [redacted] Carpentry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Ann McDaniel
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Omaha (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name pro[redacted]ctic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 34 years, and that Dr (First name) Lepard (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Bessie A Barker Signature
P. O. Address

Subscribed and sworn to before me this 17 day of Sept, 1943

(SEAL) Louie Haase, Notary Public, residing at Grandview Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by [signature], Registrar.

SEP 30 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1970

OCT 13 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 131, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-228-028-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 378898
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. Government Way
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. Government Way
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene, Ida.

4. **FULL NAME OF CHILD** Georgene Jarvis Corser

5. Date of Birth of Child (Month, day, year) Dec. 28, 1909

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Sumner Corser
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace New York State (City or town) (State or foreign country)
14. Exact Occupation Insurance Business
15. Industry or Business Life Insurance

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cara Louise Smith
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Panora Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature John T. Wood M.D. Midwife Address Coeur d'Alene, Ida. Date Sept. 27, 1943.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Address: G. J. Corser 7006 — 24th Ave. No. E. Seattle, Wash.

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 30 1943 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

~~Where~~ the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure~~ to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-21401C-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 37890 1
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ... (b) City Ammon
   (c) Street Address or R.F.D. No. 3
   (d) Name of Hospital or Maternity Home: attended in home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Ammon
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 5 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ammon Idaho

4. **FULL NAME OF CHILD** Virginia Nielsen

5. Date of Birth of Child (Month, day, year) June 14-1909

6. Sex female

7. Twin or Triplet ... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jesse Haus Nielsen
11. Color or Race Danish W.
12. Age at time of THIS birth ... yrs.
13. Birthplace Manti (City or town) Utah (State or foreign country)
14. Exact Occupation Teacher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Ruth Kingston
17. Color or Race English W.
18. Age at time of THIS birth ... yrs.
19. Birthplace Morgan (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ...
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (Born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related as ... (Mother, etc.)

25. Attendant's **OWN** signature ... M.D. Midwife ... Address ... Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bonneville } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 34 years, and that Dr. T. C. (First name) Wilson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jesse H. Nielsen Signature
314-6th St Idaho Falls Ida. P. O. Address

Subscribed and sworn to before me this 28 day of Sept, 19 43

(SEAL) ... Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 2 1943 by ..., Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded; or in case of failure to report any birth ~~which has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

634-223016-689

3789 19

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 ✓ years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 ✓ yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley, Idaho

4. **FULL NAME OF CHILD** Mary Whitney Oldham

5. Date of Birth of Child (Month, day, year) Dec. 23, 1909

6. Sex female ✓ Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest Price Oldham
11. Color or Race White
12. Age at time of THIS birth 36 ✓ yrs.
13. Birthplace Paradise (City or town) Utah (State or foreign country)
14. Exact Occupation Physician + surgeon
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edmeresa Whitney
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Meadow (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓ unknown.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah
County of Summit } ss.

I, the undersigned, being first duly sworn, say that I am the oldest brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 ✓ years of age, that I have known this person for 33 years, and that Dr. C. P. Oldham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest W. Oldham M.D. Signature

Coalville, Utah P. O. Address

Subscribed and sworn to before me this 29th day of September, 1943

(SEAL) E. G. Bullock, Notary Public, residing at Coalville Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 1943 by Mabel Holdren, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943
OCT 5

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695 214 020 847

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378963
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mountain Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 6 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mountain Home
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Mountain Home, Ida.

4. **FULL NAME OF CHILD** Dorothy Mildred French

5. Date of Birth of Child (Month, day, year) December 14, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Washington French
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Sacremento (City or town) California (State or foreign country)
14. Exact Occupation Rancher - Sheepman
15. Industry or Business Livestock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Ann Hughes
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Hartville, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not recall.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wyoming
County of Fremont } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that John (First name) W. Mather (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Ann French Signature
Lander, Wyoming P. O. Address

Subscribed and sworn to before me this 21st day of July, 1943.

(SEAL) L. A. Crofts, Notary Public, residing at Lander, Wyoming.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires January 23, 1947

Received for filing on OCT 8 1943 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the~~ Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

439-211035-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378973
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perces (b) City Sweetwater
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Child born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perces
   (c) City Sweetwater
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sweetwater, Idaho

4. **FULL NAME OF CHILD** Grace Esther Mc Intire

5. Date of Birth of Child (Month, day, year) April 11, 1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mc Clellen Mc Intire
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Montezuma (City or town) Iowa (State or foreign country)
14. Exact Occupation Miller
15. Industry or Business Sawmill operator

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Parsons
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Marysville (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of WASHINGTON } ss.
County of Yakima }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for her life years, and that Mrs. Ankney (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Minnie McIntire Signature

206 E. Pine, Yakima, Wash. P. O. Address

Subscribed and sworn to before me this 4th day of October, 19 43.

(SEAL) Helen W. Murphey, Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 6 1943 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1943

FEB 16 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not ~~been recorded~~, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165 209 009 515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378982
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. Euclid Ave.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county years 1 months 30 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. Euclid Ave.
(e) How long has MOTHER lived in Idaho? 60 days

3. RESIDENCE OF FATHER (city, state) Sandpoint, Idaho

4. FULL NAME OF CHILD Harriet Hughes Jones
5. Date of Birth of Child (Month, day, year) Aug. 9, 1909
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Harrison Jones
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Reading, Pa. (City or town) (State or foreign country)
14. Exact Occupation Mgr. No. Id. & Mont. Po. Co.
15. Industry or Business Public Utility

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen May Van Duyn
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Springfield, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 34 years, and that Patterson, M.D. (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Van Duyn Jones Signature
306 San Fernando San Diego Calif. P. O. Address

Subscribed and sworn to before this 29th day of September, 1943
(SEAL) Anne K. Wyman Notary Public, residing at San Diego Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 6 1943 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope, earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-211 001-614

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378989
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 months yrs.

3. RESIDENCE OF FATHER (city, state) Meridian, Idaho.

4. FULL NAME OF CHILD Alice Lenore Lundgren

5. Date of Birth of Child (Month, day, year) May 11, 1909

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 months **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alfred Lundgren
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Huston, Mimesota (City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zeerelda Waugh
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Albia, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Illinois } ss.
County of Henry }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 34 years, and that the physician (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alfred Lundgren Signature

R. F. D. #1 Geneseo, Illinois P. O. Address

Subscribed and sworn to before me this 28th day of September, 19 43

(SEAL) Clinton Morrow Notary Public, residing at Geneseo, Ill.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1943 by Mabel Fiddler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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282-107 010-269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 379041
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Route #5
(d) Name of Hospital or Maternity Home: In the home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 6 ~~months~~ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Route #5
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Earl Robert Bybee
5. Date of Birth of Child (Month, day, year) December 7, 1909
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John Allen Bybee
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Hooper (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Carrie Sorenson
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Weber (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 34 years, and that Nancy (First name) Rawson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Bybee Signature
444 Northeastern Ave., Idaho Falls, Ida. P.O. Address

Subscribed and sworn to before me this 29th day of September, 1943
(SEAL) F. L. Brewster By Julia Foley Deputy CLERK OF THE DISTRICT COURT ~~NOTARY PUBLIC~~, residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 14 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 3 1947

SEP 8 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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849 201 037 212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 379066
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Silver City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Silver City, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Silver City Ida.

4. **FULL NAME OF CHILD** Helen Idaho Hurd

5. Date of Birth of Child (Month, day, year) January 1, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Bartlet Hurd
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Stockdale (City or town), Wabash County (State or foreign country) Ind.
14. Exact Occupation Electrician
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Permelia Bassett
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of California } ss.
County of Los Angeles }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 34 or since born years, and that Mrs Keeveney (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna P. Johnson Signature

5759 Olump St, Northollywood Calif. Address

Subscribed and sworn to before me this 14th day of October, 1943

(SEAL)

Notary Public, residing at Burbank Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1943 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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713-116001-793

380386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380386
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 10 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Jesse Harrison Patch

5. Date of Birth of Child (Month, day, year) Aug. 16, 1909.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Charles Richard Patch
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Bedford (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Rosetta Pitcher
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Havensville (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Catherine Rosetta Patch (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 24 years, and that L. L. Dutton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the Best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Rosetta Patch Signature
R.D. No. 2 Boise, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of Oct, 1943.

(SEAL) Margaret E. Mason Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-915, Idaho Code Annotated.)

Received for filing on OCT 29 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 9 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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269 224003689 380389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380389
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Swan Lake,
   (c) Street Address or R.F.D. No. ---
   (d) Name of Hospital or Maternity Home: ---
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock,
   (c) City Swan Lake
   (d) Street Address or R.F.D. No. ---
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Swan Lake, Ida.

4. **FULL NAME OF CHILD** LUCILLE ELISABETH SORENSEN

5. Date of Birth of Child (Month, day, year) Jan. 24, 1909.

6. Sex Female

7. Twin or Triplet - - - If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Peter Christian Sorensen
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Huoring (City or town) Denmark (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carra Lewise Whitt
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Lewiston, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 34 years, and that Ellen (First name) Barger (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carra Lewise Sorensen Mother Signature

Swan Lake, Idaho. P. O. Address

Subscribed and sworn to before me this 22nd day of October, 1943.

(SEAL) O. E. Hendricks, Notary Public, residing at Swan Lake, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 30 1943 by Mabel Felder, Registrar.

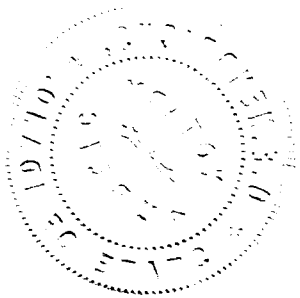
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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380392 380392

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 380392
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Meridian
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Ada years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Ida (b) County Ada
   (c) City Meridian
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edna Marie McNeal

5. Date of Birth of Child (Month, day, year) Nov 13-1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Robert Henry McNeal
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Rock Port Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Mabel Hunt
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Gun City Mo (City or town) (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3yrs

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for life years, and that Dr. J. Sutton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Henry McNeal Signature

Meridian Idaho P. O. Address

Subscribed and sworn to before me this 28 day of October, 1943

(SEAL) Pauline Ambrose Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct. 26-1943 by , Registrar.

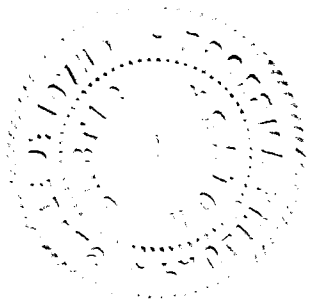
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 30 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



542 · 105 042 · 295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380412
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Kimberly
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Family home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Kimberly
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kimberly, Idaho

4. **FULL NAME OF CHILD** CHESTER DOUGLAS EUBANKS

5. Date of Birth of Child (Month, day, year) Feb. 5, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Ruffus Eubanks
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Caroline King
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:00 PM. on the date and at the place stated above, and that personal particulars were furnished by William Eubanks (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 33 years, and that the attendant (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. R. Eubanks Signature

Willow Creek, Oregon P. O. Address

Subscribed and sworn to before me this 21st day of October, 1943

(SEAL) David O. Sands, Notary Public, residing at Langmuir Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1943 by [illegible], Registrar.

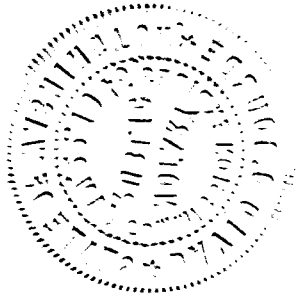
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



813-221039-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380466
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City American Falls, Idaho
   (c) Street Address or R.F.D. No. Hall Farm
   (d) Name of Hospital or Maternity Home: At Farm Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No. Hall Farm
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Cora La Verne Hall

5. Date of Birth of Child (Month, day, year) May 21, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Edward Hall
11. Color or Race American
12. Age at time of THIS birth 33 yrs.
13. Birthplace Hebron, Utah (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Barr [redacted]
17. Color or Race American
18. Age at time of THIS birth 31 yrs.
19. Birthplace Five Forks (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.) Mrs. Liesh was midwife, from Rockland, Idaho. She is not living now.

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah
County of Iron } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 34 years, and that Mrs. (First name) Leish (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora B. Hall — Signature

Kanarraville, Utah — P. O. Address

Subscribed and sworn to before me this 18 day of October, 19 43

(SEAL) Eula S. Rollins, Notary Public, residing at Cedar City, Utah

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 29 1943 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Envelope bearing advance payment of fifty cents, money order or coin. [illegible] copy requires an

OCT 2 0 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

29.1 207010-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380474
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BONNEVILLE (b) City IDAHO FALLS
   (c) Street Address or R.F.D. No. 205 LAVA STREET
   (d) Name of Hospital or Maternity Home: Same as above
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BONNEVILLE
   (c) City IDAHO FALLS
   (d) Street Address or R.F.D. No. 205 LAVA ST.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO FALLS

4. **FULL NAME OF CHILD** JEANETTE HELEN KRAFT
5. Date of Birth of Child (Month, day, year) Jan 7, 1909
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Frank Kraft
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Youngstown (City or town) Ohio (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Brewing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florentine Schmitt
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Milwaukee (City or town) Wisonsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Eye Drops
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wisconsin
County of Milwaukee } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 34 years, and that Dr. Bridges (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Florentine Kraft Signature
3039 N. Sherman Blvd. Milwaukee Wis P. O. Address

Subscribed and sworn to before me this 5th day of October, 1943.

(SEAL) Carey M. Kuennel, Notary Public, residing at Milwaukee Wis
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires Jul 16, 1944

Received for filing on NOV 2 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

353-204-003-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380502
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Grace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Grace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grace Idaho

4. **FULL NAME OF CHILD** Marjorie Telford

5. Date of Birth of Child (Month, day, year) April 4 - 1909

6. Sex female Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Telford
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Bountiful (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Geneva Buckland
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Bountiful (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid solution
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~xxx~~ 68 years of age, that I have known this person for ~~xx~~ ~~xx~~ 34 years, and that Ellen Egbert ~~[illegible]~~ (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geneva Telford Signature

Grace, Idaho. P. O. Address

Subscribed and sworn to before me this 30 day of October, 1943.

(SEAL) [signature], Notary Public, residing at Grace, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 1 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1961

8 NOV

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

86-109-026-313

380534

380534

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby Idaho

4. **FULL NAME OF CHILD** George Call Hoggan

5. Date of Birth of Child (Month, day, year) January 9- 1909

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Ralph Hoggan
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Harness Mfg.
15. Industry or Business Harness & Saddlery-

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Annie Call
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Willard Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1% -
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by George (First name) Ralph Hoggan (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature H.A Anderson MD M.D. Midwife Address Rigby, Idaho Date Nov 10th 1943

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1943 by Mabel Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 1967

NOV 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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380548

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380548
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Tygee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years 7 months 00 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Tygee
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Eleven yrs.

3. **RESIDENCE OF FATHER** (city, state) Tygee, Idaho

4. **FULL NAME OF CHILD** Fredrick Mondell Miller

5. Date of Birth of Child (Month, day, year) June 10, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Geddes Miller
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Willard, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Inglis
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Auchinairn, Scotland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11:00p M. on the date and at the place stated above, and that personal particulars were furnished by Mary Inglis Miller (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Dr G N Neal M.D. ~~Midwife~~ Address Afton, Wyo. Date Oct 8, 43

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1943 by Mabel Pilgrim, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-130-001-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380552
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Eagle
   (c) Street Address or R.F.D. No. One
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Eagle
   (d) Street Address or R.F.D. No. One
   (e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) Eagle, Idaho

4. **FULL NAME OF CHILD** Edwin Lester Johnson

5. Date of Birth of Child (Month, day, year) 7-30-1909

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy ____

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Richard Johnson
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Hazelton (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Webster
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Sheffield (City or town), England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Adams }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 34 years, and that Richard (First name) Johnson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle E. Ludwig Signature
Indian-Valley Idaho P. O. Address

Subscribed and sworn to before me this 29 day of January, 1944

(SEAL) P. H. Ware, Notary Public, residing at Indian Valley Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1944 by Mary Walder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

271-125 014-271

380556 380556

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380556
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Notus
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none- at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Notus
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Notus, Idaho

4. **FULL NAME OF CHILD** Charles August Spaeth

5. Date of Birth of Child (Month, day, year) Feb. 25, 1909

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frederick Spaeth
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace (City or town) Germany (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Magdeline Spathe
17. Color or Race white
18. Age at time of THIS birth 44 yrs.
19. Birthplace (City or town) Germany (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Oregon
County of Union } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 34 years, and that Dr. Fairchild (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Spaeth Jr. Signature

La Grande, Oregon P. O. Address

Subscribed and sworn to before me this 28th day of October, 19 43

(SEAL) Chas H Reynolds, Notary Public, residing CHAS. H. REYNOLDS NOTARY PUBLIC FOR OREGON My Commission Expires Dec. 23, 1943 La Grande, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 24 1943 by Mabel Fylder, Registrar.

JUN 13 1973

NOV 24 1943
NOV 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-218033-252

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380593
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Hibbard
   (c) Street Address or R.F.D. No. 3 - Rexburg
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8½ years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Hibbard
   (d) Street Address or R.F.D. No. 3 - Rexburg
   (e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hibbard, Idaho

4. **FULL NAME OF CHILD** Phoebe Alice Neville

5. Date of Birth of Child (Month, day, year) Aug. 18, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George J. Neville
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Hardscrabble, Utah (City or town) (State or foreign country)
14. Exact Occupation Bricklayer & Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNIE S. SESSIONS
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Bountiful, Utah. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Madison } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for [redacted] 34 years, and that (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie S. Neville Signature
Teton Idaho P. O. Address

Subscribed and sworn to before me this 28 day of October, 1943.

(SEAL) D. W. Trowell, Notary Public, residing at Rexburg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1943 by Mabel Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

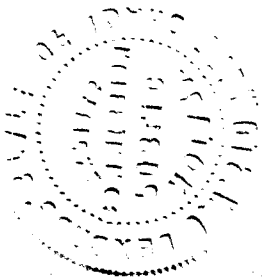
NOV 2 6 1974

NOV 8 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



253-217 001-217

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380624
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ADA (b) City NAMPA
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: OWN HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County Canyon
   (c) City NAMPA
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) NAMPA IDAHO

4. **FULL NAME OF CHILD** MYRTLE LUCILLE KELLOGG

5. Date of Birth of Child (Month, day, year) 17 OCT 1909

6. Sex GIRL

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JOSEPH MARTIN KELLOGG
11. Color or Race WHITE
12. Age at time of THIS birth 40 yrs.
13. Birthplace DOUGLAS CO. (City or town) CAL. (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** GEORGIANNA BAXTER
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace NAMPA (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Ag Nit.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living [illegible]

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Georgianna Kellogg (First name) (Last name), who is related as mother (Mother, etc.).

25. Attendant's **OWN** signature J. H. Murray M.D. ~~Midwife~~ Address Nampa Idaho Date Oct 28, 1943

State of ... } ss.
County of ... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ..., Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 9 1943 by ..., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

293-209006-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380671
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. 306 W. Judicial
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No. 306 W. Judicial
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Ida.

4. **FULL NAME OF CHILD** Alethea Loraine Bithell

5. Date of Birth of Child (Month, day, year) May 9, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Henry Bithell
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Huntsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Grant Mackie
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Park City (City or town) Utah (State or foreign country)
20. Exact Occupation Saleslady
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-three years of age, that I have known this person for thirty-four years, and that Dr. Frank (First name) Mitchell (Last name), who attended this birth is now incompetent (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Henry Bithell Signature
Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of Nov, 1943

(SEAL) [signature], Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1943 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 11 1969

NOV 15 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report~~ may be ~~received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

144 / 30022. 419

380692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City Ashton
   (c) Street address or R. F. D. No.....
   (d) Name of Hospital or Maternity Home:
   .....
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State..... (b) County.....
   (c) City .....
   (d) Street address or R. F. D. No.....
   (e) How long has **MOTHER** lived in Idaho?.....yrs.
   (f) Mother's mailing address (For registration notice):
   .....
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Daniel Franklin Judd

5. **DATE OF BIRTH** (Month, day, year) April 30 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Fuller Judd

11. Color or Race white

12. Age at time of THIS birth 23 yrs.

13. Birthplace Pima, Arizona
(City or Town) (State or foreign country)

14. Exact Occupation Hardware Clerk

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Mable Marshall

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Panguitch, Utah
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 2 3 1943 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** E. L. Hargis M. D. (D. O., Midwife, etc.)
and address Ashton Idaho Date 9-28

DEC 4 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

643-222-009-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380743
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bonner Co. Idaho

4. **FULL NAME OF CHILD** Myrtle Clarice Hutchison

5. Date of Birth of Child (Month, day, year) July 22. 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Hutchison
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Richmond (City or town) Ontario (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business On farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minerva Windsor
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Bravenhurst (City or town) Ontario (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 9 M. on the date and at the place stated above, and that personal particulars were furnished by Minerva Hutchison (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Eva J. Geiger M.D. or Midwife Address Priest River Ida. Date Nov. 4. 1943

State of Washington
County of Pend Oreille } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that Clara Wilson (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minerva Hutchesson Signature

P. O. Address

Subscribed and sworn to before me this 16th day of November, 1943

(SEAL) E. E. Jones Notary Public, residing at Newport

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1943 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1971

NOV 22 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769-217-016-413

United States Department of Commerce
Bureau of the Census

NOV 15 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381806
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence of William C. Martindale
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years One months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Milner
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) Milner, Idaho

4. **FULL NAME OF CHILD** Mabel Edwina Porterfield

5. Date of Birth of Child (Month, day, year) Oct. 17, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Chester Porterfield
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace New Malden, (City or town) Kansas (State or foreign country)
14. Exact Occupation Civil & Mining Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Matthews
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Ligourney (City or town) Iowa (State or foreign country)
20. Exact Occupation Home Maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for since birth years, and that Dr. Oldham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts in the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Matthews Porterfield Signature

Box 39 RFD #2 Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of November, 19 43.

(SEAL)

[signature] Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 15 1943 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 8 1971

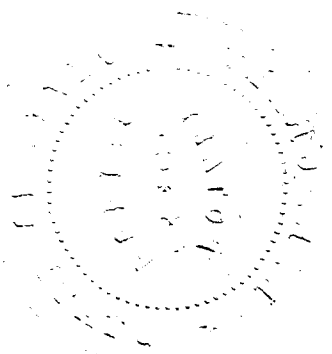
APR 21 1971

NOV 26 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



363-105-036-512

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 381832
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City American Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Clifford Mansfield Cotterell

5. Date of Birth of Child (Month, day, year) Nov. 5th 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clyde Clifford Cotterell
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Albion (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Alice Easley
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Hutchinson (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 P M. on the date and at the place stated above, and that personal particulars were furnished by Mattie Cotterell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Genevieve Nott R.N. ~~M.D.~~ Midwife Address American Falls Date

State of Idaho
County of Oneida (now Power) } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1943 by , Registrar.

DEC 1 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-203-044-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381833
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 11th St. East
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county home years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 11th St. East
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser Idaho

4. **FULL NAME OF CHILD** Daris Minerva Carlson
5. Date of Birth of Child (Month, day, year) 9-3-1909
6. Sex female
7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alexander Carlson
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Kimbrough
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Illinois Carthage Hancock Co. (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ~~3~~ 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 34 years, and that Flora Pearson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora Pearson Signature
Weiser R3 P. O. Address

Subscribed and sworn to before me this 26 day of November, 1943

(SEAL) [signature], Notary Public, residing at Weiser

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1939

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-123-036-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381840
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City American Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 1 months 23 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls, Idaho

4. **FULL NAME OF CHILD** David William Davis Jr.

5. Date of Birth of Child (Month, day, year) 12-23-1909.

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** David William Davis
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Wales (City or town) (State or foreign country)
14. Exact Occupation Pass. First Nat'l Bk. American Falls Ida
15. Industry or Business Banking & Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Johnson.
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Sterling, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Florida } ss.
County of Orange }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for since birth years, and that Richard F. (First name) North, M.D. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David William Davis Signature
916 Delaney St. Orlando Fla. P. O. Address

Subscribed and sworn to before me this 22 day of November 1943.

(SEAL)

Theta Shay, Notary Public, residing at State of Fla.
My com. expires Nov. 17, 1947

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1943 by , Registrar.

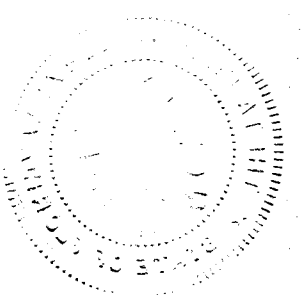
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



643-230-014-845

381850

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** Ruth Idaho Fulton,

5. Date of Birth of Child (Month, day, year) Nov. 30, 1909.

6. Sex Female

7. Twin or Triplet neither

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Simon Fulton
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Birmingham, (City or town) Iowa (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie May Hunt
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Potosi, (City or town) Wis. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living all

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Washington, County of Snohomish, } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 68 years, and that Dr. Quick (First name) (Last name), who attended this birth cannot locate (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie May Fulton Signature

2109 Broadway Ave., Everett, Wash. P. O. Address

Subscribed and sworn to before me this 22nd day of November, 1943.

(SEAL) ..., Notary Public, residing at Everett.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1943 by ..., Registrar.

AUG 3 1971

DEC 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-230-006-718 381879

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 381879

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Idaho Falls

(c) Street Address or R.F.D. No. 117 Fifth

(d) Name of Hospital or Maternity Home: In the home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 1 months ? days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham

(c) City Idaho Falls

(d) Street Address or R.F.D. No. 113 5th St.

(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Ida. Falls, I.

4. FULL NAME OF CHILD Norma Buck

5. Date of Birth of Child (Month, day, year) June 30, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Arnold Buck

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Near Idaho Falls (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eleanor Payne

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Roanoke (City or town) Virginia (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business At Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that Dr. Fuller (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eleanor E Buck Signature

Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of March, 1943

(SEAL) Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1943 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 18 2018

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-226-043-261

381902

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381902
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City Cascade
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City Near Cascade
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Thelma Erma Yna Rhada Bower

5. Date of Birth of Child (Month, day, year) March 26 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** LeRay E. Bower

11. Color or Race White

12. Age at time of THIS birth ____ yrs.

13. Birthplace Kansas (City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business Freighter, Mail Carrier, Miner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vina Swanson

17. Color or Race White

18. Age at time of THIS birth ____ yrs.

19. Birthplace ____ (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Ida Ho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am ~~the~~ ____ (Mother, etc.) ~~of~~ the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for More than 33 years, and that ____ (First name) ____ (Last name), who attended this birth Not Known to me (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Leonard Signature

314 Pearl St. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of December, 1943.

(SEAL) S.E. Blaine, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. expires 5/4/1946

Received for filing on JAN 3 1944 by Mabel Holder, Registrar.

JAN 3

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-102-003-815

381909

United States
Department of Commerce
Bureau of the Census

NOV 2 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BANNOCK (b) City POCATELLO
   (c) Street Address or R.F.D. No. NORTH LINCOLN
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery:
   In **THIS** county TWO years SIX months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** RAY HANSEN KELLEY
5. Date of Birth of Child (Month, day, year) NOV. 2. 1909
6. Sex MALE
7. Twin or Triplet —
   If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FRANK DEAN KELLEY
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace SIGOURNEY (City or town) IOWA (State or foreign country)
14. Exact Occupation TELEGRAPHER
15. Industry or Business RAILROAD (O.S.L)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LILLIAN ENGER HANSEN
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace NORTH OGDEN (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child TWO (b) Born alive and now living TWO

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 8:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by LILLIAN E. KELLEY (First name) (Last name), who is related as MOTHER (Mother, etc.)
25. Attendant's **OWN** signature Annie Bird ~~M.D.~~ Midwife Address 655 S. 6th Pocatello Ida Date Dec. 1, 1943

State of Idaho
County of Madison } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 34 years, and that Mrs Annie Bird (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian E. Hansen Kelley Signature
Bx 216 Shoshone Ida P. O. Address

Subscribed and sworn to before me this 1st day of November, 1943

(SEAL) A. Hansen, Notary Public, residing at Shoshone Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter [illegible] 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

435-207-018-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381911
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Orofino
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Orofino
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) Orofino Idaho

4. **FULL NAME OF CHILD** Vera McElwain

5. Date of Birth of Child (Month, day, year) Oct 3, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emmett Byron McElwain
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Wurtemburg (City or town) Penna. (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie May Lieuallen
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Galesburg (City or town) Illinois (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Clearwater } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Mrs Horace Noble (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emmett B. McElwain Signature
Orofino Idaho P. O. Address

Subscribed and sworn to before me this 14th day of June, 1943.

(SEAL) H. L. Walrath, Notary Public, residing at Orofino Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 1943 by Mabel Nelder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child ~~is~~ living or accessible, ~~of the nearest of kin or guardian, or some person~~ having direct knowledge in the premises.

165-218-006-243

381930

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Binghan (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Binghan
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot Idaho

4. **FULL NAME OF CHILD** Clarice (None) Jones

5. Date of Birth of Child (Month, day, year) May-18th- 1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd 1-st

8. No. months of Pregnancy 9 Mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence C Jones

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Binghan Canyon Utah (City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business For self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Bull [redacted]

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Raft River Idaho (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1-st (b) Born alive and now living None

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 53 years, and that Dr Davis (First name) (Last name), who attended this birth Dr Davis- Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Bull Jones Signature
2703 Indiana Ave, South Gate Calif. P. O. Address

Subscribed and sworn to before me this 24-th day of November, 19 43.

(SEAL) My Commission Expires May 1, 1946 John S Butcher, Notary Public, residing at LOS ANGELES '60'

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1943 by [illegible] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

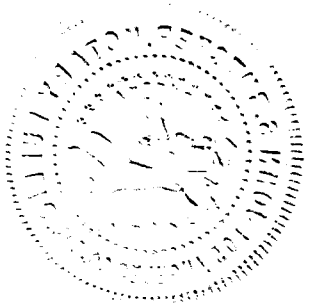
NOV 2 6 1974

DEC 8 1913

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



967-112-009-236

381945

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: was burned in home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Asa Denton Ropp

5. Date of Birth of Child (Month, day, year) Dec. 12-1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Floyd Otto Ropp
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Urbana (City or town) Ohio (State or foreign country)
14. Exact Occupation Farming Lumbering
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Stover
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Summersville (City or town) W. Va (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum cared far by the Dr.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Floyd (First name) Ropp (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Helen Hagman M.D. Midwife Address Priest River Ida Date Nov 23-1943

State of..... } ss.
County of..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this 23 day of Nov, 1943
(SEAL) Georgia Hagman Notary Public, residing at Priest River Ida

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1943 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

754-207-005-339

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381964
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ..... (b) City St. Maries
   (c) Street Address or R.F.D. No. Methodist Parsonage
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State ..... (b) County .....
   (c) City see reverse side of this
   (d) Street Address or R.F.D. No. statement
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Helen Irene Pemberton
5. Date of Birth of Child (Month, day, year) December 7 1909
6. Sex female
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry Francis Pemberton
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Gloucester (City or town) New Jersey (State or foreign country)
14. Exact Occupation Methodist minister
15. Industry or Business Methodist Church

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zora Irene Cline
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Idaville (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Methodist church

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Washington } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 34 years, and that Dr. do not know 1st name (First name) Kinsolving (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H. F. Pemberton Signature
224 S 3rd Ave., Hillsboro, Ore. P. O. Address

Subscribed and sworn to before me this 26 day of Nov, 1943

(SEAL) M. B. Bunch, Notary Public, residing at Hillsboro Or

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1943 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1948

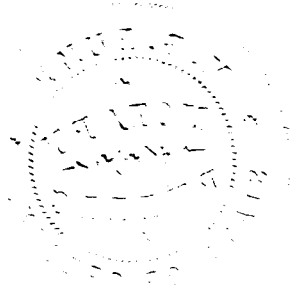
Answer to questions 2 and 3: I am a Methodist minister and at the time of the birth of our daughter we had just moved from Chewelah, Wash. to St. Maries to serve the Methodist Church. This would indicate that the usual State of which we were at the time residents was the State in which the Church happened to be to which I was appointed as pastor. We were in St. Maries just one year moving to Spokane in Sept. 1910

H. O. Pemberton

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



235-226-022-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 382020
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Freemont (b) City Rexburg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Freemont
   (c) City Rexburg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) REXBURG, IDAHO

4. **FULL NAME OF CHILD** Hazel Gladys Loril Stevens

5. Date of Birth of Child (Month, day, year) October 26, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Edward Stevens
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Mishawaka (City or town) Indiana (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa May Lamb
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Crossville, (City or town) Tennessee (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Rosa (First name) Stevens (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 34 years, and that Midwife (First name) did not remember Name (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa May Lamb Stevens Signature
8324 S.E. Lafayette, Portland Ore. P. O. Address

Subscribed and sworn to before me this 12 day of November, 1943

(SEAL) Geo. M. Lovell, Notary Public residing at Portland Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Expires Dec. 18 1944

Received for filing on DEC 8 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1939

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed~~ by the local ~~registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 11 1952

1735-209-040-414

382044

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wallace
   (c) Street Address or R.F.D. No. ✓
   (d) Name of Hospital or Maternity Home: ✓
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ✓ years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wallace
   (d) Street Address or R.F.D. No. ✓
   (e) How long has **MOTHER** lived in Idaho? ✓ yrs.

3. **RESIDENCE OF FATHER** (city, state) Wallace Idaho

4. **FULL NAME OF CHILD** Dorothy Frances Mc Neil

5. Date of Birth of Child (Month, day, year) Feb 9, 1909

6. Sex Female

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy ✓

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry E. Mc Neil
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Georgetown (City or town) Ohio (State or foreign country)
14. Exact Occupation ✓
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Christina Madsen
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child ✓ (b) Born alive and now living ✓

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Illinois
County of Cook } ss.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 34 years, and that ____ (First name) ____ (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Peter Hansen Signature
7833 Champlain, Chicago, Ill. P. O. Address

Subscribed and sworn to before me this 8th day of December, 1943

(SEAL) Dorothy Johnson, Notary Public, residing at Chicago, Ill.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 13 1943 by Mabel Hyde, Registrar.

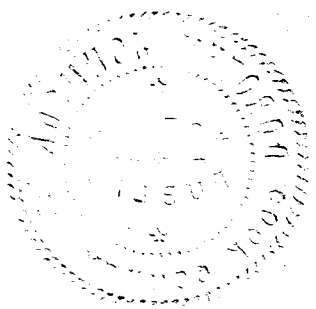
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



281-215-044-493

382094

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Elizabeth Louise Shaffer

5. Date of Birth of Child (Month, day, year) Oct. 15, 1909

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy normal

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Shaffer
11. Color or Race W
12. Age at time of THIS birth 30 yrs.
13. Birthplace Oxford, Idaho (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mamie M iller
17. Color or Race W
18. Age at time of THIS birth 26 yrs.
19. Birthplace Maysville, Mo. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 59 years, and that Dr Joseph Numbers (First name) (Last name), who attended this birth now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Shaffer Signature

Wapato, Washington P. O. Address

Subscribed and sworn to before me this 14th day of December, 1943.

(SEAL) Eugene [illegible], Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

657 208 007 314

[redacted]

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

1. **PLACE OF BIRTH**
   (a) County Blaine (b) City Carey
   (c) Street Address or R.F.D. No. .....
   (d) Name of Hospital or Maternity Home: .....
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 9 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Carey
   (d) Street Address or R.F.D. No. .....
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.
   (f) Mother's mailing address Carey, Idaho

3. **RESIDENCE of FATHER** (city, state) Carey, Ida.

4. **FULL NAME OF CHILD** Iva LoRene Ong

5. Date of Birth (Month, day year) Feb-8-1909

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Mifflin Ong

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Covington Kentucky (City or town) (State or foreign country)

14. Exact Occupation Mining Engineer

15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iva Elizabeth Campbell

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Malad Idaho (City or town) (State or foreign country)

20. **Exact Occupation** Housewife.

21. **Industry or Business** .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 21 1943 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho } ss.
County of Blaine }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Iva E Ong (Willis), being first duly sworn, say that I am Related To (Related to (or) acquainted with) Iva LoRene Ong (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Howard (Name of attendant at birth), who attended said birth cannot be Located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Iva E Ong (Willis) Signature

34 South Main St. Salt Lake City Utah P. O. Address

Subscribed and sworn to before me on this 12th day of November 1943

(SEAL) Athalone N. Dudley Notary Public, residing at Salt Lake City, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1969

DEC 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purpose and upon prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-227 033 513

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383117
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Salem
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Salem
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Venice Marie Mortensen
5. Date of Birth of Child (Month, day, year) February [redacted] 1909
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christian Martinson
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Tedland (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle L. Valentine
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Brigham (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Madison } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for thirty five years, and that Mae Nelson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle L Mortensen Signature

P. O. Address

Subscribed and sworn to before me this 17 day of Dec, 1943.

(SEAL) D W Stowell, Notary Public, residing at Rexburg Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1943 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689 205 044 235

United States
Department of Commerce
Bureau of the Census

DEC 21 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383121
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington City MIDVALE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County WASHINGTON
   (c) City MIDVALE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) MIDVALE IDA

4. **FULL NAME OF CHILD** LOIS LILLIAN WHITLOW

5. Date of Birth of Child (Month, day, year) NOV-5-1909

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 8th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD WHITLOW

10. **FULL NAME** WILLIAM WARDSWORTH
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace BROWNSVILLE NEBRASKA (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY SOPHRONIA STEWART
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace BIGLOW MISSOURI (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Lewis } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 34 years, and that DEAD (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs W. W. Whitlow Signature
1816 S.E 12 st 142 Portland Ore. P. O. Address

Subscribed and sworn to before me this 17th day of December, 1943

(SEAL) [signature], Notary Public, residing at Chehalis.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1943 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414-715014 394

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383159
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Parma
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 29 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Parma
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Parma, Idaho

4. **FULL NAME OF CHILD** James John Daugherty

5. Date of Birth of Child (Month, day, year) Dec. 15, 1909

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lourn D. Daugherty
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace -- (City or town) Virginia (State or foreign country)
14. Exact Occupation Workhand
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Timmons
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Suckercreek (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Lassen } ss.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 34 years, and that Dr. Waldrop (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Stampfli Signature
Nevada Street
Susanville, California P. O. Address

Subscribed and sworn to before me this 28th day of December, 1943

(SEAL)

Mildred C. Hardy, Notary Public, residing at Susanville, California.

My commission expires March 11, 1947

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 4 1944 by Mabel Wilder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383191
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Caribou (b) City Freedom
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Luthi home residence
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 8 ~~months~~ ~~days~~

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Freedom
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Eight yrs.

3. **RESIDENCE OF FATHER** (city, state) Freedom Ida.

4. **FULL NAME OF CHILD** Inez Enna Luthi

5. Date of Birth of Child (Month, day, year) June 10 – 1909

6. Sex Female

7. Twin or Triplet If so—born ~~1st, 2nd, 3rd~~

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Luthi Jr.
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Zimmermatt (City or town) Switzerland (State or foreign country)
14. Exact Occupation Ranchman
15. Industry or Business Cattle raising & feed.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Robinson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living ~~alive~~ yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Luthi (First name) Hazel R. (Last name), who is ~~related as~~ the Mother (Mother, etc.)

25. Attendant's **OWN** signature E. F. Roberts ~~M.D.~~ Midwife Address 237 N. 4th East Logan, Ut. Date 23/12./43

State of
County of } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

~~L. I. Jenkins~~ Signature
P. O. Address

Subscribed and sworn to before me this 30 day of ~~Aug~~ Dec., 1943.

(SEAL) L. I. Jenkins, Notary Public, residing at Freedom, Wyo.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires May 14, 1945.

Received for filing on JAN 6 1944 by Mabel Felder, Registrar.

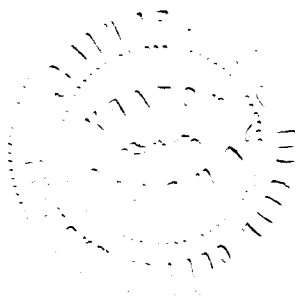
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



665-14044-652

383216

383216

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Wash- (b) City Weiser
   (c) Street Address or R.F.D. No. West main St.
   (d) Name of Hospital or Maternity Home: In own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser Idaho
   (d) Street Address or R.F.D. No. West Main St
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser Idaho

4. **FULL NAME OF CHILD** Burton Dee Owens

5. Date of Birth of Child (Month, day, year) Jan. 14, 1909

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** George W. Owens
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Westervelt
17. Color or Race White
18. Age at time of THIS birth ____ yrs.
19. Birthplace Jerusalem (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Oregon
County of Washington } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 35 years, and that Dr. (First name) Numbers (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elizabeth Cooper Signature

15 A St S Forest Grove Ore. P. O. Address

Subscribed and sworn to before me this 22nd day of January 1944

(SEAL)

NOTARY PUBLIC FOR OREGON

Notary Public, residing at Forest Grove Ore

My Commission Expires 4/4/47

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1944 by Mary Felger, Registrar.

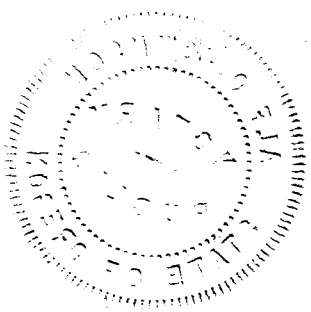
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 8 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



513-22 7020-119

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 13837

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH:**
   (a) County Elmore (b) City Mt. Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 2 years 5 month 10 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mt. Home
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address Mt. Home, Ida.

3. **RESIDENCE of FATHER** (city, state): Mt. Home, Ida.

4. **FULL NAME OF CHILD** Ruth Lee Latimore

5. Date of Birth (Month, day, year) July 27, 1903

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Samuel Latimore
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Madisonville (City or town) Tenn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Raising sheep

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sallie Diana Farnagin
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Knoxville (City or town) Tenn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 25 1944 (Date received) (b) Mary Fielder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sallie J. Latimore, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ruth Latimore Nelson as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. B.W. Mather (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Sallie J Latimore Signature

Boise Ida R 4 P. O. Address

Subscribed and sworn to before me on this 18th day of January, 1944

(SEAL)

E. J. Chamberlain Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 12 1971

JAN 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code, Annotated, when such report is accompanied by [illegible] attending physician or midwife, or by affidavits of [illegible] father of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DELAYED

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383248

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383248
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Winder
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Winder
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Leonard Allen Taylor

5. Date of Birth of Child (Month, day, year) December 26, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Allen Green Taylor
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Fairview, (City or town) Idaho (State or foreign country)
14. Exact Occupation blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Moore
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Centerville, (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4-P M. on the date and at the place stated above, and that personal particulars were furnished by Ethel (First name) Taylor (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Franklin } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35 years, and that Dr. Allen (First name) Cutler (Last name) Sr., who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Moore Taylor — Signature

Box 36 Brigham City, Utah — P. O. Address

Subscribed and sworn to before me this 26 day of January, 19 44.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at Raton

Received for filing on Feb 8 - 1944 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RELEASED

819-202-035 249

383295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Rosetta
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Rosetta
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rosetta, Idaho

4. **FULL NAME OF CHILD** Hazel Louise Harrington

5. Date of Birth of Child (Month, day, year) Sept 2, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lewis Edward Harrington
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Rock Island (City or town) Illinois (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Iowa Smith
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Freemont (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 33 (All her life) years, and that Dr. J. J. Herrington (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Tiede Signature

Lewiston, Idaho. P. O. Address

Subscribed and sworn to before me this 24th day of June, 1943

(SEAL) [signature], Notary Public, residing at Lewiston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

275-117 025 755

383302

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Kooskia
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Life years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Kooskia
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Life yrs.

3. **RESIDENCE OF FATHER** (city, state) Kooskia Idaho

4. **FULL NAME OF CHILD** James I. Spencer

5. Date of Birth of Child (Month, day, year) Aug. 17, 1909

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Johnson M. Spencer
11. Color or Race Indian
12. Age at time of THIS birth 31 yrs.
13. Birthplace Kooskia (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Penny
17. Color or Race Indian
18. Age at time of THIS birth 31 yrs.
19. Birthplace Kooskia (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 a. M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Wilson (First name) (Last name), who is related as aunt (Mother, etc.)

25. Attendant's **OWN** signature Elizabeth Wilson Midwife Address Kamiah Idaho. Date Jan. 3, 1944

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383321
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 708 So. 2nd
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 708 So. 2nd
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Corinne Bernice Purkey

5. Date of Birth of Child (Month, day, year) July 9th, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Burt Edward Purkey
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Menomonie (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Alice Tucker
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Yutan (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that Dr. H. A. Castle (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Alice Purkey Signature
R.R. #1 So. Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of March, 1942

(SEAL) Nestor Thompson Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1944 by Mabel Helger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-205040 466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383326
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years 2 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edna Odell Scott
5. Date of Birth of Child (Month, day, year) Dec. 5, 1909
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin Cunningham Scott
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Steubenville (City or town) Ohio (State or foreign country)
14. Exact Occupation Outside Foreman
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Estella Moore
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Millersburg (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature F W Rolfe M.D. Midwife Address Mullan - Ida Date Jan 11-1944

State of .....
County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 33 years, and that Dr. (First name) Rolfe (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edwin C Scott Signature

..... P. O. Address

Subscribed and sworn to before me this 1st day of Nov 1943

(SEAL) Cora B Hugell Notary Public, residing at 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383358
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Marysville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Marysville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Marysville Ida

4. **FULL NAME OF CHILD** Arthur Clair Barrett

5. Date of Birth of Child (Month, day, year) 1-17-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Arthur Barrett
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Farmington (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer and merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Adelia Weatherman
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Centerville, (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none to my knowledge
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 34 years, and that Dr. William Young (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Adelia W. Barrett Signature

705 S. 10th Ave. Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me this 15th day of January, 1944.

(SEAL) Grace Bistline, Notary Public, residing at Pocatello, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1944 by Mabel Holden, Registrar.

JAN 21 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 383362
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH.**
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county 3 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Salmon, Idaho

3. **RESIDENCE of FATHER** (If same, Salmon, Idaho

4. **FULL NAME OF CHILD** MARAGRET KING CARL

5. Date of Birth (Month, day, year) July 7, 1909

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick William Carl
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Butte, (City or town) Montana (State or foreign country)
14. Exact Occupation Retail Lumber Dealer
15. Industry or Business Lumber Yard

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Maria King
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Mammoth Springs, Ark. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JAN 19 1944 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frederick William Carl, being first duly sworn, say that I am related (Related to (or) acquainted with) Maragret King Carl (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Anson E. Murphy (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frederick William Carl Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of January, 1944

(SEAL) [signature] Notary Public, residing at Salmon, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 21 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383368
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Swan Valley
   (c) Street Address or R.F.D. No. Irwin, Idaho
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Swan Valley
   (d) Street Address or R.F.D. No. Irwin, Idaho
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** FOREST CORBIT

5. Date of Birth of Child (Month, day, year) 7-22-1909

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harlin Corbit
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Wayne County, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Nickell
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace (City or town) Missouri (State or foreign country)
20. Exact Occupation Home-wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address Swan Valley and Irwin now in Bonneville County, Idaho. Date

AFFIDAVIT

State of Idaho, County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 34 years, and that Laura (First name) Weeks (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Vivinda Breeding Signature
330-6th St., Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of December, 1943.

(SEAL) Emil T. Petersen, Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1944 by Mabel Fyler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 21 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384419
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Jerome
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Jerome
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Melvin Smith

5. Date of Birth of Child (Month, day, year) Aug 20 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Arthur Eagleton Smith
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Pikeville (City or town) Tennessee (State or foreign country)
14. Exact Occupation assistant water master
15. Industry or Business for south Grand and Twin falls co Jerome Idaho

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mintie McCulley
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Pikeville (City or town) Tennessee (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of Yakima }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 67 years, and that Doctor Henning (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mintie Mc Smith Signature

607 So 13th St. Yakima Wash P. O. Address

Subscribed and sworn to before me this 11 day of January 1944 Mintie Mc Smith 19

(SEAL) D. N. Forshay, Notary Public, residing at Yakima Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1944 by Mary Kelder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such~~ date, ~~such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Clifton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Clifton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Clifton, Idaho

4. **FULL NAME OF CHILD** Donald Kenneth Gerrard

5. Date of Birth of Child (Month, day, year) Nov. 29th, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alexander Gerrard
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Aberdeen (City or town) Scotland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margret Cottrell
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Farmington (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho, County of Lemhi } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person ~~for~~ Since Birth years, and that Harriett Howell (First name) (Last name), who attended this birth, Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margret Cottrell Howard Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of January, 1944.

(SEAL)

Frederick Hughes Brock, Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1944 by Mabel Fielder, Registrar.

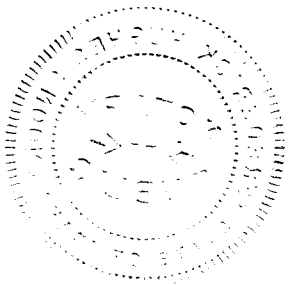
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384445
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Bernice Nuser

5. Date of Birth of Child (Month, day, year) Aug. 27, 1909

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Rudolph Nuser
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Zurich (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Patrea Munk
17. Color or Race White **18.** Age at time of THIS birth 44 yrs.
19. Birthplace Manti (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as X (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 35 years, and that Mrs. Alex Gardner (First name) (Last name), who attended this birth not present (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Patrea Nuser Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of January, 1944

(SEAL) H. Bothwell Notary Public, residing at Grangeville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1944 by Mary Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. Route #1
   (d) Name of Hospital or Maternity Home: own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 7 months 26 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. Route #1
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Arthur John Woffinden

5. Date of Birth of Child (Month, day, year) March 2 1909

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur Thomas Woffinden
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Chaffin
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Cedar City (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 34 years, and that Mrs (First name) Roeberry (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Prestwich Signature

R.5. Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of August, 1943

(SEAL) Eloise Martin, Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1944 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 27 1944

State File No. 384463
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Soldier Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county [redacted] years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Soldier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 months ##

3. **RESIDENCE OF FATHER** (city, state) Soldier? Idaho

4. **FULL NAME OF CHILD** Juline.Wilhelmine.Wheeler

5. Date of Birth of Child (Month, day, year) May.24.1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? x

FATHER OF CHILD

10. **FULL NAME** Edwin.E.Wheeler
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Rockford. (City or town) Mich (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lisette.Hartman
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Ixonia (City or town) Wis. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Washington } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 34 years, and that Luella (First name) Laird (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lisette Wheeler Signature
Rt 1. Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of January, 1944

(SEAL) Fern Hansen, Notary Public, residing at Weiser, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Mullan
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Mullan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mullan Idaho

4. **FULL NAME OF CHILD** John Reino Sinnemaki

5. Date of Birth of Child (Month, day, year) July 16, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Matt Sinnemaki
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Kuortane (City or town) Wassa Lanni (State or foreign country) Finland
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LEMPI Amanda Jutila
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Kortesjarvi (City or town) Wassa Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lempi Amanda (First name) Jutila (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 34 years, and that Marie Rinni (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lempi A. Sinnemaki Signature

Kellogg Idaho P. O. Address

Subscribed and sworn to before me this 19th day of Jan., 19 44

(SEAL) Mary M. Stout, Notary Public, residing at Kellogg Ida.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Commission expires July 30, 1945

Received for filing on JAN 28 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384468
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or ~~R.F.D. No.~~ Garfield
   (d) Name of Hospital or Maternity Home: residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BONNEVILLE
   (c) City IDAHO FALLS
   (d) Street Address ~~or R.F.D. No.~~ GARFIELD
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO FALLS, IDAHO

4. **FULL NAME OF CHILD** ETHEL PHIDELLA HILL

5. Date of Birth of Child (Month, day, year) June 19, 1909

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** TILMAN LENORD HILL
11. Color or Race WHITE
12. Age at time of THIS birth 36 yrs.
13. Birthplace OGDON (City or town) UTAH (State or foreign country)
14. Exact Occupation LABOR
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** IDA PHIDELLA LABRUM
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace LITTLE COTTONWOOD (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. JONES Address — Midwife — Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 35 years, and that Dr. Jones (First name) (Last name), who attended this birth is DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Phidella Hill — Signature
Idaho Falls Idaho, Box 564 — P. O. Address

Subscribed and sworn to before me this 24th day of January, 1944

(SEAL)

Olga Chellgren — Notary Public, residing at Idaho Falls Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Clerk of Probate Court

Received for filing on JAN 28 1944 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been ~~recorded, or~~ in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

485-221006 389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384500
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Firth
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At the family home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years 6 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Firth (then a part of Basalt)
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 ½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Firth, Idaho

4. **FULL NAME OF CHILD** Arvilla Dye [redacted]

5. Date of Birth of Child (Month, day, year) May 21, 1909

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Henry Dye
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Riverdale, Weber Co., Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Dora Child
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Riverdale, Weber Co., Utah (City or town) (State or foreign country)
20. Exact Occupation House Keeper
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy three years of age, that I have known this person for thirty four years, and that Elizabeth Jemmett (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie D. C. Dye Signature

Basalt, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of January, 19 44.

(SEAL)

H. R. McCornick Notary Public, residing at Basalt, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1944 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing PENALTY CLAIM postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659 117 006 557

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 384561

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384561
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 5 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho

4. **FULL NAME OF CHILD** Charles Ivan Ferrel

5. Date of Birth of Child (Month, day, year) August 17, 1909

6. Sex male

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Oscar Ferrel
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Sidney, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Ann Engle
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Wapello County, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 34 years, and that Dr. Davis (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Ann Ferrel, Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of February, 1944.

(SEAL) Helen F. Dunn, Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1944 by Mabel Fields, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 21 1963

FEB 25 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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384565

384565

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384565
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Lewisville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Lewisville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ellen Ellsworth

5. Date of Birth of Child (Month, day, year) Jan. 24, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edmund Ellsworth
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace The Muddy, (City or town) Arizona (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edwina Walker
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Oak City (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~alive~~ (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 33 years, and that Dr. R. O. Tucker (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Edwina Walker Ellsworth Signature

Leeks Green, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of July, 1942

(SEAL) Notary Public, residing at Twin Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 29 1944 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 29 1944

SEP 25 1969
OCT 26 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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384587

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384587
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Downey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Downey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Downey, Idaho

4. **FULL NAME OF CHILD** David DeWayne Wilding

5. Date of Birth of Child (Month, day, year) Feb. 19, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George David Wilding
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Hill
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Sheffield, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Madison } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-nine years of age, that I have known this person for thirty-four years, and that Doctor (First name) Arnot (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George David Wilding Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of January, 1944

(SEAL) Mary Smith, Notary Public, residing at Rexburg, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1944 by Mary Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139; Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth) FEB 2 1944
   (a) County Blaine (b) City Soldier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Soldier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Soldier, Idaho

4. **FULL NAME OF CHILD** Zel ma Berniece Reagan

5. Date of Birth of Child (Month, day, year) May 9, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lemuel Edward Reagan
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Sevierville, (City or town) Tennessee (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Paralee Chandler
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Sevierville, (City or town) Tennessee (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Camas } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for since birth years, and that Mrs. Wirt (First name) (Last name), who attended this birth deceased (If now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth P. Reagan Signature

Fairfield, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of January, 19 44

(SEAL) [signature], Notary Public, residing at Fairfield Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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384591

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County WASHINGTON (b) City MIDVALE
   (c) Street Address or R.F.D. No. ONE
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County WASHINGTON
   (c) City MIDVALE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** GRACE WELTHY MITCHELL

5. Date of Birth of Child (Month, day, year) DEC. 28, 1909

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FREDERICK W. MITCHELL
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace COVE (City or town) OREGON (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LAURA VANCIL
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace JACKSON CO., ILLINOIS (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 10A.M. on the date and at the place stated above, and that personal particulars were furnished by LAURA VANCIL (First name) (Last name), who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature BETTY STEWARD WAS THE ATTENDING—IS NOW DEAD M.D. Midwife YES Address MIDVALE IDAHO Date

State of W IDAHO
County of WASHINGTON } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now SIXTY SIX years of age, that I have known this person for FIVE years, and that BETTY (First name) STEWARD (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Mitchell Signature
Box 985 Emmett Ida P. O. Address

Subscribed and sworn to before me this SECOND day of FEBRUARY, 1944

(SEAL) Wm L Clark, Notary Public, residing at EMMETT, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1944 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384675
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby. Idaho
   (c) Street Address or R.F.D. No. RFD 1
   (d) Name of Hospital or Maternity Home: at home of Parents
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No. R F D 1
   (e) How long has **MOTHER** lived in Idaho? 2-7 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Iwinville Idaho

4. **FULL NAME OF CHILD** Edgar allen Parks

5. Date of Birth of Child (Month, day, year) April 13- 1909

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hubert N. Parks
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Morgantown (City or town) South Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Crop Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Elizabeth Fox
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Spanish Fork (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Jefferson } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for all his life years, and that C. G. (First name) Paxton (Last name), who attended this birth now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

June E. Lizabeth Parks Walton Signature
Rigby - Idaho R F D 1 P. O. Address

Subscribed and sworn to before me this 10 day of February, 1944.

(SEAL) Percy Groom, Notary Public, residing at Rigby Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1944 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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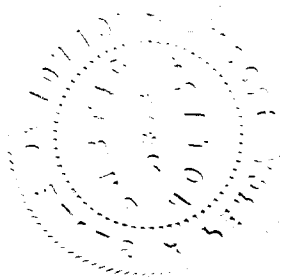


249-210-006-296

United States
Department of Commerce
Bureau of the Census

FEB 9 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384698
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Rich
   (c) Street Address or R.F.D. No. R.F.D.Pingree.
   (d) Name of Hospital or Maternity Home: Residence Rich Idaho.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Rich
   (d) Street Address or R.F.D. No. R.F.D Pingree
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) R.F.D. Pingree, Rich, Idaho

4. **FULL NAME OF CHILD** IDA IRENE BURRISTON.

5. Date of Birth of Child (Month, day, year) June 10 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Albert Burriston
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Goshen (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer & Rock Mason .
15. Industry or Business Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Brown
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Pioche (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 34 years, and that Mrs Unknown (First name) Lyon. (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary Ellen Burriston Signature
9901 Olive St P. O. Address

Subscribed and sworn to before me this Feb. 1, 1944 day x Oakland Calif., 19.....

(SEAL) Michael J. Kosty, Notary Public, residing at Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-203 003 291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384717
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 639 W. Sherman
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Bannock years months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth) Bannock
   (a) State Bannock (b) County Pocatello
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 639 W. Sherman
   (e) How long has **MOTHER** lived in Idaho? +2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello Idaho

4. **FULL NAME OF CHILD** Marie Elizabeth Schauerhammer

5. Date of Birth of Child (Month, day, year) Nov. 3, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William L. Schauerhammer
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Boerkwitz Schleiz Germany (City or town) (State or foreign country)
14. Exact Occupation Carpenter & Cabinetmaker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Krahenbuehl
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Pocatello Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is [redacted] as (Mother, etc.)

25. Attended **OWN** s[redacted] M.D. Midwife Address Date

AFFIDAVIT

State of [redacted]
County of Salt Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 65 years, and that Dr. Sprague (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm. L. Schauerhammer Signature

3072 So. 5th E. Salt Lake City P. O. Address

Subscribed and sworn to before me this 14th day of February, 1944.

(SEAL) Magda B. Peterson, Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1944 by Mabel Felder, Registrar.

Use only BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to~~ such date, ~~such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966 128 022 694

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384730
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St Anthony
   (c) Street Address or R.F.D. No. R.F.D. #1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St Anthony Ida.
   (d) Street Address or R.F.D. No. R.F.D #1
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) St Ida.

4. **FULL NAME OF CHILD** George Russell Rowe

5. Date of Birth of Child (Month, day, year) 11-24-09

6. Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ola Delbert Rowe
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Meadow Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Widdison
17. Color or Race W
18. Age at time of THIS birth 22 yrs.
19. Birthplace Rexburg Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Madison } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 34 years, and that Dr Louis F. Rich (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ola Delbert Rowe Signature
Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 14th day of February, 19 44

(SEAL) Joseph A. Parker, Notary Public, residing at Rexburg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1944 by Mabel Hyde, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-17-016-669-1882

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384755
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Delivered at home of parents
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Idaho

4. FULL NAME OF CHILD Leavitt Worthington Haight

5. Date of Birth of Child (Month, day, year) June 17, 1909

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Horton David Haight

11. Color or Race white

12. Age at time of THIS birth 47 yrs.

13. Birthplace Farmington, Utah (City or town) (State or foreign country)

14. Exact Occupation farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Geneva Worthington

17. Color or Race white

18. Age at time of THIS birth 40 yrs.

19. Birthplace Grantsville, Utah (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 33 years, and that Dr. A. Nielson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chas L Haight Signature

Shoshone, Ida P. O. Address

Subscribed and sworn to before me this 10 day of Feb, 1944

(SEAL) Rex Grove Notary Public, residing at Shoshone Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1944 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

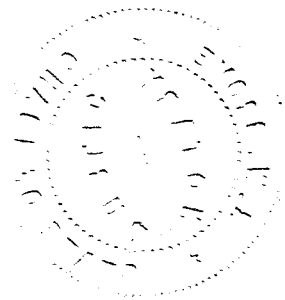
FEB 19 1944

80
33
4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



154-230-002-843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385889
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Indian Valley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Indian Valley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Indian Valley, Ida

4. **FULL NAME OF CHILD** Lela Elizabeth Anderson

5. Date of Birth of Child (Month, day, year) Nov. 30, 1909

6. Sex F.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Amos John Anderson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Indian Valley, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ray Hutchison
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Sublet, Idaho (City or town) (State or foreign country)
20. Exact Occupation House-Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 34 years, and that Davine (First name) Lindsay (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Mrs Ray Anderson Signature

RT 2 Boise Ida P. O. Address

Subscribed and sworn to before me this 14 day of Feb, 19 44

(SEAL) Pauline Andrus, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2/24/44 by Mabel Snyder, Registrar.

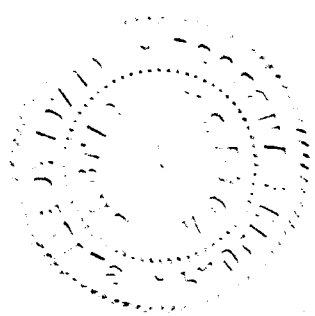
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 3 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



133-128 1036-765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 385900
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida, now Power (b) City American Falls, Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at familyresidence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls, Ida.

4. **FULL NAME OF CHILD** Lavernon Allen

5. Date of Birth of Child (Month, day, year) July 28, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ora Franklin Allen
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Colorado (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ellen Pons
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Power } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 34 years, and that Dr. R. F. (First name) Noth (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ellen Allen Weins
Signature

American Falls, Idaho
P. O. Address

Subscribed and sworn to before me this 23d day of February, 1944.

(SEAL) W. C. Loofbourrow, Notary Public, residing at American Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-209-040-345

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385958
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Idaho

4. **FULL NAME OF CHILD** Signe Naomi Marie Westerbeck

5. Date of Birth of Child (Month, day, year) May 9, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Adrian Westerbeck
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Wasa (City or town) Finland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Cristin Lundholm
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Wasa (City or town) Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature T. R. Mason M.D. Midwife Address Kellogg Ida Date 7-24-44

State of Washington } ss.
County of Skagit }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 34 years, and that Dr. Mason (First name) (Last name), who attended this birth cannot be located (~~Is now deceased~~) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Cristin Westerbeck Signature
Mount Vernon Washington Address

Subscribed and sworn to before me this 9th day of February, 1944

(SEAL) [signature] Notary Public, residing at Grandview

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1944 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

394-112 1942-3-9

386011

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAR 6 1944

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Kimberly
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: At residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county — years 9 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Kimberly
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 9 mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Harry Edgar Truesdale

5. Date of Birth of Child (Month, day, year) Dec 12 - 1909

6. Sex Male

7. ~~Twin or~~ Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Fremont Truesdale
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Fredericksburg Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business formerly Miner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Elsmira Carter
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Republican City Nebr (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business formerly school teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 3:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Bessie (First name) Sampson Boward (Last name) who is related as aunt (Mother, etc.)

25. Attendant's **OWN** signature Bessie S. Boward M.D. Midwife Address Kimberly, Idaho Date 3-2-44

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon } ss.
County of Douglas }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 34 years, and that Nurse Peterson + Aunt Bess Boward (First name) (Last name) attended this birth also Dr. Clouchet deceased (Is now deceased) or (Cannot be located) and state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Truesdale Jaeger Signature

411 S. Jackson P. O. Address Roseburg

Subscribed and sworn to before me this 1 day of March, 1944.

(SEAL)

Elsie M Emery, Notary Public, residing at Roseburg Ore

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES APR. 15, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 8 1944 by Mabel H [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1914

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386074

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386074
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CANYON (b) City
   (c) Street Address or R.F.D. No. #1 - Middleton
   (d) Name of Hospital or Maternity Home: OWN HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CANYON
   (c) City
   (d) Street Address or R.F.D. No. #1
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** BERTHA ARILLA RAGSDALE

5. Date of Birth of Child (Month, day, year) 7-2-1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JAMES GRANT RAGSDALE
11. Color or Race WHITE
12. Age at time of THIS birth yrs.
13. Birthplace POLK (City or town) MISSOURI (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZA JANE REDD
17. Color or Race WHITE
18. Age at time of THIS birth yrs.
19. Birthplace POLK (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argentum Nit. 1%

23. Number of children of this mother: (a) At time of birth and including this child 13. (b) Born alive and now living 13

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, ~~stillborn~~) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature S. J. Miller M.D. ~~Midwife~~ Address Long Beach Calif. Date 28-1944

State of OREGON
County of MULTNOMAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 34 years, and that DR. S. J. (First name) MILLER (Last name), who attended this birth, CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

WINNIE E. BRADFORD Signature
3055 N.E. EVERETT ST. P.O. Address
PORTLAND OREGON

Subscribed and sworn to before me this 24 day of March, 1944

(SEAL) Notary Public, residing at Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAR 18 1944 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-227036-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387269
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Simaria
   (c) Street Address or R.F.D. No. X
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Simaria
   (d) Street Address or R.F.D. No. X
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Hattie Mable Dodge

5. Date of Birth of Child (Month, day, year) April 27, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Rubin Albert Dodge

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Glenwood (City or town) Utah (State or foreign country)

14. Exact Occupation Blacksmith

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Jones

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace North Wales, G. B. (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Calif. }
County of L. Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 34 yrs. 11 mos. years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Edna M. Jones Schmahl Signature

My Commission Expires January 17, 1948 8424-Hooper Ave. P. O. Address

Subscribed and sworn to before me this March 13 day of March, 19 44.

(SEAL) Marie J. Geiger, Notary Public, residing at 7606 S. Central Ave Los Angeles, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3414, Idaho Code Annotated.)

Received for filing on MAR 21 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415 114 044 445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387333
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Cambridge
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Farmington, Wash.

4. **FULL NAME OF CHILD** George Adolphus Davis

5. Date of Birth of Child (Month, day, year) April 14, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Adolphus A. Davis
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Farmington (City or town) Wash (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude V. Davis
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5:15 A. M. on the date and at the place stated above, and that personal particulars were furnished by Adolphus A Davis (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Washington } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for all his life years, and that Dr B E Schmitz (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adolphus A Davis Signature
478 E Court Weiser Ida P. O. Address

Subscribed and sworn to before me this 22 day of March, 19 44

(SEAL) Ivy Floyd, Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1944 by Myrtle Hafer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-204033-766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387351
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Rexburg
   (c) Street Address or R.F.D. No. 249 South 3" West
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Rexburg
   (d) Street Address or R.F.D. No. 249 South 3" West
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ella Fay Hallstrom

5. Date of Birth of Child (Month, day, year) Aug. 4" 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** N. Hyrum Hallstrom
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Railway Clerk
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen A. Goff
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Midvale (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of San Diego } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 34 years, and that Dr. George (First name) Hyde (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires Nov. 14, 1944. Mrs Ellen Goff Hallstrom Signature

6381 El Cajon Blvd San Diego California P. O. Address

Subscribed and sworn to before me this 9 day of April, 19 44

(SEAL) Sadie C Barnes, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1944 by Mabel Holder, Registrar.

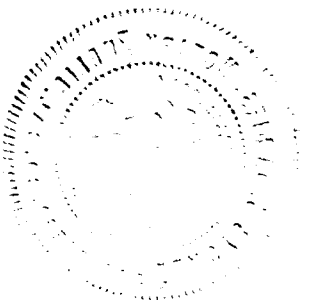
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



258-223042.482

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387383
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Buhl
   (c) Street Address or R.F.D. No. R. 4
   (d) Name of Hospital or Maternity Home: Born Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Buhl
   (d) Street Address or R.F.D. No. R. 4
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Buhl Ida.

4. **FULL NAME OF CHILD** Sophie Helena Knypstra

5. Date of Birth of Child (Month, day, year) Sept 23 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Herman Knypstra

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Rotterdam Netherlands (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jena Duyfstra

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Rotterdam Netherlands (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 2½ ~~years~~, and that Mrs. B. O. (First name) Ewing (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Tina D Knypstra Signature

Twin Falls - Idaho P. O. Address

Subscribed and sworn to before me this 30 day of March, 1944

(SEAL) Dorothy H Bowen, Notary Public, residing at Twin Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 - 1944 by Mary Helen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-205034-249

387420

387420

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387420
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Rupert
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Rupert
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rupert Ida

4. **FULL NAME OF CHILD** Thelma Fay Miller

5. Date of Birth of Child (Month, day, year) Nov 5 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Roy Lavey Miller
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Carlton Neb. (City or town) (State or foreign country)
14. Exact Occupation Warehouse Foreman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elva Dell Smith
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Ida Boise county Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for life years, and that Dr Bowley (First name) (Last name), who attended this birth do now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elva Dell Smith Miller Signature

Yakima Wash. P. O. Address

Subscribed and sworn to before me this 14 day of April, 1954

(SEAL) Pauline Ambrose, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Apr. 14-1954 by Mary Fuller, Registrar.

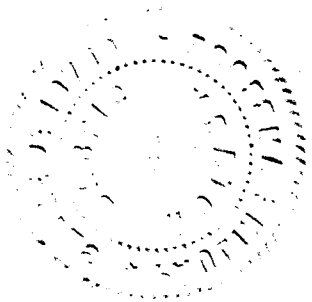
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



446-204-028-357

381438

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387438
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Couer d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Couer d'Alene, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Couer d'Alene, Idaho

4. **FULL NAME OF CHILD** Ethel Virginia Duffiny

5. Date of Birth of Child (Month, day, year) Sept. 4, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Duffiny
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Cheboygan (City or town) Michigan (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Legare
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Redfield (City or town) New York (State or foreign country)
20. Exact Occupation Dressmaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth~~ and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Michigan
County of Wayne } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 34 years, and that Dr Wood (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Wells Signature

2023 Tuxedo, Apt. 16, Detroit 6, Mich. P. O. Address

Subscribed and sworn to before me this 13th day of April, 19 44

(SEAL) William A. Milne, Notary Public, residing at 166 W Pinehurst Detroit, 01, Mich.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 18 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

37 1130-022 212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387466
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony Idaho

4. **FULL NAME OF CHILD** Eugene Stanley Erpenbach

5. Date of Birth of Child (Month, day, year) Sept 30-1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur W Erpenbach
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Montana (City or town) (State or foreign country)
14. Exact Occupation Contractor(building)
15. Industry or Business Building

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Violet Baker
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Florida
County of Dade } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 34 years, and that Dr. Hitler (First name) Harshbarger (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A W Erpenbach Signature

2825 S-W 22 Terrace P. O. Address

Subscribed and sworn to before me this 25th day of March, 1944

(SEAL) Ralph G Bucelow, Notary Public, residing at Miami Fla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 - 1944 by Mabel Hall, Registrar.

APR 7

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar ~~for record in the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-109 014-154

387469 387469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) ~~Street Address~~ or R.F.D. No. 5
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county none years 7 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. 5
   (e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa Idaho

4. **FULL NAME OF CHILD** Amos Russell Stephens

5. Date of Birth of Child (Month, day, year) 4-9-1909.

6. Sex male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Amos Russell Stephens
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Bennington (City or town), Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Elizabeth Andrews
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Provo (City or town), Utah (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Oregon
County of Malheur } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that (Annie) (First name) Quick (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Elizabeth Andrews Stephens (Signature)
R. 1, Vale, Oregon P. O. Address

Subscribed and sworn to before me this 31st day of March, 1944

(SEAL) David L. Graham, Notary Public, residing at Vale, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. expires 6/1/47

Received for filing on APR 3 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

749-120 025-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387508
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville Ida

4. **FULL NAME OF CHILD** Louis Victor Purycar

5. Date of Birth of Child (Month, day, year) April 20, 1909

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Forest Victor Puryear
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Debruce Shelby Co Iowa (City or town) (State or foreign country)
14. Exact Occupation Horse Shoer Worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Pearl Finch
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Hume, Bates Co Mo. (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Still living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Oregon
County of Umatilla } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 34 years, and that Louis V. (First name) Puryear (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Viola Pearl Puryear Signature
Pendleton Ore P. O. Address

Subscribed and sworn to before me this 18th day of March, 1944

(SEAL) H. H. Graham, Notary Public, residing at Pendleton Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
My Commission Expires October 17, 1944.

Received for filing on APR 8 - 1944 by Mabel Hall, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-23/016 912

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 387514
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Cassia (b) City Marshfield
   (c) Street address or R. F. D. No. on farm.
   (d) Name of Hospital or Maternity Home: Home.
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home 0 Days
   In THIS County 22 years 11 months 13 days

2. **USUAL RESIDENCE of MOTHER (Always fill in these)**
   (a) State Idaho (b) County Cassia
   (c) City Marshfield (Declo)
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? 22 yrs.
   (f) Mother's mailing address (for registration notice): Marshfield, Idaho,
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER (city, state)**

4. **FULL NAME OF CHILD** Volda or Ovolda Darrington

5. **DATE OF BIRTH** (Month, day, year) Jan. 31, 1909.

6. Sex Female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd Nil.

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Charles Darrington
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Elba, Idaho (City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Karen Marie Rasmussen
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Elba, Idaho (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Agriculture

22. Was a standard serological test for syphilis performed? Yes ____ No x Approximate date Nil.
23. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid.
24. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2.
    (c) Born alive and now dead 0 (d) Stillborn 0

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by John Darrington (First name) (Last name), who is related to this child as Father. (Mother, etc.)

27. (a) APR 8 - 1944 (Date received) (b) [signature] (Registrar's signature)

28. Given name added on ____ by ____ (Registrar's signature)

26. Attendant's **OWN signature** Mary Robinson (M.D., Midwife, etc.)
and address 60 2 North Main Burley Date

APR 11

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(e) Signature of Physician:

_____

DELAYED

314122-OD-282

387519

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R F D No. Cliff Street
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days. Home
In **THIS** county 7 years 6 months 8 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls Idaho
(d) Street Address or R.F.D. No. 500 L Street
(e) How long has **MOTHER** lived in Idaho? 4½ yrs.
(f) Mother's mailing address 500 L Street Idaho Falls
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Leland - Clarence - Lamberson
5. Date of Birth (Month, day, year) July - 22 - 1908
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. **FULL NAME** Chester - Aaron - Lamberson	16. **FULL MAIDEN NAME** Mary - Lydia Bybee
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 25 yrs.	18. Age at time of THIS birth 24 years
13. Birthplace Seneca (City or town) Kansas (State or foreign country)	19. Birthplace Manti (City or town) Utah (State or foreign country)
14. Exact Occupation Salesman	20. Exact Occupation House Wife
15. Industry or Business Post Register Pub. Co	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) ~~At time of birth and including this child~~ 2 (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) APR 8 - 1944 (Date received) (b) Mary Fuller (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, F. M. Bybee, being first duly sworn, say that I am related to (Related to (or) acquainted with) Leland Clarence Lamberson (Name of person on certificate above) as Uncle to his Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Fuller (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

F. M. Bybee Name

My Commission Expires June 26th, 1947

317½ Broadway, Idaho Falls P. O. Address

Subscribed and sworn to before me on this 4th day of April, 1944

(SEAL) Myrtle Hansen Notary Public, residing at Idaho Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

443-209-040-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387525
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Jerome
   (c) Street Address or R.F.D. No. Idaho
   (d) Name of Hospital or Maternity Home: Born in home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Jerome
   (d) Street Address or R.F.D. No. ----
   (e) How long has **MOTHER** lived in Idaho? One year yrs.

3. **RESIDENCE OF FATHER** (city, state) Jerome, Idaho

4. **FULL NAME OF CHILD** Marjorie Lucille Mullins

5. Date of Birth of Child (Month, day, year) March 9, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Harrison Mullins
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Fayetteville, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Martha Logsdon
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Walla Walla, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for years, and that Dr. Henning (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances Martha Mullins Signature
1866 Lemoyne St P. O. Address
Los Angeles 26 Calif.

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 12 1944 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 26 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363 210 003 395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387527
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City
   (c) Street Address or R.F.D. No. R.#2
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? entire life yrs.

3. **RESIDENCE OF FATHER** (city, state) same as mother's

4. **FULL NAME OF CHILD** Mary Ivaloo Cottrell

5. Date of Birth of Child (Month, day, year) 8/10/1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William J. Cottrell
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Kaysville, (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elena Treasure
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth and including this child~~ two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of X Idaho
County of Bingham } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the X Sister of the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for X 34 years, and that (First name) Alena, (Last name) Wakley, who attended this birth Alena Wakley (Deceased) (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Loyd Treasure Smith Signature

Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 31 day of March, 19 44.

(SEAL) Ray Smith, Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Expires 7-10-46

Received for filing on APR 12 1944 by Mabel Fiddler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-204-009-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387528
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sand-Point
   (c) Street Address or R.F.D. No. Cor. 800 Block, Michigan and Florence
   (d) Name of Hospital or Maternity Home: at the home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho, (b) County Bonner
   (c) City Sand-Point.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sand-Point, Ida

4. **FULL NAME OF CHILD** Alma May Tompkins

5. Date of Birth of Child (Month, day, year) 5/4/1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alex A. Tompkins
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Holton, (City or town) State of Maine (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie Emma Free
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace (City or town) Illinois (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of State of Montana } ss.
County of Silver Bow }

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 34 years, and that Alex A. Tompkins the father (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alex A Tompkins Signature

P. O. Address

Subscribed and sworn to before me this 20th day of March, 1944

(SEAL) T. F. Connell Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public for State of Montana, Residing at Butte, Montana. My Commission Expires Feb. 16, 1945

Received for filing on APR 12 1944 by [signature] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-24 006-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387536
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Aberdeen
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Family Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Yes years 20 months 6 days 11

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Aberdeen
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Margaret Livingstone

5. Date of Birth of Child (Month, day, year) 10/14/1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John McDonaghlen

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Scable (City or town) Scotland (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mariam Kennedy

17. Color or Race White

18. Age at time of THIS birth 40 yrs.

19. Birthplace Scable (City or town) Scotland (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 5:46 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Mc Gahey (Last name), who is related as Governess (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 34 years, and that Mary (First name) Mc Gahey (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A M Livingstone Signature

Aberdeen Idaho P. O. Address

Subscribed and sworn to before me this 6 day of April, 1944

(SEAL) M. D. Rainbolt, Notary Public, residing at Aberdeen, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 12 1944 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1969

AUG 14 1974

APR 14 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title~~ 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

241-123 035-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387575
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ PERCE (b) City GIFFORD
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County NEZ PERCE
   (c) City GIFFORD
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ABT 28 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** EDWARD EUGENE SMATHERS

5. Date of Birth of Child (Month, day, year) DEC. 23-1909

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN CALVIN SMATHERS
11. Color or Race WHITE
12. Age at time of THIS birth 44 yrs.
13. Birthplace OREGON CITY OREGON (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** URSULA PEARL WALKER
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace WICHITA KANSAS (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at ABT 10: P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LEWIS } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 35 years, and that DR. (First name) — HARRINGTON (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lester Meznere
Signature
Nezperce, Idaho
P. O. Address

Subscribed and sworn to before me this 11 day of April, 19 44

(SEAL)

Fred Vogel, Notary Public, residing at Nezperce Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1944 by Mary Fidler, Registrar.

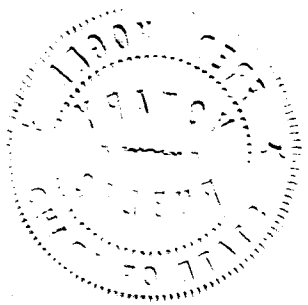
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



753-205010-696

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 38711
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls

4. **FULL NAME OF CHILD** Ruth Elizabeth Peterson

5. Date of Birth of Child (Month, day, year) Dec. 5, 1909

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles D. Peterson
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jannie Wrott
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Kansas
County of Cloud } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 34 years, and that Dr. (First name) Elliot (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Peterson Signature

Concordia, Kansas P. O. Address

Subscribed and sworn to before me this 12th day of April, 19 44

(SEAL) G. O. Yandell City Clerk, Notary Public, residing at Concordia, Kans

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1944 by Mabel Fidler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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295-104005-669

388646

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388646
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clifford George Kreps

5. Date of Birth of Child (Month, day, year) July 4, 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James H?Kreps
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Forney
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Thurman (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 years, and that Ellis E. Kackley (First name) (Last name), who attended this birth Probably at Soda Springs, Ida (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Kreps Signature
New Plymouth, Idaho. P. O. Address

Subscribed and sworn to before me this 31st day of October, 19 42
(SEAL) [signature] Notary Public, residing at New Plymouth, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

234-225 · 014-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 388650

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388650
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. 10th Ave No Nampa
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ✓ years ✓ months ✓ days ✓

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. 10th Ave No Nampa
   (e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa Ida

4. **FULL NAME OF CHILD** Pauline Elizabeth Slusser
5. Date of Birth of Child (Month, day, year) Jan 25-1909
6. Sex female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Howard Irvin Slusser
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Friedns (City or town) Virginia (State or ~~foreign country~~)
14. Exact Occupation Coreman, U.R.R. Co.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mollie Catherine Lam
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Rockingham (City or town) Virginia (State or ~~foreign country~~)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol ag. nit.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Howard I Slusser (First name) (Last name), who is related as Father (Mother, etc.)
25. Attendant's **OWN** signature J. H. Murray M.D. ~~Midwife~~ Address Nampa Ida Date April 26 1944

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be~~ received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-203-022-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 388654

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388654
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Dubois
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Velda Bernice Rose

5. Date of Birth of Child (Month, day, year) Oct 3d 1909

6. Sex Female. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Hyrum Alvaro Rose
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace North Ogden Utah (City or town) (State or foreign country)
14. Exact Occupation O.S.L. Engineer
15. Industry or Business Engineer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Davis
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Malad Idaho. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for life years, and that Mabel Wife (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Margaret Rose Signature
324-19th Ave. So. Nampa Ida. P. O. Address

Subscribed and sworn to before me this 3 day of May, 19 44

(SEAL) Pauline Cudrae, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 3-1944 by Mabel Hobbs, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 14 1948

394-170-029-385

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388740
Local Reg. No.
Reg. Dist. No.

APR 20 1944

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Princeton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: On Farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No. 55
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Virgil Monroe Crumley

5. Date of Birth of Child (Month, day, year) Dec 20, 1909

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd 3

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Crumley Sr.

11. Color or Race white

12. Age at time of THIS birth 24 yrs.

13. Birthplace Missouri (City or town) (State or foreign country)

14. Exact Occupation farming

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Elisabeth Lyal

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Kansas City (City or town) (State or foreign country)

20. Exact Occupation Farming

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Live (Born alive or stillborn) at 5 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Raymond Crumley (First name) (Last name), who is related to this child as Brother (Mother, etc.)

25. Attendant's **OWN** signature J.W. Thompson M.D. Midwife Address Moscow Idaho Date April 10 44

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1944 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 15 1944
JUN 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-216-069-691

388766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No. Dover Road
   (d) Name of Hospital or Maternity Home: My Mothers Home
   (e) Mothers stay **BEFORE** delivery: County 2 yrs. 1½ mo.
   In **THIS** ~~county~~ One years Four months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sandpoint
   (d) Street Address or R.F.D. No. Dover Road
   (e) How long has **MOTHER** lived in Sandpoint, Idaho? 1 yr 4 mo 18 das.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint, Ida.

4. **FULL NAME OF CHILD** ETTA AVELINE TRAVER (Traver)
5. Date of Birth of Child (Month, day, year) Feb. 16 - 1909
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** ELMER David TRAVER
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Beaumont. Pa. (City or town) (State or foreign country)
14. Exact Occupation Delivered meat for
15. Industry or Business Star Meat Market Sandpoint Ida.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Eva France
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace West Auburn, Susq. Co. Pa. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Yakima } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 yrs 10 mo years of age, that I have known this person for 35 yrs 2 mo years, and that Dr. M. (First name) McKinnon (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ruby Eva Traver. Signature
712 N 4th St Yakima Washington P. O. Address

Subscribed and sworn to before me this 25th day of April, 1944.

(SEAL) John G. Ames, Notary Public, residing at Yakima Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/2 - 109-008-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388828
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Harrison
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 1 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Harrison
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Harrison Ida

4. **FULL NAME OF CHILD** Efton William Roy Mash

5. Date of Birth of Child (Month, day, year) March 9 - 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Henry Mash
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace St. Joseph (City or town) Missouri (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Holstine
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ava (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 35 years, and that Dr (First name) Nelson (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Artie M. Cunningham Signature
Harrison, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of March, 19 44

(SEAL) M. A. Kilges, Notary Public, residing at Harrison

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1944 by Mabel Hodges, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been ~~recorded, or in case of failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-105-022-291

388832

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

APR 27 1944

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Rexburg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Rexburg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? life yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Claudius Oscar Christenson

5. Date of Birth of Child (Month, day, year) August 5, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oscar Robert Christenson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Stockholm, Sweden (City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Poolhall

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Allen Bramwell
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Portage, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living None

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Madison }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-seven years of age, that I have known this person for entire life, and that Dr. George E. Hyde (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Allen Christenson Signature
325 D. St., Idaho Falls, Idaho. P.O. Address

Subscribed and sworn to before me this 26th day of April, 1944

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) CLERK OF THE DISTRICT COURT

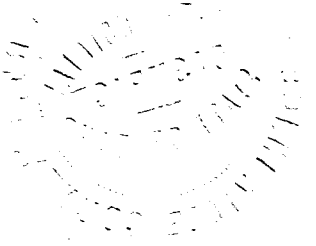
Received for filing on APR 28 1944 by Mabel Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



381-107.03-575

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388849
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello Idaho
   (c) Street Address or R.F.D. No. 1 and 1st 555.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. **RESIDENCE OF FATHER** (city, state) 57

4. **FULL NAME OF CHILD** Lorenzo Lewis Chandler

5. Date of Birth of Child (Month, day, year) April 7 — 1909

6. Sex Mail

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Lenard Chandler
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Railroader
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Pearl Exeter
17. Color or Race White
18. Age at time of THIS birth 29 yrs. Month
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 1 Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mother M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for all life years, and that (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Ada Pearl Chandler Signature
93 W So 8th Box 1615 Pocatello Ida P. O. Address

Subscribed and sworn to before me this 24 day of April, 1944

(SEAL) W A Hubbs, Notary Public, residing at Pocatello Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1944 by Mary Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

743-121-006-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388852
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho

4. **FULL NAME OF CHILD** Fred LeRoy Guthrie

5. Date of Birth of Child (Month, day, year) April 21 - 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clifford Guthrie
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Alexandria Neb. (City or town) (State or foreign country)
14. Exact Occupation Worked for Florist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Florence Kelley
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Afton Oklahoma (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as ~~Doctor~~ (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 56 years, and that FRED LEROY GUTHRIE (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Lena Florence Guthrie Signature
Rt. 7 - Bx. 1392 Portland, Ore. Address

Subscribed and sworn to before me this 28th day of April, 1944

(SEAL) F. G. Horton, Notary Public, residing at Portland Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated) My Commission expires July 11-1944

Received for filing on by Mabel Felder, Registrar.

MAY 1 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

846-218-014-289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388860
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. 2nd St North
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. 2nd St North
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Ida

4. **FULL NAME OF CHILD** Janet Irene Huff

5. Date of Birth of Child (Month, day, year) Dec 18, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Archibald Clyde Huff
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Shoshone, Idaho (City or town) (State or foreign country)
14. Exact Occupation Lumber yard foreman
15. Industry or Business Lumber Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Janet Ethel Shreeves
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Charter Oak, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Ag. Nit.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by Archibald Clyde Huff (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature J. H. Murray M.D. ~~Midwife~~ Address Nampa, Ida Date April 21 1944

State of Colorado
County of El Paso } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 34 years, and that Dr F. M. Murray (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ethel M. Huff Signature
508 E. Cache La Poudre P. O. Address

Subscribed and sworn to before me this 7th day of April, 1944
(SEAL) James H Bruce, Notary Public, residing at Colo Springs, Colo.
My Commission Expires Sept. 19, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 11 1944 by Mary Helger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-127,010-554

388864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BONNEVILLE (b) City IDAHO FALLS
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BONNEVILLE
   (c) City IDAHO FALLS
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDHO FALLS IDAHO

4. **FULL NAME OF CHILD** CHARLES ALFRED PILGIRM

5. Date of Birth of Child (Month, day, year) JULY 27, 1909

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 M.

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JAMES ALFRED PILGRIM
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace SMITHFIELD (City or town) UTAH (State or foreign country)
14. Exact Occupation RAILROAD BRAKEMAN
15. Industry or Business RAILROAD EMPLOYEE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH ETTA NEDROW
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace ABLEIN (City or town) KANSAS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child NONE (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Montana
County of Beaverhead } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty seven years of age, that I have known this person for thirty four years, and that unknown (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC for the State of Montana
Residing at Dillon, Montana
My Commission Expires 1/13/44

Sarah Etta Pilgrim Signature

Dillon, Montana P. O. Address

Subscribed and sworn to before me this 27th day of April, 1944.

(SEAL)

M. Grimes, Notary Public, residing at Dillon, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

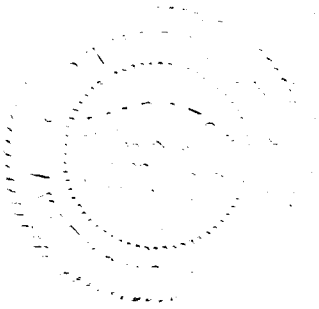
Received for filing on APR 28 1944 by Mabel Helfer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



255-106-029-381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388889
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Deary
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Six years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Deary
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Six yrs.

3. **RESIDENCE OF FATHER** (city, state) Deary, Idaho

4. **FULL NAME OF CHILD** RAY KENNEDY

5. Date of Birth of Child (Month, day, year) April 6. 1909

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Elbert Kennedy
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Meeker County, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ellen Chaney
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Meeker County, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Household

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-four years of age, that I have known this person for thirty-five years, and that Mrs. (First name) Lias (Last name) Smith, who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ellen Kennedy Signature

Deary, Idaho P. O. Address

Subscribed and sworn to before me this First day of May, 1944.

(SEAL) G. E. Wylie, Notary Public, residing at Deary, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1944 by Mary Helen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-223-230-219

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388941
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Reno
   (c) Street Address or R.F.D. No. Birch Creek
   (d) Name of Hospital or Maternity Home: Confined in own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Reno
   (d) Street Address or R.F.D. No. Birch Creek
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Reno, Idaho

4. **FULL NAME OF CHILD** Hazel Blettie Bare

5. Date of Birth of Child (Month, day, year) Nov 23. 1909

6. Sex Female

7. Twin or ~~Triplet~~ Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Auto Harrison Bare
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Wagner N. Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer & Stockman
15. Industry or Business Farming & Stockraising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Jane Bare
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Wagner N Carolina (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Nancy (First name) Jane (Last name) Bare, who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clark } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 34 yr 5 mo. years and that Ethel (First name) Forest (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Auto Bare Signature
Nancy Jane Bare P. O. Address

Subscribed and sworn to before me this 5th day of May, 1944

(SEAL) , Notary Public residing at By Grace McIntosh, Deputy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 9 1944 by Mary Helger, Registrar.

MAY 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593-218-242-369

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388967
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. ---
   (d) Name of Hospital or Maternity Home: ---
   (e) Mothers stay **BEFORE** delivery: In **THIS** county two years --- months --- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. ---
   (e) How long has **MOTHER** lived in Idaho? Two yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Idaho

4. **FULL NAME OF CHILD** Velma Lida Eichenlaub

5. Date of Birth of Child (Month, day, year) Sept. 18, 1909

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Joseph Eichenlaub
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Cincinnati (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Armintia Belle Lorance
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Coyville (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Armintia Belle Eichenlaub (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Colorado
County of Otero } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 34 years, and that Dr. (Unknown) (First name) Cloucheck (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Armintia Belle Eichenlaub Signature

601 North 8th Street, Rocky Ford, Colorado P. O. Address

Subscribed and sworn to before me this 11th day of May, 1944

My commission expires Aug. 19[illegible] (SEAL)

Edna E Gillen, Notary Public, residing at La Junta, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 16 1944 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-126-002-349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388979
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Weiser, Idaho
   (c) Street Address or R.F.D. No. R.F.D
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Weiser
   (d) Street Address or R.F.D. No. R.F.D.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Claude Frederick Cure

5. Date of Birth of Child (Month, day, year) Aug. 26, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick William Cure
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Grant City, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lorena Cure
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Grant City, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (See Note on reverse side) (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California } ss.
County of Butte }

I, the ~~undersigned~~, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 70 years of age, that I have known this person for many years, and that Mary Wiseman (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lorena Cure Signature

870 Robinson St, Oroville, Calif. Address

Subscribed and sworn to before me this 26th day of April, 19 44.

(SEAL) Violet M. Clarke Notary Public, residing at Oroville, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1944 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Note: The nurse, Mary Wiseman who attended me during birth is nowdeceased.

MAY 17 1944

APR 13 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

338-21-042-556

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 389000
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Grandmothers home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls Idaho

4. **FULL NAME OF CHILD** Eileen Clyde

5. Date of Birth of Child (Month, day, year) May 10 1909

6. Sex female

7. Twin or ~~Triplet~~ Twin

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Napoleon Clyde
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Hot Springs (City or town) Ark. (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Rose Newby
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Colby (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 34 years, and that Dr. J. R. Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Clyde
Signature

4021 Barberry Court Seattle, 8, Wn.
P. O. Address

Subscribed and sworn to before me this 3rd day of May, 1944

(SEAL)

J. R. Morgan, Notary Public, residing at Seattle, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mabel Holden, Registrar.

MAY 11 1944

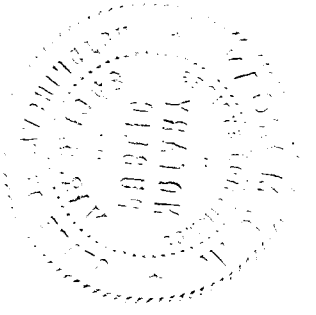
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



312-216 0044 769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 389069
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Midvidde Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Wash. years 1910 months Oct. days 16

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Midvale
   (d) Street Address or R.F.D. No. Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? 54. yrs.

3. **RESIDENCE OF FATHER** (city, state) Missoure

4. **FULL NAME OF CHILD** Dora Allen Lakey

5. Date of Birth of Child (Month, day, year) Oct. 16, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles C. Lakey
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lenora Calustine, Points
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Slubria Idaho (City or town) Washintong (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Dr. Schmitz (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Dr Frank Schmitz (First name) (Last name), who is related as Lenora C. Points (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Gooding } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 34 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Callie Thomason Signature

Wendell Idaho P. O. Address

Subscribed and sworn to before me this 8 day of May, 1944

(SEAL) N. J. Jansen, Notary Public, residing at Wendell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1944 by Mabel Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to ~~report any birth which has~~ occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239 / 13028 - 291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 389013
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Hayden Lake
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at the home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Hayden Lake
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hayden Lake Ida

4. **FULL NAME OF CHILD** Harvey Hayden Stites

5. Date of Birth of Child (Month, day, year) Sept. 13, 1909

6. Sex Male Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harvey Samuel Stites
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Cowley County (City or town) Kansas (State or foreign country)
14. Exact Occupation Steamboat operator on Hayden Lake
15. Industry or Business Transportation.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Regina Brandt
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum I do not know.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Yakima }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 34 years, and that Dr. Hunter (from Coeur d'Alene) who attended this birth is deceased (First name) (Last name) (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harvey Stites Signature

Granger, Washington P. O. Address

Subscribed and sworn to before me this 9th day of May, 1944.

(SEAL)

Notary Public, residing at Granger,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1944 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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689-208007-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 10 1944

State File No. 389015
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Picabo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 28 years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Picabo
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Picabo Ida

4. **FULL NAME OF CHILD** Mary Alice White

5. Date of Birth of Child (Month, day, year) 10-8-09

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Horace R White
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Goose Creek (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Neoma Lorraine Broadie
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Henery (City or town) Okla (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by Sarah E Broadie (First name) (Last name), who is related as Grand Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Blaine } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Grand Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 34 years, and that Alice Lloyd (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah E Broadie Signature
Bellevue Idaho P. O. Address

Subscribed and sworn to before me this 29th day of April, 19 44

(SEAL) M. F. Dawson, Notary Public, residing at Carey Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1944 by Mabel Helm, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911~~ Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219 220 003-356

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390056
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Bancroft
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Bancroft
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bancroft Idaho

4. **FULL NAME OF CHILD** Luella Barfuss

5. Date of Birth of Child (Month, day, year) July 20 - 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fredrick Barfuss
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Bern - Eggwil (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Wilhelmina Leonhardt
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Kleingartach, Wurttemburg (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive—stillborn) at 8: A. M. on the date and at the place stated above and that personal particulars were furnished by Wilhelmina Barfuss (Deceased) (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ella Eggbert (Deceased) M.D. Midwife Address Bancroft Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 34 years, and that Ella Eggbert (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fredrick Barfuss Signature
Bancroft Iddho P. O. Address

Subscribed and sworn to before me this 13 th day of May, 1944

(SEAL) Vicar Ball, Notary Public, residing at Bancroft, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-102025-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390093
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Stites
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Stites
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ralph Edgar Thompson

5. Date of Birth of Child (Month, day, year) March 2, 1909

6. Sex M

7. Twin or Triplet • If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Y

FATHER OF CHILD

10. **FULL NAME** Willian Alexander Thompson
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farming and
15. Industry or Business Government Packer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Virginia Rose Prattyman
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Topeka, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business and Nurse

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boratic Acid
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 11:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Idaho }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 35 years, and that Mrs. Rebecca Lyle (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Virginia Rose (Mrs.) Thompson Signature
Stites, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of May, 1944

(SEAL) V. B. Anderson, Notary Public, residing at Stites, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1944 by Mabel Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 29 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713 207025-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330110
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Kooskia
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Kooskia
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yr. 9 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Kooskia, Idaho

4. **FULL NAME OF CHILD** Ada Doris Palmer

5. Date of Birth of Child (Month, day, year) July 7 1909

6. Sex Girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Thelmer Palmer
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Sommerville Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** (Ada) Jaudee Nancy Taylor
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Tecumseh, Nebr. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Idaho } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 34 years, and that Dr Alcorn (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada H. Palmer Signature

Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 19 day of May, 1944

(SEAL) E F Cleveland, Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1944 by Mabel Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

244 106-025-493

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 27 1944

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 390186
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City White Bird,
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City White Bird,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) White Bird, Idah

4. **FULL NAME OF CHILD** William Leroy Smurthwaite

5. Date of Birth of Child (Month, day, year) 4/6/ 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Edward Smurthwaite
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Saratoga (City or town) California (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Belle Richey
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace North Platte (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Idaho } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 35 years, and that Dr. W.A. Foskett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stella Belle Smurthwaite Signature

White Bird, Idaho. P. O. Address

Subscribed and sworn to before me this 23 day of May, 1944.

(SEAL) Maurice C. Stewart, Notary Public, residing at White Bird

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

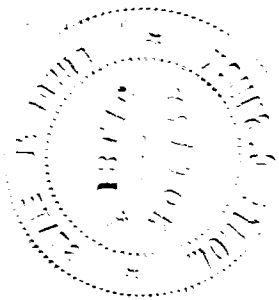
Received for filing on MAY 31 1944 by Mabel Helen, Registrar.

JUN 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



895125025-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390197
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County IDAHO (b) City COTTONWOOD
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: RESIDENCE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County IDAHO
   (c) City COTTONWOOD
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) COTTONWOOD, IDA.

4. **FULL NAME OF CHILD** KEW ADDISON HIGDON

5. Date of Birth of Child (Month, day, year) APRIL, 25 1909

6. Sex MALE

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** DAVID ALLISON HIGDON
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace MAYSVILLE (City or town) KENTUCKY (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AMY AMANDA PETERSON
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace MALMO (City or town) SWEDEN (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of
County of Cariboo B.C. } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 35 years, and that Dr. Schenick (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amy Amanda Higdon Signature

P. O. Address

Subscribed and sworn to before me this 26th day of May, 1944.

(SEAL)

Edgar C. Lund Stipendiary Magistrate in and for the County of Cariboo Public residing at Quesnel B.C.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 6 1944 by Mabel Fielder Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-213022-763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File 390272
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Chester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Chester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Chester, Idaho

4. **FULL NAME OF CHILD** Alta J. Gilbert

5. Date of Birth of Child (Month, day, year) Apr. 13, 1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas H. Gilbert
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Nashville (City or town) Tenn. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia D. Potter
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4. P. M. on the date and at the place stated above, and that personal particulars were furnished by Julia P. Gilbert (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Stange M.D. ~~Midwife~~ Address Ashton, Idaho Date 6/1-1944

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1944 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235 117 025 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390274
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Lapwai
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lapwai
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Lapwai Idaho

4. **FULL NAME OF CHILD** Edward Austin Stewart

5. Date of Birth of Child (Month, day, year) March 17, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward B. Stewart
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Mesa Arizona (City or town) (State or foreign country)
14. Exact Occupation City Schools
15. Industry or Business Contractor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lela Elizabeth Williams
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Texas (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Fresno } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that Phoebe (First name) Peck (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward B. Stewart Signature
2246 Floradora Avenue
Fresno, California P. O. Address

Subscribed and sworn to before me this 27th day of May, 19 44

(SEAL) , Notary Public, residing at Fresno, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1944 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1994

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-201-007-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390308
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Hailey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hailey, Ida.

4. **FULL NAME OF CHILD** Leah Ruth Nelson

5. Date of Birth of Child (Month, day, year) Aug. 1, 09

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Christy Nelson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** June B Brockway
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Clayton, Idaho, (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Shoshone } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 34 years, and that Mrs. (First name) Heinman (Last name), who attended this birth not located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

June Brockway Nelson Signature
Pinehurst Ida P. O. Address

Subscribed and sworn to before me this 10 day of Feb., 1944

Commission expires July 30, 1945 (SEAL) Mary M Stout, Notary Public residing at Kellogg Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 13 1944 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 30 1970

JUN 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO 390365 **390365**
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 294 215 001-219 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Antoinette Cordelia Bruce

3. ~~Sex~~ Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate yes | 8. Date of birth Mar. 15, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name James E. Bruce	18. Full maiden name Bessie C. Barcus
10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Ida.
11. Color or race W. | 12. Age at last birthday 37 (years)	20. Color or race W. | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Keokuk Iowa	22. Birthplace (city or place) (State or Country) Leadville Colorado
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sec'y & Treas.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mode Dept Store	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) James Stewart, M. D.
or Boise, Idaho, ~~Midwife~~
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed July 29, 1909 Mabel [illegible] Registrar.

JUN 30 1944

DELAYED

753 217 009 319

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390378
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonners Co. (b) City Bonners Ferry
   (c) Street Address or R.F.D. No. 2nd. St.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county yes years 2 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonners Co.
   (c) City Bonners Ferry
   (d) Street Address or R.F.D. No. 2nd. St.
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) Now Dead

4. **FULL NAME OF CHILD** Esther [illegible] Peterson

5. Date of Birth of Child (Month, day, year) March 17, 1909

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arvid Peterson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Marie Larson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Powder and Argyrol

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Shoshone }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that Dr. (First name) Fry (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs Ida Mathews Signature
306 High Bank- Wallace, Idaho P. O. Address

Subscribed and sworn to before me this JUN 16 1944 day of ____, 19____

(SEAL) ____, Notary Public, residing at Wallace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1944 by Mabel Elder, Registrar.

JUN 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 131, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

912-202-028-562

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391441
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Medimont, Ida
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 6 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Medimont
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Medimont, Idaho

4. **FULL NAME OF CHILD** Sylvia Marion Rasor

5. Date of Birth of Child (Month, day, year) 7-2-09

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Wilbur Rasor
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Fredricktown, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Noble
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Pescidero (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 A M. on the date and at the place stated above, and that personal particulars were furnished by Jessie (First name) Rasor (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address Mrs. Hoagland — Date

AFFIDAVIT

State of Idaho
County of Benewah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 3 or 4 months years, and that Mrs (First name) Hoagland (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Rasor Signature

Medimont, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of June, 1944

(SEAL) Irene Tobias, Notary Public, residing at St. Maries, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1944 by Mary Helen, Registrar.

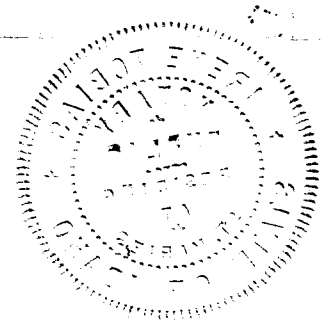
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



381-208-021-419

391442

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 3 1947

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391442
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 24 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Thelma Louise Chatterton

5. Date of Birth of Child (Month, day, year) 6-8-1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Chase Chatterton
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Logan Utah (City or town) (State or foreign country)
14. Exact Occupation Brick mason
15. Industry or Business Worker

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Marshall
17. Color or Race White
18. Age at time of THIS birth 24½ yrs.
19. Birthplace Franklin Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used ~~to prevent~~ Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Doctor Bates (First name) (Last name), who attended this birth, Canot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane Chatterton (Signature)
1328 Arthur St Pocatello Ida (P. O. Address)

Subscribed and sworn to before me this 1 day of October 1942

(SEAL) Wm Ryan Justice of the Peace Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 3 1942 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

386-129-006-632

391452

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391452
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Shelley
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: None-home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Casha
   (c) City Burley
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? two yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Deloy Randy Thorne

5. Date of Birth of Child (Month, day, year) Oct. 29 -1909

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rondy Berdell Thorne
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Pleasant Grove Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business at home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie C. Olsen
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Pleasant Grove, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Annie C. Olsen (First name) Thorne (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Idaho Date 6/9/44

AFFIDAVIT

State of Idaho
County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1944 by Mary Helger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+59-005-014-547

AMENDED

United States Department of Commerce
Bureau of the Census

5-22-51

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391507
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Payette
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Idaho

4. **FULL NAME OF CHILD** Edith Fay Hezeltine

5. Date of Birth of Child (Month, day, year) Nov. 28, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Malcom Winfred Hezeltine
11. Color or Race W
12. Age at time of THIS birth 33 yrs.
13. Birthplace Payette (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louella Edgington
17. Color or Race W
18. Age at time of THIS birth 30 yrs.
19. Birthplace Dunlap, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Dr. Wm. Drysdale (Born alive, stillborn) at home M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Payette } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for over 43 years, and that Dr. Wm. Drysdale (First name) (Last name), who attended this birth location unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louella Hezeltone Signature
New Plymouth, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of June, 19 44.

(SEAL) E. P. Day, Notary Public, residing at New Plymouth Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 28, 1944 by Mabel F. Elder, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

391507

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 391507
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon Payette (b) City Payette
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months 7 days 27

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth) Payette
   (a) State Ida (b) County [redacted] Canyon now
   (c) City Payette
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Ida.

4. **FULL NAME OF CHILD** Edith Fay Hazeltine

5. Date of Birth of Child (Month, day, year) Nov 28 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Malcom Winfred Hazeltine
11. Color or Race W
12. Age at time of THIS birth 33 yrs.
13. Birthplace Payette (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louella Hedgington [redacted]
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Dunlap (City or town) Iowa (State or foreign country)
20. Exact Occupation farmer & housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Dr Wm Drysdale (Born alive, stillborn) at home M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Payette }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now [illegible] years of age, that I have known this person for over 43 years, and that Dr. Wm D Drysdale (First name) (Last name), who attended this birth, Parent location unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louella Hazeltine Signature
New Plymouth Ida. P. O. Address

Subscribed and sworn to before me this 26th day of June, 1944

(SEAL) E P Day, Notary Public, residing at New Plymouth Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1944 by Mabel Keller, Registrar.

This certificate was amended from an insurance policy held by the registrant and issued June 1935.

MAY 22 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-218-00-295

391530 391530

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian, Ida.

4. FULL NAME OF CHILD Ina E. Rose

5. Date of Birth of Child (Month, day, year) Oct. 8th 1909

6. Sex girl **7.** Twin or Triplet twin If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnacy 9 mo **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ira Judson Rose
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Beaver City (City or town) Utah (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Elizabeth Bingman
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Rachede (City or town) Missouri (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5 a m M. on the date and at the place stated above, and that personal particulars were furnished by Anna E. Rose (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Emma (First name) Rose (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna E Rose Signature
R. D. 5, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of July, 19 44

(SEAL) John Jackson
~~Notary Public~~, residing at Probate Judge Ada County, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1944 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-20 8100-295

391531 391531

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian Ida

4. FULL NAME OF CHILD Inis J. Rose

5. Date of Birth of Child (Month, day, year) Oct 8th 1909

6. Sex girl 7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnacy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ira Judson Rose
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Beaver City (City or town) Utah (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elizabeth Bingman
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Lachede (City or town) Missouri (State or foreign country)
20. Exact Occupation Domestic wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6-30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Anna E Rose (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that Emma (First name) Rose (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna E Rose Signature
R. D. 5, Boise, Idaho. P. O. Address

Subscribed and sworn to before me this 21th day of July, 1944

(SEAL) John Judson Notary Public, residing at Probate Judge Ada County, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1944 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942-205-042-866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

39N52 **391552**

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: Ar Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 3 yrs 11 mo yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Idaho

4. **FULL NAME OF CHILD** Maisie Elizabeth Ruscoe

5. Date of Birth of Child (Month, day, year) August 5, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? ✓ yes

FATHER OF CHILD

10. **FULL NAME** Freeman Turner Ruscoe
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Eureka (City or town) California (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Miriam Howe
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Denver (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 53 years, and that Dr. C. R. (First name) Weaver (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Miriam Howe Ruscoe Edwards Signature

Box 413 Boise Ida P. O. Address

Subscribed and sworn to before me this 26 day of July, 1944

(SEAL) Hoskeenan, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 26 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-21-204-355

391563

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391563
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Raymond
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Raymond
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Raymond Idaho

4. **FULL NAME OF CHILD** La Rue Marquiette Mc Cann

5. Date of Birth of Child (Month, day, year) Dec 12 - 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Newell Mc Cann
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Clifton (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eunice Teeples
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Pima (City or town) Arizona (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Montana } ss.
County of Cascade }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for thirty-five years, and that Mrs. George Eleckert (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eunice Teeples Mc Cann — Signature
Vaughn, Montana — P. O. Address

Subscribed and sworn to before me this 24th day of June, 1944

(SEAL)

NOTARY PUBLIC for the State of Montana
Residing at Great Falls, Montana
My Commission Expires July 6, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1944 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

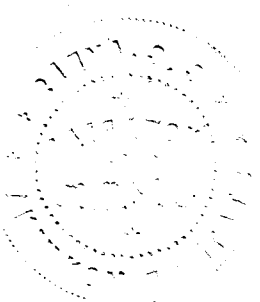
JUL 6 1944

JUL 15 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



557-22-018-843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391574
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Dent
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Dent
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dent, Idaho

4. **FULL NAME OF CHILD** Helen Jeannette Veal

5. Date of Birth of Child (Month, day, year) 7-20-1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Herman Franklin Veal
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Waterville (City or town) Minn. (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Pearl Hill
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Cleveland (City or town) Minn. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Humboldt } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 34 years, and that Cora (First name) Hill (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herman Franklin Veal Signature
Vernonia, Ore. P. O. Address

Subscribed and sworn to before me this 13th day of June, 1944.

(SEAL) B. Mac Donald, Notary Public, residing at Eureka Calif.
My Commission Expires April 14, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1944 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

336-217-006-691

United States
Department of C nerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391672
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Idaho Falls
   (c) Street Address or R.F.D. No. None at that time
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county - years 2 months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. None at that time
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Martha Fay Lloyd

5. Date of Birth of Child (Month, day, year) April 17, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Stanley Lloyd
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Saint George, Utah (City or town) (State or foreign country)
14. Exact Occupation Insurance salesman
15. Industry or Business Insurance

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Saretta Francom
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Richfield, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. ~~Number of children of this mother:~~ (a) At time of ~~birth~~ and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of San Diego } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 67 years, and that unknown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have the birth recorded under Chapter 139, 1937 Session Laws.

Albert S Lloyd
Signature

Rte 1, Box 316B, El Cajon, Calif.
Address

Subscribed and sworn to before me this 28th day of June, 19 44

(SEAL)

Robert Hunter, Notary Public, residing at El Cajon, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires May 26, 1947

Received for filing on JUL 11 1944 by Mabel Ryker, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-111-014-619

331691

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. R. F. D. # 2
(d) Name of Hospital or Maternity Home: Child born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. RFD # 2
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same as mother

4. FULL NAME OF CHILD Edward Allen Goodale

5. Date of Birth of Child (Month, day, year) March 11, 1909

6. Sex Male

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Cliff Goodale
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Prescott (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Maigand
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Chicago (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Martha (First name) Goodale (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Angie Moore Attending Nurse (Berkeley, California) Address 2275 Eunice St. Date 7th July. 1944

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California, County of Contra Costa, } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 35 years, and that Dr. Quick (First name) (Last name) who attended this birth cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Martha Goodale Signature

Route 1, Box 580, Lafayette, Calif. Address

Subscribed and sworn to before me this 7th day of July, 19 44.

(SEAL) Notary Public, residing at Lafayette, Contra Costa County, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) MY COMMISSION EXPIRES JAN 22, 1945

Received for filing on JUL 13 1944 by Mabel Miller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

696 104 007-696

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Camas Blaine

City of Fairfield

No. Idaho St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

391739

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Arthur Robert Frostenson

3. Sex Mal | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term _____ | 7. Legitimate? Yes | 8. Date of birth December 4, 1939 (Month, Day, Year)

FATHER	MOTHER
9. Full name Martin Fritz Frostenson	18. Full maiden name Jennie Frostenson
10. Residence (usual place of abode) (If non-resident, give place and State) Fairfield	19. Residence (usual place of abode) (If non-resident, give place and State) Fairfield
11. Color or race White 12. Age at last birthday 32 (years)	20. Color or race White 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Dynebada Skåne Sweden	22. Birthplace (city or place) (State or Country) Grönhult Skåne Sweden
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeping
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. On the Farme	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work Still Farming, 1944	25. Date (month and year) last engaged in this work Still Housekeeper, 1944
17. Total time (years) spent in this work 22	26. Total time (years) spent in this work 17

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 p m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

_____ Registrar.

(Signed) M F Frostenson, M. D.

or E. J. Olson, Midwife

Address 2209 - 30th San Diego Calif

Filed 1944 193 Mabel Felder Registrar.

DECEASED

DELAYED

JUL 20 1944

FEB 28 [illegible]

653-208-018-463

391746

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 391746
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Gilbert
   (c) Street Address or R.F.D. No. Near Orofino
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Gilbert Near Orofino
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 Months yrs.

3. **RESIDENCE OF FATHER** (city, state) Gilbert Idaho

4. **FULL NAME OF CHILD** Edna May Welch

5. Date of Birth of Child (Month, day, year) Aug 8th 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Welch
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace London (City or town) England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Docking
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace London (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12 M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 34 years years, and that Dr Miller (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs John Welch Signature
Patterson California P.O. Address

Subscribed and sworn to before me this 4 day of July, 1944.

(SEAL)

R. L. Spencer, Notary Public, residing at Patterson, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

852-111 004-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 392841
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Georgetown
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 28 years 4 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Georgetown
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Georgetown Ida.

4. **FULL NAME OF CHILD** THERAL SHEFFIELD HESS

5. Date of Birth of Child (Month, day, year) I-II-09

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Gilbert Hess
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Georgetown Ida. 9 (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Eleaner Bee
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Bloomington Ida. (City or town) (State or foreign country).
20. Exact Occupation None
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wyoming
County of Lincoln } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixtyfive (65) years of age, that I have known this person for Thirtyfive (35) years, and that Mrs. Alice (First name) Clark (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Gilbert Hess Signature

Willard Utah. box 9I P. O. Address

Subscribed and sworn to before me this 19 day of July, 1944

(SEAL) Ben Young, Notary Public, residing at Kemmerer Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 25 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

236 115026 236

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 392845
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Annis
   (c) Street Address or R.F.D. No. Lorenzo, Rt. 4
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Annis
   (d) Street Address or R.F.D. No. Lorenzo, Rt. 4
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Annis, Idaho

4. **FULL NAME OF CHILD** David Reuben Scott

5. Date of Birth of Child (Month, day, year) July 15, 1909

6. Sex Male

7. Twin or Triplet ---

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Reuben Lemuel Scott
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace LaBelle, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Stowell
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace LaBelle, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that Dr. Kate Price (First name) (Last name), who attended this birth cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

R. L. Scott Signature

Gridley, California Box 390 P. O. Address

Subscribed and sworn to before me this 28th day of May, 19 42

(SEAL) My Commission Expires July 2, 1945 Notary Public, residing at Gridley, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 25 1944 by ..... Registrar.

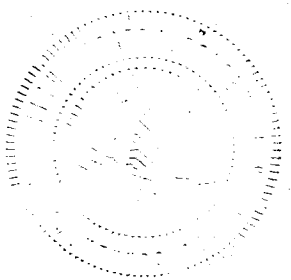
JUL 28 1944

JUL 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 392887
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ADA (b) City BOISE
   (c) Street Address or R.F.D. No. 1707 Washington Street
   (d) Name of Hospital or Maternity Home: St. Lukes Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 32 years 9 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1707 Washington Street
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Paul Gaunt Markison

5. Date of Birth of Child (Month, day, year) October 27, 1909

6. Sex Male

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Tilden Markison
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Charleston, Missouri (City or town) (State or foreign country)
14. Exact Occupation salesman
15. Industry or Business Feed and Fuel

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Alida Gaunt
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Chicago, Ill (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver mitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:00 a.M. on the date and at the place stated above, and that personal particulars were furnished by Louise G. Markison (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of Alameda } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 34 years, and that Dr. William (First name) Tukey (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise G. Markison Signature

1635 Berkeley Way, Berkeley 3, Calif. P. O. Address

Subscribed and sworn to before me this 12 th day of July, 1944

(SEAL)

Olinda E. Stratham Notary Public, residing at 420 - 15th St Oakland 12 Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Sept. 24, 1944

Received for filing on JUL [illegible] by Mary Helen Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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392918

392918

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 392918
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home of Mrs York
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 24 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Meadows
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meadows Idaho

4. **FULL NAME OF CHILD** Frances Marie Roden

5. Date of Birth of Child (Month, day, year) July 26 - 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward G Roden
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Doris MATHIAS
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Council (City or town) Idaho (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 55 years, and that Dr. Saunders (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Abercrombie Signature

2003 N. 16 St P. O. Address

Subscribed and sworn to before me this 27 day of August, 19 44

(SEAL) Julius Ambrose, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug. 28-1944 by Mabel Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 12 1971

JAN 7 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

491 206 016-491

39-936 392936

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 392936
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No. Hotel Burley
   (d) Name of Hospital or Maternity Home: at home in Hotel Burley
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No. Hotel Burley
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley Ida

4. **FULL NAME OF CHILD** Muriel Ann Drake

5. Date of Birth of Child (Month, day, year) Sept 6, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Orange Minor Drake
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Brooklyn (City or town) Iowa (State or foreign country)
14. Exact Occupation
15. Industry or Business Optometrist

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Ann Drake
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace North English (City or town) Iowa (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 35 years, and that Dr Williams (Whitsitt) (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

O. M. Drake Signature

P. O. Address

Subscribed and sworn to before me this 13 day of September, 19 44

(SEAL)

Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 13-1944 by Mary Hedges, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

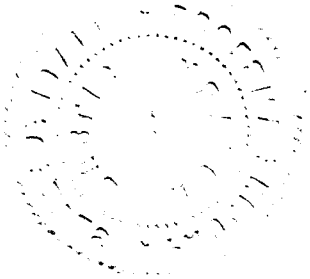
SEP 14 1944

AUG 20 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



365-211-016-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 392944
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 26 years 3 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley Idaho

4. **FULL NAME OF CHILD** Nellie Olive Condit

5. Date of Birth of Child (Month, day, year) July 11, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Silas Condit
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Dunlap (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Ann Rice
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Roundmountain, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of CALIFORNIA
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that Mrs. (First name) Schalman (Last name), who attended this birth, Is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna A. Condit Signature
No. Hollywood Calif P. O. Address

Subscribed and sworn to before me this 26th day of July, 1944

(SEAL)

Constance P. Allen Notary Public, residing at Van Nuys, Cal.
My Commission Expires October 29, 1947

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.)

Received for filing on AUG 1 1944 by Mabel Wilder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

626-222010-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 393004
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Coltman
   (c) Street Address or R.F.D. No. 2 Idaho Falls
   (d) Name of Hospital or Maternity Home: At Home No Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Coltman
   (d) Street Address or R.F.D. No. 2 Idaho Falls
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coltman Idaho

4. **FULL NAME OF CHILD** Elsie Elizabeth Oswald

5. Date of Birth of Child (Month, day, year) Sept 22 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Oswald
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Wurtenberg (City or town) Germany (State or foreign country)
14. Exact Occupation Stone Mason
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Barbara Brenner
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Wurtenberg (City or town) Germany (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Anything
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bonneville } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. William Oswald Signature
R 2 Idaho Falls Idah P. O. Address

Subscribed and sworn to before me this 31st day of July, 1944

(SEAL) ____, Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1944 by Mary Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 9 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to~~ report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

964 120-037-519

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 393020
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clayton (b) City Delamar
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clayton
   (c) City Delamar
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Delamar

4. **FULL NAME OF CHILD** Albert Harry Rodda

5. Date of Birth of Child (Month, day, year) 1944 Feb 20

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Albert Rodda
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Varben
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Elizabeth Rodda (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Fifty-Nine years of age, that I have known this person for 35 yrs. years, and that Doctor (First name) Farres (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Mary E Rodda Signature
R4 Boise P. O. Address

Subscribed and sworn to before me this 8th day of August, 1944.

(SEAL) Harry A Haymond, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1944 by Mary Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

715-213-014-264

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 393051
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No. RFD (Porter Right Ranch)
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months ? days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No. RFD
   (e) How long has **MOTHER** lived in Idaho? 9 mo. xx

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Alma Ellis Gavin

5. Date of Birth of Child (Month, day, year) October 13, 1909

6. Sex Female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) No

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** James Henry Gavin
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Red Cliff, Colorado (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture, cattle raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie O. Bourg
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 5:20 P M. on the date and at the place stated above, and that personal particulars were furnished by James Gavin (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature J. L. Reynolds M.D. Midwife Address Emmett Ida Date 8-10-44

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 15 1944 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 14 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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293-202-016-381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394294
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Idaho Falls
   (c) Street Address or R.F.D. No. R. F. D.
   (d) Name of Hospital or Maternity Home: My Mothers country home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Four years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. R. F. D.
   (e) How long has **MOTHER** lived in Idaho? Almost twelve yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Eusilda Ardella Silcox

5. Date of Birth of Child (Month, day, year) June 2- 1909

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Burton Silcox
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Rigby (City or town) Idaho. (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Merle Chase
17. Color or Race White
18. Age at time of THIS birth 16 1/2 yrs.
19. Birthplace Huntington (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Fifty Two years of age, that I have known this person for 35 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nancy Merle Stoddard Signature
Melba, Idaho. P. O. Address

Subscribed and sworn to before me this 19th day of August, 1944

(SEAL) Clayle Todd, Notary Public, residing at Melba Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 23 1944 by Mabel Helgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-130-24-736

394349

United States
Department of Commerce
Bureau of the Census

AUG 29 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 394349
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell,
   (c) Street Address or R.F.D. No. Rte#1
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell,
   (d) Street Address or R.F.D. No. Rte#1
   (e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida

4. **FULL NAME OF CHILD** John Plowman Thomas

5. Date of Birth of Child (Month, day, year) 5/30/09

6. Sex Male

7. Twin or Triplet Single (If so—born 1st, 2nd, 3rd)

8. No. months of Pregnancy 9-Mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lee Frederick Thomas
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Caldwell, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth K.Plowman
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Idaho City (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Canyon } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 35 years, and that Phillip P.Madden M.D. (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lee Frederick Thomas Signature

Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of August, 19 44.

(SEAL) Jessie D. Walker, Notary Public, residing at Caldwell Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 30 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 7 1965

JUL 14 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-206-042-847

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394363
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Hansen
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Hansen
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hansen Ida

4. **FULL NAME OF CHILD** Edith Alta Craig

5. Date of Birth of Child (Month, day, year) Feb 6 1909.

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** John G. Craig
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Kearney (City or town) Nebr. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Merle Hughes
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Guthrie (City or town) Okla (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Bertha M. Craig (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Bertha Merle Craig (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for her lifetime 35 years, and that Dr White (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Merle Craig Signature

P. O. Address

Subscribed and sworn to before me this 19th day of August, 1944

(SEAL) [signature], Notary Public, residing at Ellen, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 30 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

749-110-007-491

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 394372
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Carey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at parents residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years two months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Carey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Carey Idaho

4. **FULL NAME OF CHILD** Acel Ernest Guiver

5. Date of Birth of Child (Month, day, year) Sept 10 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Ernest Guiver
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Draper
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Freedom (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid.
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by B.E.Guiver (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature Louisa B. Howard M.D. Midwife Address Long Beach, Calif. Date 8-14-1944

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 28 1944 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 21 1984

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

614-214-022-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394412
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Farnum
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Two years One months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Farnum
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Two yrs.

3. **RESIDENCE OF FATHER** (city, state) Farnum, Idaho

4. **FULL NAME OF CHILD** ViVian Roberta Wade

5. Date of Birth of Child (Month, day, year) July 14, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert McBride Wade
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Pleasant View Weber Co. Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Albina Stolworthy
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Huntington Emery Co. Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 7 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of New Mexico
County of San Juan } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for Since Birth years, and that Hattie Watson (First name) (Last name) who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES APRIL 12, 1945

Robert McBride Wade Signature
Farmington New Mex P. O. Address

Subscribed and sworn to before me this 29th day of August, 1944

(SEAL) Edmund P. Woods, Notary Public, residing at Farmington N.M.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 6 1944 by Mabel Helder, Registrar.

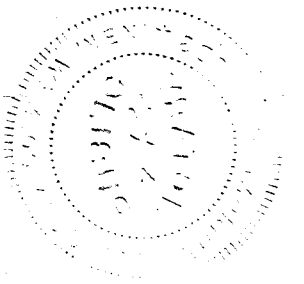
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



454-114-040-852

394450

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D.No. 1013 Locust St
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 2 years 7 month 4 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D.No. 1013 Locust
(e) How long has MOTHER lived in Idaho? 37 yrs.
(f) Mother's mailing address Box ~~34~~ 233

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Curtis Franklin Redding
5. Date of Birth (Month, day year) 12-14-1909
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Earl Ransford Redding
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Waterford Ind. (City or town) (State or foreign country)
14. Exact Occupation Water superintendent
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Hess
17. Color or Race white
18. Age at time of THIS birth 33 yrs
19. Birthplace Boone Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol.
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 7 1944 (Date received) (b) Mabel Felder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature T. R. Mason M.D. (D.O., Midwife, etc.)
and address Kellogg Date 9/2/44

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ..... 19 .....
(SEAL) SEP 7 1944 Notary Public, residing at Mabel Felder

Use only BLACK Ink or BLACK Record typewriter in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819-216-029-967

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 394459
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Viola
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Washington (b) County Whitman
(c) City Garfield
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Viola, Idaho

3. RESIDENCE OF FATHER (city, state) Viola, Idaho

4. FULL NAME OF CHILD Sylva Marguerite Harrington

5. Date of Birth (Month, day, year) July 16, 1909

6. Sex. female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter Lee Harrington
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Grinnell (City or town) Iowa (State or foreign country)
14. Exact Occupation Section foreman
15. Industry or Business S. P. I. R. R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Rogers
17. Color or Race white
18. Age at time of THIS birth 21 years
19. Birthplace Mtn. Grove (City or town) Mo. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Harrington (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) SEP 11 1944 (Date received) (b) Mary Helder (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's OWN signature.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Maine
County of Cumberland } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary E. Harrington, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Sylva M. Harrington (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Rachel Rogers (Name of attendant at birth), who attended said birth is now deceased (If now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary E. Harrington Name
West Scarboro, Me. P. O. Address

Subscribed and sworn to before me on this 31st day of August 1944

(SEAL) Ray L. Littlefield Notary Public, residing at Scarborough, Me.
Justice of Peace

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

X 141-104-029-466

394483

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394483
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. farm near town
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. farm near town
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** LLOYD CLINTON ADAMS

5. Date of Birth of Child (Month, day, year) Dec 4 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lloyd Adams
11. Color or Race white
12. Age at time of THIS birth 18 yrs.
13. Birthplace Washington (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Ella Moore
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ✓ 77 years of age, that I have known this person for 34 years, and that unknown (First name) unknown (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Hattie E. Flemming Signature
1609 West Fairview Spokane, Wash(13) P. O. Address

Subscribed and sworn to before me this 22nd day of September, 19 44

(SEAL) ..... Notary Public, residing at Spokane, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 25 1944 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 3 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-129-014-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

1394484 State File No. 394484
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 1220 Cleveland
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 1220 Cleveland
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Walter Russell Young
5. Date of Birth of Child (Month, day, year) Jan. 29, 1909
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Aurelius Young
11. Color or Race White
12. Age at time of THIS birth 3 yrs.
13. Birthplace Rankin (City or town) Illinois (State or foreign country)
14. Exact Occupation Physician & Surgeon
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anne Walter Young
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for life years, and that Dr. Miller (First name) (Last name), who attended this birth (~~Is now deceased~~) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anne W. Young Signature
1522 Bannock, Boise, Ida P. O. Address

Subscribed and sworn to before me this 14 day of September, 1944
(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 14, 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

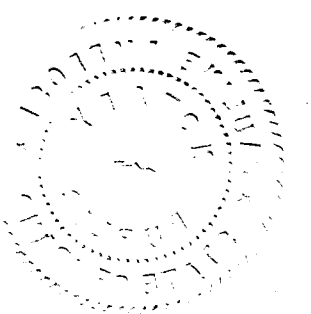
SEP 2 1959

SEP 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH **FILE DATE 10/02/1944**

County of JEFFERSON

City of MENAN

No. ..... St. .....

(If born in hospital or institution give name.) .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 1909-394492

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD MARY MAURINE CLIFFORD

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
FEMALE	4. Twin, triplet, or other ..... 5. Number, in order of birth	.....	.....	04/03, 1909

FATHER	MOTHER
9. Full name: ORRIN C. CLIFFORD	18. Full maiden name: GRACE STEPHENS CLIFFORD
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race ..... | 12. Age at last birthday 20 (years)	20. Color or race ..... | 21. Age at last birthday 20 (years)
13. Birthplace (city or place) UTAH (State or Country)	22. Birthplace (city or place) IDAHO (State or Country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... 16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ..... 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... 25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation ..... months or weeks \| 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at UNK m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed ....., 193.... .....
Registrar.

816-107-046-999 394495

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 394495
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Samaria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mothers stay BEFORE delivery: In THIS county 20 years 5 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Samaria, Idaho.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Samaria, Idaho

4. FULL NAME OF CHILD William Dee Hawkins

5. Date of Birth of Child (Month, day, year) 11-7-1909

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Edward Hawkins
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Ogden, City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane Price Hawkins
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Samaria, Idaho. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 7A M. on the date and at the place stated above, and that personal particulars were furnished by Jane (First name) Hawkins (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature D C Ray M.D. Midwife Address Pocatello Idaho Date 10-2-1944

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 - 1944 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 4 1944

APR 27 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-129-006-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395581
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho, Blackfoot

4. **FULL NAME OF CHILD** Kermit Andersen

5. Date of Birth of Child (Month, day, year) October 29, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter Martines Andersen
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cecil Toft Jacobsen
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Bingham } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 34 years, and that Dr Joseph B Davis (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jens C Andersen Signature
Blackfoot Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of August, 19 44

(SEAL)

Post Falls Clerk of District Court, Notary Public, residing at Blackfoot Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 13 1944 by Mary Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

841-103-001-453

395704

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address ~~or R.F.D.~~ No. 19th & Hazel St
   (d) Name of Hospital or Maternity Home: At our home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address ~~or R.F.D.~~ No. 19th & Hazel St.
   (e) How long has **MOTHER** lived in Idaho? [illegible] 16 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Byron Edward Qualls

5. Date of Birth of Child (Month, day, year) June 3, 1909.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Joseph Elmer Qualls
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Miedleton, Idaho. (City or town) (State or foreign country)
14. Exact Occupation General contractor.
15. Industry or Business Building contractor.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Ellen Melrose.
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Fort Collins, Colorado. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business House wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:15 P.M. on the date and at the place stated above, and that personal particulars were furnished by Grace Ellen (First name) Qualls (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Colorado, City and County of Denver, } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for thirty-five years, and that Dr. J. E. Froon (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Ellen Qualls. Signature

637 Galapago St., Denver, Colorado. P. O. Address

My Commission expires September 15, 1945

Subscribed and sworn to before me this 2nd day of October, 1944.

(SEAL) Melvin J. Sowle, Notary Public, residing at Denver, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 6 1944 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-206-029-354

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395711
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latha (b) City Potlatch
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ___ years three months ___ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latha
   (c) City Potlatch
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Six yrs.

3. **RESIDENCE OF FATHER** (city, state) Potlatch

4. **FULL NAME OF CHILD** Zelda Jensen.

5. Date of Birth of Child (Month, day, year) Sept 6 1909.

6. Sex Girl. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy Nine 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Clarence Ray Jensen.
11. Color or Race White. 12. Age at time of THIS birth 29 yrs.
13. Birthplace Milwaukee (City or town) Wisconsin. (State or foreign country)
14. Exact Occupation Saw mill hand.
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Geddes.
17. Color or Race White. 18. Age at time of THIS birth 19 yrs.
19. Birthplace Pelican Rapids (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. ~~Number of children~~ of this mother: (a) At time of birth and including this child One. (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ (Born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by ___ (First name) ___ (Last name), who is related as ___ (Mother, etc.)

25. Attendant's **OWN** signature ___ M.D. Midwife ___ Address ___ Date ___

AFFIDAVIT

State of ___ County of ___ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54. years of age, that I have known this person for ___ years, and that Dr. J.S. LePaird (First name) (Last name), who attended this birth believed deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature ___

P. O. Address ___

Subscribed and sworn to before me this 20 day of September, 1944.

(SEAL)

___ Notary Public, residing at Salmon Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Province of British Columbia

Received for filing on OCT 10 1944 by ___ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-20424-533

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 39571 2
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Gooding
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: ____
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Gooding
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Alma Gay Powell

5. Date of Birth of Child (Month, day, year) 3/24/1909.

6. Sex female

7. Twin or Triplet ____

If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** George Alvin Powell
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Kansas. (City or town) (State or foreign country)
14. Exact Occupation Road contractor.
15. Industry or Business Contractor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Allie Ellison
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ola (City or town) Ark. (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business ____

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as Margaret Ellison Powell (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Montana } ss.
County of Cascade }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 6.6 years of age, that I have known this person for since birth (35) years, and that George Alvin Powell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Margaret Ellison Powell Signature

____ P. O. Address

Subscribed and sworn to before me this 8th day of Oct, 19 44

(SEAL)

NOTARY PUBLIC for the State of Montana Residing at Great Falls, Montana My Commission Expires June 7, 1946

____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho. See Sec. 17-3914, Idaho Code Annotated.)

Received for filing on OCT 10 1944 by Mabel Holder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

884-112-036-314

395758 395755

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Fairview
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Fairview
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Albert Franklin Hyde

5. Date of Birth of Child (Month, day, year) Oct 12 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Joseph Franklin Hyde
11. Color or Race
12. Age at time of THIS birth 29 yrs.
13. Birthplace Fairview (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Agnes Campbell
17. Color or Race
18. Age at time of THIS birth 25 yrs.
19. Birthplace Weston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Oneida } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for life years, and that Dr. States (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie A Hyde Signature

Eagle Rock Idaho P. O. Address

Subscribed and sworn to before me this 27 day of Oct, 1944

(SEAL) Arlene Ambrose, Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 23-1944 by Mabel Hyder, Registrar

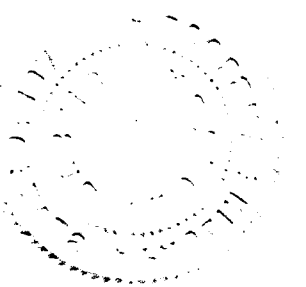
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 23

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



366 227020-351

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396847
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Elmore (b) City King Hill
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay BEFORE delivery: In THIS county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City King Hill
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) King Hill Ida

4. FULL NAME OF CHILD Ruth Geneale Cook

5. Date of Birth of Child (Month, day, year) 9-27-09

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Nelson Cook
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Sharp's Mill, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Railroad Station Agent
15. Industry or Business Railroading

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Kate Sears
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Pocatello, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. / Midwife — Address — Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 35 years, and that Dr (First name) Davis (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Kate Sears Cook Signature

Rupert Idaho P. O. Address

Subscribed and sworn to before me this 19th day of October, 1944.

(SEAL) W. W. Baker, Notary Public, residing at Rupert, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 24 1944 by Mabel Helm, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1967

OCT 25 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

868-102007-791

396869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Hailey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Ranch home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idahoe (b) County Blaine
   (c) City Hailey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Raymond Manford Hoy

5. Date of Birth of Child (Month, day, year) May 2, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Hoy
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Coffeville (City or town) Kansas (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Prater
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Ebert (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 4
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of Yakima } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 66 years of age, that I have known this person for 35 years, and that Mary Brasse (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Hoy Signature

P. O. Address

Subscribed and sworn to before me this 17 day of October, 1944

(SEAL) L. J. Young, Notary Public, residing at Yakima Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1944 by Mary Helen, Registrar

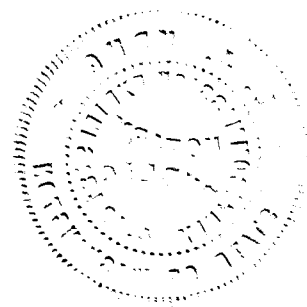
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



863 230004-759

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396879
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bare Lake Co (b) City Montpelier.
   (c) Street Address or R.F.D. No. ?
   (d) Name of Hospital or Maternity Home: At home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Bare Lake.
   (c) City Montpelier.
   (d) Street Address or R.F.D. No. ?
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier Idaho.

4. **FULL NAME OF CHILD** Nathel Perkins Holden.

5. Date of Birth of Child (Month, day, year) 9-30-1909.

6. Sex Female.

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** James Holden.
11. Color or Race White.
12. Age at time of THIS birth 35 yrs.
13. Birthplace St. Joseph, Missouri. (City or town) (State or foreign country)
14. Exact Occupation Oregon Short Line R.R.Co.
15. Industry or Business Railroading.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Polly Viola Perkins.
17. Color or Race White.
18. Age at time of THIS birth 31 yrs.
19. Birthplace Franklin, Idaho. (City or town) (State or foreign country)
20. Exact Occupation None.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8. (b) Born alive and now living 8.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for Life years, and that Midwife (First name) ? (Last name), who attended this birth Cannot be located further (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Polly Viola Irwin. Signature

1567-32nd St. Sacramento, Calif. P. O. Address

My Commission expires 4/23/46

Subscribed and sworn to before me this 4th day of October 1944.

(SEAL) Theola A. Buettner, Notary Public, residing at Stockton, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1944 by Mabel Holder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 25 1974

SEP 25 1950

OCT 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453 129-001-658

396901

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396901
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home.
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City 7 miles of Meridan
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD Wade Hamilton Melton.

5. Date of Birth of Child (Month, day, year) 1909 Oct 29

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin Marion Melton

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Appleton City Mo. Bates Co. (City or town) (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa May Weygandt

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Postville Iowa (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for life years, and that Dr. Neal (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa W. Young Signature
Hilgard via La Grande Ore P. O. Address

Subscribed and sworn to before me this 28 day of October 1944

(SEAL) Pauline Ambrose, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct. 28-1944 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 28 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-108 D14 259

396941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396941
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No. Park St
   (d) Name of Hospital or Maternity Home: Home residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No. Park St
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett Ida

4. **FULL NAME OF CHILD** Horace Willoughby Burr

5. Date of Birth of Child (Month, day, year) April 9 - 1909

6. Sex boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Horace Judd Burr
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Goshen (City or town) Conn. (State or foreign country)
14. Exact Occupation Forest Ranger
15. Industry or Business U. S. Forest Service

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Orah Gillian Keithly
17. Color or Race White
18. Age at time of THIS birth 29½ yrs.
19. Birthplace O'Fallon (City or town) Mo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 P M on the date and at the place stated above, and that personal particulars were furnished by Orah L Burr (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Burton Clark M.D. Midwife Address Va. Des Moines Iowa Date 11-30-44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1944 by Mabel Holden, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 25 1944

NOV 29 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

229-111-021-281

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396973
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Preston Ida.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston Ida

4. **FULL NAME OF CHILD** Howard H. Skidd

5. Date of Birth of Child (Month, day, year) Dec. 11, 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hugh Skidd
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Logan Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myra Sharp
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Preston Idaho (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Allen Cutler (First name) now Dead (Last name)

who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Oregon
County of Lincoln } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myra Skidd Signature

P. O. Address

Subscribed and sworn to before me this 23rd day of October, 1944.

(SEAL) Roy McMullin, Notary Public, residing at Waldport Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Roy McMullin

Received for filing on OCT 27 1944 by Mabel Phelps, Registrar

OCT 8 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

783-206-029-185

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396978
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Main St. Bakery
(d) Name of Hospital or Maternity Home: own home above Bakery
(e) Mothers stay BEFORE delivery: In THIS county 18 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) ~~State~~ CITY Moscow (b) County Latah
(c) ~~City~~ STATE Idaho
(d) Street Address or R.F.D. No. Main St. Bakery
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Helen Frances Pyle
5. Date of Birth of Child (Month, day, year) July 6 - 1909
6 Sex female
7. Twin or Triplet no If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William — Pyle
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace U.S. (City or town) (State or foreign country)
14. Exact Occupation Baker
15. Industry or Business Bakery

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Jane Ayers
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Stony Ridge - North Carolina (City or town) (State or foreign country)
20. Exact Occupation —
21. Industry or Business Bakery

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss.
County of San Diego }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 35 years, and that James (First name) Hatfield (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Jane Ayers Ball Signature
2335 E 6 St National City Calif P. O. Address

Subscribed and sworn to before me this 16th day of October, 1944
(SEAL) D. L. Sanders, Notary Public, residing at Nat'l City, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Dec. 4, 1945.

Received for filing on OCT 27 1944 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315 209 006-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. 396989
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Aberdeen
(c) Street Address or R.F.D. No. P.O. "
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Aberdeen
(d) Street Address or R.F.D. No. P.O. Aberdeen
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Aberdeen

4. FULL NAME OF CHILD Anna Elizabeth Tanzer

5. Date of Birth of Child (Month, day, year) March 9, 1909

6 Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Louis Tanzer

11. Color or Race white

12. Age at time of THIS birth 44 yrs.

13. Birthplace Grafenau, Bavaria Germany (City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances R. Lees

17. Color or Race white

18. Age at time of THIS birth 40 yrs.

19. Birthplace [illegible] (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of OREGON
County of Marion } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 35 years, and that LOUIS (First name) Tanzer (Last name), who attended this birth FATHER (Is now deceased) or ~~(Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances R. Tanzer Signature
425 N. 17th Salem Ore P. O. Address

Subscribed and sworn to before me this 1st day of November 1944
(SEAL) Laurence Blake Osterman, Notary Public, residing at Salem Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 7 1944 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

869-112 035-786

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 397013
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Cavendish
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Cavendish
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same as mother

4. **FULL NAME OF CHILD** Charlie Fredrick Horne

5. Date of Birth of Child (Month, day, year) Dec. 17, 1909

6. Sex male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles E Horne
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Ashridge (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie M Choate
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Cavendish (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Nez Perce }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that ~~I have known this person for ____ years~~, and that Dr. J. M. Farley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie M Horne Signature
302 - 7th Ave Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 14th day of October, 1944

(SEAL)

Ray E Durham Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1944 by Mabel Hyde, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 397023
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Whitney
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Whitney
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Whitney, Idaho

4. **FULL NAME OF CHILD** Alvin C. Hull Jr

5. Date of Birth of Child (Month, day, year) March 25 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alvin C. Hull

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Whitney (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Maughan

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Logan (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Franklin } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 35 years, and that Emery (First name) M.D. (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella M. Hull Signature

Whitney Idaho P. O. Address

Subscribed and sworn to before me this 6th day of Nov, 1944

(SEAL)

My commission expires March 1948

E O Anderson, Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 8 1944 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 397040
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Jefferson (b) City Menan
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 2 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Menan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address Roberts, Star Route Idaho.

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Walter Wainwright Cottle

5. Date of Birth (Month, day, year) Apr. 18, 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Stephen Cottle
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Plain City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Rawson
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Plain City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 13 1944 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Cottle, being first duly sworn, say that I am related to (Related to (or) acquainted with) Walter Wainwright Cottle (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Jones (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Elejabeth Cottle Signature

Roberts Star Route Idaho. P. O. Address

Subscribed and sworn to before me on this 19th day of October, 1944

(SEAL) George M. Larsen Notary Public, residing at Menan, Idaho.

NOV 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-212005-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398117
Local Reg. No.
Reg. Dist. No.

NOV 17 1944

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City St. Joe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St. Joe
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Gunhild Elisabeth Peterson

5. Date of Birth of Child (Month, day, year) Aug. 12, 1909

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Gunnar Hartvig Peterson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Norbotten (City or town) Lan Sweden (State or foreign country)
14. Exact Occupation
15. Industry or Business Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Karolina Backstrom
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Norbotten (City or town) Lan Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Stevens } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gunnar Hartvig Peterson Signature

BOYDS, Wash. P. O. Address

Subscribed and sworn to before me this 7th day of November 1944

(SEAL) Lyder R. Aguire, Notary Public, residing at Colville, Wi.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1944 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911 Session Laws,~~ has not been recorded, or in case of failure to report any birth which has occurred subsequent to ~~such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

393 222003-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 398157
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Bancroft
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: own Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 29 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Bancroft
   (d) Street Address or R.F.D. No. no
   (e) How long has **MOTHER** lived in Idaho? 29 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bancroft Idaho

4. **FULL NAME OF CHILD** Beulah Sitton

5. Date of Birth of Child (Month, day, year) Aug 22-1909

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herbert W Sitton

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Creta Nebraska (City or town) (State or foreign country)

14. Exact Occupation 1/2 Owner General Store

15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Ann Christensen

17. Color or Race White

18. Age at time of THIS birth 29 1/2 yrs.

19. Birthplace Lago Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Four (4)

23. Number of children of this mother: (a) At time of birth and including this child Four (4) (b) Born alive and now living all (4)

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for Since Birth years, and that Ellis Rackley (First name) (Last name), who attended this birth is Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herbert W Sitton Signature

Grace Idaho P. O. Address

Subscribed and sworn to before me this 7 day of NOV 1 8 1944, 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 1 8 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469, 226 040-319

398200

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D.No. Cypress Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D.No. Cypress Ave.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Same

3. RESIDENCE of FATHER (city, state) Same.

4. FULL NAME OF CHILD Phyllis May Evelyn Morley

5. Date of Birth (Month, day year) Sept 26th Sun. 1909

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, (3rd)

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME August John Morley

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Victoria (City or town) B.C. (State or foreign country)

14. Exact Occupation Barber

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Isabelle Laing

17. Color or Race White

18. Age at time of THIS birth 26 yrs

19. Birthplace Victoria (City or town) B.C. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living Yes
(c) Born alive and now dead

24. I HEREBY CERTIFY That I ~~attended the birth~~ am the mother of this child, who was Born alive at 10-30 P.M. on the date (born alive) ~~stillborn~~ and at the place stated above, and that personal particulars were furnished by Mary Elizabeth (Laing) now Morley (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 4 - 1944 (Date received) (b) Mary Helder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. ~~Attendant's~~ Parents OWN signature Mary I. Morley. M.D. (D.O. Midwife, etc.) Present and address 2821 Park View Drive Victoria BC Date

Prior State of British Columbia } ss.
County of Victoria

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Evelyn Anderson (Formerly Morley) being first duly sworn, say that I am ~~Mother~~ Related (Related to (or) acquainted with) to Phyllis May Evelyn McDaniel (Name of person on certificate above) as her Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I was present at the Birth (Name of attendant at birth), ~~who attended~~ said birth ~~A~~ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Evelyn Anderson Signature
417 Arnold Ave Victoria BC P. ~~O.~~ Address

Subscribed and sworn to before me on this 23rd day of October, 1944

(SEAL) J. Arthur Weld Notary Public, residing at Victoria BC

Notary Public in and for the Province of British Columbia.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

[redacted]

midwife, or by affidavits of the [redacted] of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

719-207 035 219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398208
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lapwai
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lapwai
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lapwai, Idaho

4. **FULL NAME OF CHILD** Georgia Greetis Parkins

5. Date of Birth of Child (Month, day, year) August 7, 1909

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Orlando Parkins
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Abeline (City or town), Kansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Allie Marie Bailey
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Kearney (City or town), Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sil ag nit
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by Allie Marie Parkins (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature John N. Alley M.D. ~~Midwife~~ Address Lewiston Ida Date 11-27-44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on DEC 4 1944 by Mary F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 6 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-216206-144

United States Department of Commerce
Bureau of the Census DEC 2 1945

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 398254
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Ida.

4. **FULL NAME OF CHILD** Gertrude, Fredreca, Hatch.

5. Date of Birth of Child (Month, day, year) 6/10/1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Orson Wilber, Hatch.
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Eagle Valley (City or town) Nev. (State or foreign country)
14. Exact Occupation Farm, Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Francies Josephine Judd.
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace St George, (City or town) Utah. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Utah } ss.
County of Garfield }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (~~Mother~~, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 35 years, and that Fredreca (First name) Hatch (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

O. W. Hatch
Signature
Panguitch Utah
P. O. Address

Subscribed and sworn to before me this 29 day of November, 1944.

(SEAL) Mildred Dewel County Recorder ~~Notary Public~~, residing at Panguitch Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 1944 by Mabel Heder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

818-231020-851

398301 398301

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398301
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mtn. Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County Elmore
   (c) City Mountain Home
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Emma Geneva Hays

5. Date of Birth of Child (Month, day, year) July 31, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Mark Hays
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Camp Tender
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Geneva Heath
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Soldier Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 54 years of age, that I have known this person for life years, and that Dr. Chas. Hawley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie G. Hays Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me this 4 day of January, 1945.
(SEAL)
Eulalie Ambrose, Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on 1/4/45 by [illegible], Registrar

JAN 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

236 - 201 044 - 316

399436

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Idaho
   (c) Street Address or R.F.D. No. R.F.D. No 1
   (d) Name of Hospital or Maternity Home: In Country - No hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser Idaho

4. **FULL NAME OF CHILD** Ina May Bloomer

5. Date of Birth of Child (Month, day, year) May 1 - 1909

6. Sex Female

7. ~~Twin or~~ Triplet ✓ ~~If so—born~~ ~~1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Bloomer
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Fairview (City or town) Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Lawson
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Fairview (City or town) Virginia (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Dr James Young (Born alive, stillborn) at 7:00 a. M. on the date and at the place stated above, and that personal particulars were furnished by Martha (First name) Bloomer (Last name) who is related as Mother (Mother, etc.)

Dr James Young has been dead approximately 20 yrs

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Washington } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 35 years, and that James Young (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Bloomer Signature

Weiser Idaho P. O. Address

Subscribed and sworn to before me this 29th day of December, 1941

(SEAL)

Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1941 by Mabel Holder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 0 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

442-124011-623

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399466
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Bonners Ferry Ida.

4. FULL NAME OF CHILD Ivan Floid Mustard

5. Date of Birth of Child (Month, day, year) Nov 24 1909

6 Sex male

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Otto Clinton Mustard
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Virginia (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ratie May Osler
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Carson, Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Montana
County of Lincoln } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that Ratie May Osler, Mother (First name) (Last name), who attended this birth deceised (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Earle C. Osler Signature

Trego, Montana P. O. Address

Subscribed and sworn to before me this 18th day of December, 1944

(SEAL) S. S. Frost, Notary Public, residing at Eureka, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1944 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1972

DEC 1 2 1972

DEC 2 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-217001-236

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 399480
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. St. Lukes Hospital
   (d) Name of Hospital or Maternity Home: St Lukes Hospital (Boise)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. St Lukes Hospital
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Maude Lillian Shellwarth

5. Date of Birth of Child (Month, day, year) July 17 1909

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edgar Shellwarth
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Boise Ida (U.S.A.) (City or town) (State or foreign country)
14. Exact Occupation Plumber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Adamastone
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Boise Idaho (City or town) (State or foreign country)
20. Exact Occupation NONE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic acid
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature DR EDW. MAXEY M.D. Midwife Address BOISE, IDAHO ADDRESS NOT KNOWN Date

State of Pennsylvania
County of Philadelphia } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now FIFTY-EIGHT years of age, that I have known this person for THIRTY-SEVEN years, and that DR. EDWARD MAXEY (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie L. Brewer Signature

c/o U.S. NATIONAL CEMETERY LIMEKILN PIKE & HAINES ST. P. O. Address PHILADELPHIA, PA

Subscribed and sworn to before me this 29th day of November, 1944

(SEAL) Edward G. Mahony, Notary Public, residing at Phila. Pa.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1944 by Mabel Holden, Registrar.

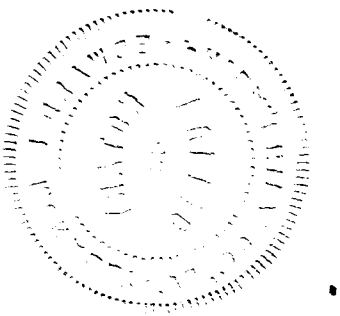
AUG 2 8 1969

DEC 2 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



963-201031-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399488
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis Co. (b) City Nezperse
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home.
(e) Mothers stay BEFORE delivery: In THIS county 1 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperse
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Nezperse Ida.

4. FULL NAME OF CHILD Edith Margaret Zolber.

5. Date of Birth of Child (Month, day, year) Mar 1-1909

6 Sex Fe.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Leroy. Zolber.
11. Color or Race Cauc.
12. Age at time of THIS birth 27 yrs.
13. Birthplace (City or town) Michigan (State or foreign country)
14. Exact Occupation farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Cora Johnson
17. Color or Race Cauc.
18. Age at time of THIS birth 21 yrs.
19. Birthplace Palouse (City or town) Washington (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for since birth years, and that Dr. ? (First name) Jeffries (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Cora Zolber Signature
College Place, Washington P. O. Address

Subscribed and sworn to before me this 20th day of December 1944
(SEAL) Bramie E. Gigas, Notary Public, residing at So Pasadena Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 27 1944 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-221-214-915

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399537
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. City
   (d) Name of Hospital or Maternity Home
   (e) Mothers stay **BEFORE** delivery: In THIS county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa Idaho

4. **FULL NAME OF CHILD** Ardroe Orletha Perry

5. Date of Birth of Child (Month, day, year) May 21, 1904

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Clifton Perry
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Elizabethton (City or town) Tenn. (State or foreign country)
14. Exact Occupation Stationary Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Elmira Rendall
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Carthage (City or town) Mo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol. Arg. Nit.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by John Clifton Perry (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature J. H. Murray M.D. ~~Midwife~~ Address Nampa Idaho Date Dec 22 1944

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 4 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

991-110-036-158

399543

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Onidea (b) City Arbon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: stayed in our own home
(e) Mothers stay BEFORE delivery: In THIS county Onidea years 5 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Onidea
(c) City Arbon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Arbon, Ida.

4. FULL NAME OF CHILD Merle Anhder Izatt

5. Date of Birth of Child (Month, day, year) Nov. 10-1916

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Alexander McNiel Izatt

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Logan (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Almanie Anhder

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Hyrum (City or town) Utah (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 28 years, and that Annie (First name) Payne (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva A. Izatt Signature
North Logan Utah P. O. Address

Subscribed and sworn to before me this 7th day of December 1914

(SEAL) Newel H. Dunn, Notary Public, residing at Logan Ut.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 4 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

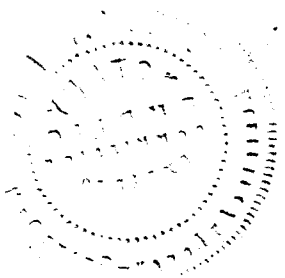
JAN 9 1945

MAY 11 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



295-210-001-464

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399549
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Hospital in Boise
(e) Mothers stay BEFORE delivery: In THIS county 15 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Lena Viella Brushears

5. Date of Birth of Child (Month, day, year) Sept 10, 1909

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Leonard Edward Brushears
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Viella Catherine Moudy
17. Color or Race white
18. Age at time of THIS birth 15 yrs.
19. Birthplace (City or town) Middleton (State or foreign country) Idaho
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Credes Ag No3 Sol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature John Bauk M.D. Midwife Address Boise Ida Date Jan 4th 45

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 35 years, and that Doctor (First name) Beck (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viella Catherine Hansen Signature
1438 S.E. Division St. P. O. Address Portland Oregon

Subscribed and sworn to before me this 29th day of December, 1944

(SEAL) Philip A. Smith, Notary Public, residing at Portland Oreg.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
My Commission Expires July 1947

Received for filing on JAN 2 1945 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by~~ the local ~~registrar~~ for record in the ~~Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-105-82-265

399565

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399565
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County TWIN FALLS (b) City TWIN FALLS
   (c) Street Address or R.F.D. No. Route 1
   (d) Name of Hospital or Maternity Home: FARM HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County TWIN FALLS
   (c) City TWIN FALLS
   (d) Street Address or R.F.D. No. Route 1
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) TWIN FALLS

4. **FULL NAME OF CHILD** Glenn John Nelson

5. Date of Birth of Child (Month, day, year) Dec. 5-1909

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** CARL Nelson
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace LAVASDT Sweden (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa K. Boehm
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace SPRINGFIELD ILLINOIS (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ARGYRAL Sol. 20%
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN Alive (Born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by TENA (First name) Nelson (Last name) who is related as AUNT (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — **Address** — **Date**

AFFIDAVIT

State of IDAHO
County of TWIN FALLS } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that DR. John R. Morgan (first name) (Last name), who attended this birth IS deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Mrs Carl Nelson Signature

TWIN FALLS Route 2 P. O. Address

Subscribed and sworn to before me this 23rd day of January 1945

(SEAL) [illegible], Notary Public, residing at Twin Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

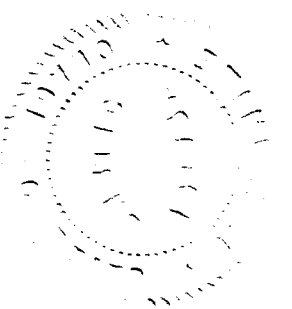
JAN 2 2 1975

Sbq 6 NVA

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



316-218-237-386

399640

399640

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399640
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Bruneau
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Bruneau
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edith Louise Lawson

5. Date of Birth of Child (Month, day, year) Oct 16 - 1909

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hiram Lester Lawson
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Three Creek Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Mae Thompson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Melchmon Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — **Address** — **Date**

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that Dr Hungate (First name) (Last name), who attended this birth is Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Effie M. Mackley — Signature

Bruneau, Idaho — P. O. Address

Subscribed and sworn to before me this 22 day of Jan., 19 45

(SEAL) Theresa Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 22, 1945 by Mabel Tolen, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 22 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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897-221-222-452

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400761
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Wilford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery: In THIS county 24 years 6 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Wilford
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Wilford Idaho

4. FULL NAME OF CHILD Veda Annis Higbee

5. Date of Birth of Child (Month, day, year) Oct 21 - 1909

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Somers Higbee
11. Color or Race Caucasion
12. Age at time of THIS birth 26 yrs.
13. Birthplace Lewiston (City or town) Utah (State or foreign country)
14. Exact Occupation Laboring man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Phebe Annis Meservy
17. Color or Race Caucasion
18. Age at time of THIS birth 24 yrs.
19. Birthplace Hooper (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that Riggs (First name) Mrs. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Phebe Annis Meservy Higbee Wold Signature

139 So. Water Ave., Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of January, 1945

(SEAL) [signature], Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 17 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 0 1976

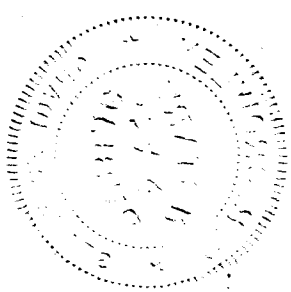
DEC 5 1957

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



J 866-115 4025-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400796
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Cottonwood
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Cottonwood
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Stanley Jack Howell

5. Date of Birth of Child (Month, day, year) 2-15-1909

6 Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Frank Howell
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace New River, N. C. (City or town) (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business General Mercantile

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary June Hardin
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Beaver Creek N. C. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1 A. M. on the date and at the place stated above, and that personal particulars were furnished by Grace M. Woodall (First name) (Last name) who is related as sister (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — **Address** — **Date**

AFFIDAVIT

State of Montana
County of Cascade } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 35 years, and that Dr. (First name) Shinnick (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace M Woodahl Signature

Great Falls Mont P. O. Address

Subscribed and sworn to before me this 14 day of January 19 45

(SEAL) L. E. Crane, Notary Public, residing at Fort Benton, Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1945 by [illegible], Registrar

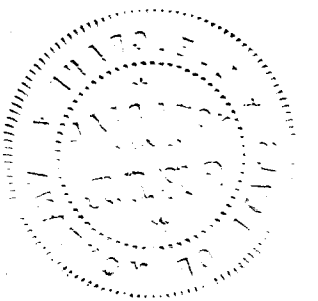
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



983-104-042-495

400804

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No. R.F.D. 2
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No. Route 2
(e) How long has MOTHER lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Filer Ida

4. FULL NAME OF CHILD Harry William Ihler.

5. Date of Birth of Child (Month, day, year) June 4-1909

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Emil D. Ihler

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Wardsvill (City or town) Missouri (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Matilda Diercks

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Omaha (City or town) Nebraska (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Dr Charles Heatherbee (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls Ida } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 35 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emil D Ihler Signature
Twin Falls Idaho P. O. Address

Subscribed and sworn to before me this 19th day of Jan, 1945

(SEAL) O Hall, Notary Public, residing at Twin Falls Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 4 1971

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-112 > 44-766

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 18 1945

State File No. 400806
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County WASHINGTON (b) City CAMBRIDGE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City CAMBRIDGE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD JOSEPH EARL HANCOCK

5. Date of Birth of Child (Month, day, year) AUGUST 12, 1909

6. Sex MALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME JAMES EDITH HANCOCK
11. Color or Race WHITE **12.** Age at time of THIS birth 39 yrs.
13. Birthplace WASHINGTON (City or town) INDIANA (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ORA ELLEN GOODWIN
17. Color or Race WHITE **18.** Age at time of THIS birth 32 yrs.
19. Birthplace WASHINGTON (City or town) INDIANA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of IDAHO
County of ADAMS } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 35 years, and that Charles Edward Schmitz (Dr.) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora Ellen Hancock Signature

Council Idaho P. O. Address

Subscribed and sworn to before me this 17 day of January, 1945

(SEAL) E. B. Ellingson Notary Public, residing at Council Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1945 by Mabel Walker, Registrar.

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345 - 105 - 034 - 766

400825

United States Department of Commerce
Bureau of the Census JAN 22 1945

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400825
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Rupert
   (c) Street Address or R.F.D. No. Route 4
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Heyburn
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) Do.

4. **FULL NAME OF CHILD** Ernest Meloine Cunnington

5. Date of Birth of Child (Month, day, year) Oct 5, 1909

6. Sex male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph W Cunnington
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Iama City (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business ~~farmer~~

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie S. Goodman
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Hartford (City or town) New York (State or foreign country)
20. Exact Occupation none
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 81 years of age, that I have known this person for 33 years, and that Eli Keller (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Joseph W Cunnington Signature

155 So Capitol Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of January, 1945.

(SEAL) Martell Mark, Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1945
JAN 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462 - 23-003 - 392

400833

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400833
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City McCammon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City McCammon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 64 yrs.

3. **RESIDENCE OF FATHER** (city, state) McCammon Ida

4. **FULL NAME OF CHILD** Sterling George Moss

5. Date of Birth of Child (Month, day, year) Dec 23, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Perry Samuel Moss
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Woodruff Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer & Stock Raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabell Lish
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Albion Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at Two A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as *Mother (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Jerome }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that Mrs Andrew (First name) Goodenough (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabell Moss Signature

Jerome Idaho Rt #1 P. O. Address

Subscribed and sworn to before me this 20 day of Jan., 1945.

(SEAL) Bryan Henry, Notary Public, residing at Jerome Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code Annotated.)

Received for filing on JAN 24 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-102-035-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400877
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Vollmer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At own home
(e) Mothers stay BEFORE delivery: In THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Vollmer
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Vollmer, Idaho

4. FULL NAME OF CHILD Kenneth Theodore Kendrick

5. Date of Birth of Child (Month, day, year) May 2, 1909

6 Sex Mal

7. Twin or Triplet No If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Lee Kendrick
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Springdale (City or town) Arkansas (State or foreign country)
14. Exact Occupation Electric Lineman
15. Industry or Business Telephone or Telegraph

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Beatrice Price
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Springdale (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 35 years, and that ..... (First name) Taylor (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Beatrice Kendrick Signature
608 No 3rd ave Yakima Wash O. Address

Subscribed and sworn to before me this 23rd day of January, 1945
(SEAL) O F Barrows, Notary Public, residing at Yakima Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-221-029-269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 400882
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Potlatch
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county One years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Potlatch
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Isabel Starner

5. Date of Birth of Child (Month, day, year) 2-21-09

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd First

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William S. Starner
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Vernon Co. (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Boid
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Crawford Co. (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 21st (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 36 years, and that Mrs Lyman Clark (First name) to Dr Boyd (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William S. Starner Signature
Moscow Bx 33 Idaho P. O. Address

Subscribed and sworn to before me this 23 day of January, 1945

(SEAL) Orville Crooks, Notary Public, residing at Moscow

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1945 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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263-115-018-953

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400884
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Orofino
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years ? months ? days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Orofino
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 years

3. **RESIDENCE OF FATHER** (city, state) Orofino, Idaho

4. **FULL NAME OF CHILD** George Harold Kolasa

5. Date of Birth of Child (Month, day, year) February 15, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank John Kolasa
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Poland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Helen Zelenka
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Humboldt, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Nez Perce }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 35 years, and that Mrs. Dora (First name) Jones (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rena Kolasa Signature

Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1945 by , Registrar

NOTARY PUBLIC FOR IDAHO RESIDING AT LEWISTON

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 14 1964

FEB 1 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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259-124-028-159

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400889

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur D Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD William Otis Knight

5. Date of Birth of Child (Month, day, year) June 24 1909

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Henry Knight

11. Color or Race white **12.** Age at time of THIS birth 46 yrs.

13. Birthplace Ill (City or town) (State or foreign country)

14. Exact Occupation wood sawyer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Gladys Jerome

17. Color or Race white **18.** Age at time of THIS birth 36 yrs.

19. Birthplace Minnesota (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Dr. (First name) Wood (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emily Gladys Knight Signature

1740 Walnut Street, Berkeley 4, Calif. P. O. Address

Subscribed and sworn to before me this 23 day of January 19 45

(SEAL) Arthur Fowler Notary Public, residing at Berkeley, Calif.

MY COMMISSION EXPIRES AUG. 23, 1948

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1945 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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569-201-235 1954

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 400917
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Agatha
   (c) Street Address or R.F.D. No. X
   (d) Name of Hospital or Maternity Home: at hu Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Agatha
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Agatha Ida

4. **FULL NAME OF CHILD** VERA VIVIAN VORCE

5. Date of Birth of Child (Month, day, year) Nov 1 - 1904

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Claud Clifford Vorce

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Decatur (City or town) Mich. (State or foreign country)

14. Exact Occupation Common Labor

15. Industry or Business Common Labor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Elizabeth Penn Vorce

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Thesdin (City or town) Germany (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I ~~HEREBY~~ CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Martha Vorce (First name) (Last name), who is related as X (Mother, etc.)

25. Attendant's **OWN** signature Mrs Lou Hoskin M.D. Midwife X Address R2 Box 840 Camas Wash Date Nov 22 - 44

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1945 by ....., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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212-209-286-294

400968

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400968
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho

4. **FULL NAME OF CHILD** Emma Fidelia Babbitt

5. Date of Birth of Child (Month, day, year) March 9, 1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Richard Chapman Babbitt
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Heber City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Rosetta Kimpton
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Naf, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho, County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-three years of age, that I have known this person for thirty-six years, and that Mary Stewart (Midwife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ima Etta Babbitt Signature

525 No. 7th Ave., Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of January, 1945.

(SEAL) Jayne Quillen, Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1945 by , Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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556-104-032-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 400982
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Gooding
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Gooding Idaho
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Keith Allen Newhouse

5. Date of Birth of Child (Month, day, year) July 4 1909

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Allen Newhouse
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Lowrance (City or town) Arkansas (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Etta Belle Sneed
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Lane (City or town) Kansas (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ollie W. Keith (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25 Attendant's **OWN** signature Ollie W. Keith M.D. Midwife Address Bliss Idaho Date 7/3/45

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1945 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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154-105-029-319

401009 600104

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No. R.F.D. 3
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No. R. F. D. 3
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** Rudolph Walford Anderson

5. Date of Birth of Child (Month, day, year) Jan. 5, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Samuel Anderson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Ryda (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Charlotte Carlson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Ryda, (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 36 years, and that Dr. W. Olson (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl S Anderson Signature

611 So. Wash. St. Moscow, Idaho P. O. Address

Subscribed and sworn to before me this [illegible] day of February, 19 45.

(SEAL) [illegible], Notary Public, residing at Troy Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-12-028-659

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 401019
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Rathdrum
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Rathdrum
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum Ida.

4. **FULL NAME OF CHILD** Reuben David Morris

5. Date of Birth of Child (Month, day, year) Aug 24 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Liberty Almond Morris
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Sauk Center, Minn. (City or town) (State or foreign country)
14. Exact Occupation Clerk in General Store
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Bell Ferguson
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Palestine Ill (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: 9 (a) At time of birth and including this child 1 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person ~~for~~ Since birth years, and that Dr. D. D. Brennan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elsie B Morris Signature

7102 N. ALTAMONT P. O. Address

Subscribed and sworn to before me this 10th day of February 1945.

(SEAL) Madge Brown, Notary Public, residing at Spokane Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-215-031-843

401027

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lewis (b) City Vollmer
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Vollmer
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Vollmer

3. RESIDENCE of FATHER (city, state) Vollmer Ida.

4. FULL NAME OF CHILD Effie Cleo Craig

5. Date of Birth (Month, day year) March 15, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas James Craig
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Westmeath, Ontario Canada (City or town) (State or foreign country)
14. Exact Occupation Hotel Manager
15. Industry or Business Hotel

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Mae Hutcheson
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Redwing Minn (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont Know
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 19 1945 (Date received) (b) ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho
County of Nez Perce } ss.

I, Effie Mae Craig Effie Cleo Craig (Name of person on certificate above), being first duly sworn, say that I am related to (Related to (or) acquainted with) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Jonas Burke (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Effie Mae Craig Signature

1320 16th St. Lewiston Ida. P. O. Address

Subscribed and sworn to before me on this 20th day of January, 1945

(SEAL) Leo McCarty Notary Public, residing at Lewiston Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

115-202 014-666

401033 401033

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 401033
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: BORN HERE In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. -
   (e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell Wilder Idaho

4. **FULL NAME OF CHILD** DOROTHY MAE JANSSEN

5. Date of Birth of Child (Month, day, year) Dec 2, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Janssen
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace ENGRRHAFA (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie - Wood
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Blue Springs (City or town) Nebraska (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 1st child (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho } ss.
County of Canyon }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that Mrs A. W. Harlan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Bessie Janssen Signature

..... P. O. Address

Subscribed and sworn to before me this 24 day of January, 19 45

(SEAL) ..... Notary Public, residing at Caldwell Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1945 by Mabel Fielder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

843-114-009-417

401082

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No. 412 3rd Ave.
   (d) Name of Hospital or Maternity Home: Birth at home
   (e) Mother's stay BEFORE delivery: IN THIS county X years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Sandpoint (b) County Bonner
   (c) City Idaho
   (d) Street Address or R.F.D. No. 412 3rd Ave
   (e) How long has MOTHER lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint, Idaho

4. **FULL NAME OF CHILD** Leonard John Hutchins

5. Date of Birth of Child (Month, day, year) Aug. 14, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Hutchins
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Meeker Co. Minnesota (City or town) (State or foreign country)
14. Exact Occupation Photographer
15. Industry or Business Farming at present

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ingrid Marie Magnuson
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 42 years, and that Dr. O.F.Page (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Hutchins Signature

Deer Park, Washington R. O. Address

Subscribed and sworn to before this 9th day of February, 19 45.

(SEAL) ____ Notary Public, residing at Deer Park

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by ____, Registrar.

FEB 19 1945

FEB 22 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-106-038-957

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 401084
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Payette (b) City Payette
   (c) Street Address or R.F.D. No. --
   (d) Name of Hospital or Maternity Home: None;
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette
   (c) City Payette
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Id

4. **FULL NAME OF CHILD** Robert Amon Johnson

5. Date of Birth of Child (Month, day, year) 6-6-1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edgar Causy Johnson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Liberty, North Carloina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Ingrham
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Richill Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho, } ss.
County of Jerome, }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 35 years, and that the doctor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edgar Causy Johnson Signature

Jerome, Idaho. P. O. Address

Subscribed and sworn to before me this 10th day of February, 19 45.

(SEAL) Wayne M. Barclay, Notary Public, residing at Jerome, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 22 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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369-212 001-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402150
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: St. Lukes Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Gertrude Jane Corbus

5. Date of Birth of Child (Month, day, year) Aug. 12, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ray Lenard Corbus
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business Sheepman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jeanette Alice Casey
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Atlanta (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ella Nicholson (First name) (Last name) who is related as Aunt (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Elmore }

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 35 years, and that _____ (First name) _____ (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Nicholson Signature

Mountain Home, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of February, 1945.

(SEAL) Edna L. Casey, Notary Public, residing at Mountain Home, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1945 by Mabel Hoyle, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 7 1974

FEB 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493-210-010-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402163
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Lava St.
(d) Name of Hospital or Maternity Home: My home on Lava Street
(e) Mothers stay BEFORE delivery: all my life
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Lava Street
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Annie May Miller

5. Date of Birth of Child (Month, day, year) Oct.10th.1909

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nicholas W. Miller
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Miphlent, Tenn. (City or town) (State or foreign country)
14. Exact Occupation Real Estate
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie May Mickelson, Miller
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Manassa, Colorado (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1 P. M. on the date and at the place stated above, and that personal particulars were furnished by May (First name) Miller (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature [signature] M.D. Midwife Address Idaho Falls Ida Date Mch 2-45

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 - 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 5 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-208 014 299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402218
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. not known
(d) Name of Hospital or Maternity Home: born at home not in hospital
(e) Mothers stay BEFORE delivery: In THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. not known
(e) How long has MOTHER lived in Idaho? 6 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Hazel Fenwick

5. Date of Birth of Child (Month, day, year) Sept. 2, 1909

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Heebert Fenwick
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Pontiac, Illinois (City or town) (State or foreign country)
14. Exact Occupation Stationary Engineer
15. Industry or Business For U.S. Reclamation

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Lillian Briscoe
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Winslow, Arizona (City or town) (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 35 years, and that ~~Hazel Addams~~ (First name) Dr. George Kellog (Last name), who attended this birth Cannot be located (~~Is now deceased~~) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel Herbert Fenwick Signature
868 N.E. Liberty St. P. O. Address

Subscribed and sworn to before me this 3 day of March, 1945

(SEAL) H. C. Smith, Notary Public, residing at Portland, Oreg.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public for Oregon
My commission expires June 26, 1947

Received for filing on MAR 5 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 7 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402248
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Small
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years 6 months 13 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Small
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Small, Idaho

4. **FULL NAME OF CHILD** William Leroy Fayle

5. Date of Birth of Child (Month, day, year) 7-13-09

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Heaton Fayle
11. Color or Race White American
12. Age at time of THIS birth 37 yrs.
13. Birthplace Wellsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Stockraising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Mae Thomas
17. Color or Race White American
18. Age at time of THIS birth 29 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife _____ **Address** _____ **Date** _____

AFFIDAVIT

State of Idaho
County of Clark } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 35 years, and that Dr. Jones (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Heaton Fayle
Signature

Small, Idaho
P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1945

(SEAL)

U. S. Commissioner at Dubois, Idaho.
Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by _____, Registrar

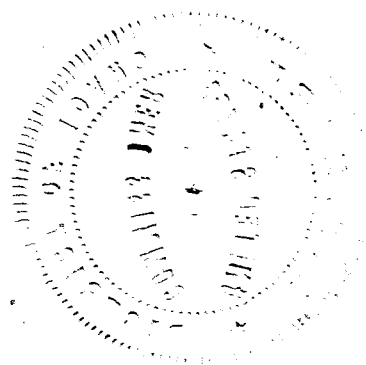
MAR 9 1945

MAR 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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402255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402255
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County POWER (b) City ROCKLAND
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years 8 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County POWER
   (c) City ROCKLAND
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) ROCKLAND IDAHO

4. **FULL NAME OF CHILD** HAZEL ALTA McCARTY

5. Date of Birth of Child (Month, day, year) JUNE 22 1909

6. Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ROSS FERNANDO McCARTY
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace LAWRENCEVILLE (City or town), ILL. (State or foreign country)
14. Exact Occupation DRY-FARMING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY PENNINAH WOOD
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace ROCKLAND (City or town), IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of WASHINGTON } ss.
County of KING }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that EMELY (First name) LISH (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary McCarty Sanderson Signature

SEATTLE, WASHINGTON P. O. Address

Subscribed and sworn to before me this 8 day of June, 1943.

(SEAL) ____, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 9 1971

MAR 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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40 294 **402294**

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Evelyn Ester Werry

5. Date of Birth of Child (Month, day, year) Apr. 24, 1909

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nicholas Werry
11. Color or Race White **12.** Age at time of THIS birth 60 yrs.
13. Birthplace Cornwall, England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Craise Morcom
17. Color or Race White **18.** Age at time of THIS birth 48 yrs.
19. Birthplace Redruth, England (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Dorothy Werry (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 35 years, and that O. J. Allen M.D. (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dorothy Grace Werry Signature
610 Krall St Boise P. O. Address

Subscribed and sworn to before me this 12 day of March, 19 45.
(SEAL) Alice O. Kay Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 15 1945 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 15 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 204 014 319

DELAYED BIRTH CERTIFICATE 402297

United States
Department of Commerce
Bureau of the Census

MAR 11 1945

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402297
Local Reg. No. 32
Reg. Dist. No. 3-330

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CANYON (b) City PAYETTE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: PRIVATE HOME
(e) Mothers stay BEFORE delivery: In THIS county years months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County WASH.
(c) City MIDVALE
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) MIDVALE-IDA

4. FULL NAME OF CHILD THELMA MARY WILBURN

5. Date of Birth of Child (Month, day, year) 4-4-1909

6 Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME BIRD WILBURN
11. Color or Race WHITE
12. Age at time of THIS birth 21 yrs.
13. Birthplace MIDVALE (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LADESSA MARGARET CARPENTER
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace BROWN VILLE, MISSOURI (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silloid
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Ladessa M Carpenter (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Dr J R Woodward, Sr M.D. Midwife Address Payette Idaho Date 3/12/45

State of Idaho
County of Washington } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for all his life years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 3/13/1945 by J C Woodward, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-231034 168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402330
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Rupert
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Rupert
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** CECILE MARIE KELLY

5. Date of Birth of Child (Month, day, year) 1/31/09

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** WALTER JAMES KELLY
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Vale, Oregon, (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ARVILLA JOHNSTON
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Sun City, Kansas. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living: 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California,
County of Placer } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that J.B. (First name) Kenagy (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Arvilla Beedle Signature

Wolf Rt., Auburn, California. P. O. Address

Subscribed and sworn to before me this 3rd. day of March, 1945.

(SEAL) Fred B. Suttle Jr., Notary Public, residing at AUBURN

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1945 by Mabel Fletcher, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

714 216 028 651

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 402333
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Ramsey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: private home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Hazel Janette Gaultney

5. Date of Birth of Child (Month, day, year) July 16 1909

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Edgar Gaultney
11. Color or Race white **12.** Age at time of THIS birth 33 yrs.
13. Birthplace (City or town) North Carolina (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Orrea Leon Weaver
17. Color or Race white **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Auburn (City or town) Indiana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 35 years, and that Dr. Drennan (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Orrea Leon Gaultney Signature

1313 Lakeside, Coeur D'Alene, Idaho. P. O. Address

Subscribed and sworn to before me this 12th day of February, 1945

(SEAL) Harold S. Ready Notary Public, residing at Coeur D'Alene,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 15 1945 by , Registrar.

MAR 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

336-111-016-218

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403429
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Elba
(c) Street Address or R.F.D. No. Elba Ida R.R.
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay BEFORE delivery: In THIS county 19 years 4 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Elba
(d) Street Address or R.F.D. No. Elba Ida R.R.
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Elba, Ida.

4. FULL NAME OF CHILD Herbert Edwin Lloyd

5. Date of Birth of Child (Month, day, year) Jan Aug 11. 1909

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Herbert Lloyd
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Abbie Suzanna Bayliss
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Stanrod, Utah (City or town) (State or foreign country)
20. Exact Occupation Artist
21. Industry or Business Instructor

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by Abbie (First name) Lloyd (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Mabel Stevens M.D. Midwife Address Mabel Stevens Firth Ida Date Oct 3, 44

State of Firth Idaho
County of Bingham R#1 } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that Mabel (First name) Stevens (Last name), who attended this birth signed (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Abbie S. Lloyd Signature
1003 N. Buchanan Pocatello Ida P. O. Address

Subscribed and sworn to before me this 8 day of March, 1945

(SEAL) S L Stowell, Notary Public, residing at Pocatello Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 29 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 8 1967
OCT 1 2 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 2 9 1946

855-226-028-813 403477

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAR 29 1945

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403477
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ..... (b) ~~City~~ Town Rathdrum
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home: .....
(e) Mothers stay BEFORE delivery: In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County .....
(c) City Rathdrum
(d) Street Address or R.F.D. No. .....
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Delores Vada Hendricks

5. Date of Birth of Child (Month, day, year) May 26, 1908

6 Sex female

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Hendricks

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Chippawa Falls (City or town) Wisconsin (State or foreign country) U.S.A.

14. Exact Occupation Laborer

15. Industry or Business At Livery Barn

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Minnie ~~Hatburg~~ Hattenburg

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Bushnell (City or town) S. Dekota (State or foreign country) U.S.A.

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

~~State~~ City of Calgary
~~County of~~ Province of Alberta } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (~~Mother, etc.~~) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person ~~for~~ Since birth (36 years) and that Dr. Drennan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission is perpetual.

William Hendricks Signature
Calgary, Alberta Canada P. O. Address

Subscribed and sworn to before me this 19th day of March, 1945.

(SEAL) Thomas J. O'Connor Notary Public, residing at Calgary, Alta.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR - 9 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 26 1972

APR 11 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-115 010-236

403502

403502

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403502
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. Lava St.
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Spencer
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Spencer, Ida.

4. **FULL NAME OF CHILD** William Moroni Neville

5. Date of Birth of Child (Month, day, year) April 15, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Oconell Neville

11. Color or Race white

12. Age at time of THIS birth 40 yrs.

13. Birthplace San Francisco, California (City or town) (State or foreign country)

14. Exact Occupation Sheep Foreman

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Delia Scott

17. Color or Race white

18. Age at time of THIS birth 30 yrs.

19. Birthplace Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive, (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Louisa Neville (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Idaho Falls, Ida. Date 4/5/45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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217-228022 893 403517 403517

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403517
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Freemont (b) City Darby
   (c) Street Address or R.F.D. No. R.F.D #1
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years 8 months 24 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Freemont
   (c) City Darby
   (d) Street Address or R.F.D. No. R.F.D #1
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Darby, Idaho

4. **FULL NAME OF CHILD** Rose Elva Bagley

5. Date of Birth of Child (Month, day, year) Apr. 28, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Elial Bagley
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Toole (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Emma Hill
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Welsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ **Address** ____ **Date** ____

AFFIDAVIT

State of Idaho
County of Twin Falls } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that Joseph Elial Bagley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Bagley, Signature

446-5th Ave. E., Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of March 1945

(SEAL) ____, Notary Public, residing at Twin Falls

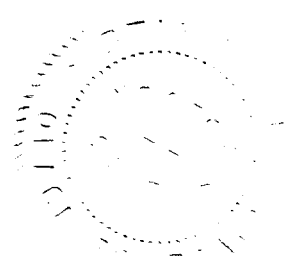
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR - 9 1945 by Mabel Fuller, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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403546

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403546
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No. R.F.D No 4
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In THIS county 2 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No. R.F.D #4
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley, Idaho

4. **FULL NAME OF CHILD** Charles Raymond Peterson

5. Date of Birth of Child (Month, day, year) Oct. 4, 1909

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Otto Peterson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Cedar Fort, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Avery
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Huntington, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Cassia } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35 years, and that Dr. (First name) Patterson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive A Peterson Signature

Declo, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of April, 19 45

(SEAL) Frances Austin, Notary Public, residing at Declo, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 6 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451 102 036 719

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403586
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City American Falls
   (c) Street Address or R.F.D. No. Arthur St.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 9 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City American Falls
   (d) Street Address or R.F.D. No. Arthur St.
   (e) How long has **MOTHER** lived in Idaho? 35 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Am. Falls, Id.

4. **FULL NAME OF CHILD** Franklin Dean Meadows

5. Date of Birth of Child (Month, day, year) Feb. 2, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Franklin Richard Meadows
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Rockport, Utah (City or town) (State or foreign country)
14. Exact Occupation Wheat farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Matilda Garn
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Coalville, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Power }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 36 years, and that Dr. Richard F. Noth (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Franklin R. Meadows Signature

724 Hutchinson Ave. Am. Falls, Ida. Address

Subscribed and sworn to before me this 11th day of April, 1945.

(SEAL) T. Pearce, Notary Public, residing at AMERICAN FALLS, IDAHO.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1945 by Mary E. [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-104-003-134

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 403692
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 99 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Downey

4. FULL NAME OF CHILD Orville Chester Kingsford

5. Date of Birth of Child (Month, day, year) Dec 4 Sat 1909

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Albert Kingsford
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Weston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Ellen Aldous
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Downey (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon } ss.
County of Coos }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 35 years, and that Fannie Griffith (First name) (Last name), who attended this birth X (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON
My Commission Expires June 4, 1947

Lucy Ellen Kingsford Signature
Coos Bay, Oregon P. O. Address

Subscribed and sworn to before me this 27th day of March, 1945

(SEAL) E. M. Deanna Notary Public, residing at North Bend, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1945 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396 227029-631

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 403608
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City PRINCETON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City PRINCETON
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) PRINCETON IDAHO

4. **FULL NAME OF CHILD** LILLIAN VERONICA TROTTER

5. Date of Birth of Child (Month, day, year) APRIL 27, 1909

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** LUTHER RICHARD TROTTER
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace BRAINARD (City or town) MINNESOTA (State or foreign country)
14. Exact Occupation BLACKSMITH
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ALICE FLANAGAN
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace OSSIO (City or town) MINNESOTA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% sol Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 9 M. on the date and at the place stated above, and that personal particulars were furnished by Mary Alice Flanagan (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Jas. Thompson M.D. ~~Midwife~~ Address Moscow Idaho Date 4/5/45

AFFIDAVIT

State of IDAHO
County of LATAH } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____ (First name) _____ (Last name), who attended this birth _____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

_____ Signature

_____ P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL) _____, Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by _____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-108036-392

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

APR 19 1945

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404586
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Omeida, (b) City Rockland
   (c) Street Address or R.F.D. No. Rural,
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho, (b) County Omeida,
   (c) City Rockland,
   (d) Street Address or R.F.D. No. Rural.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rockland, Idaho.

4. **FULL NAME OF CHILD** SIDNEY ELGIN BROWN,

5. Date of Birth of Child (Month, day, year) Feby. 8, 1909.

6. Sex Male.

7. Twin or Triplet - --

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Henry Able Brown,
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Rockland, (City or town) Idaho. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eleanor May Lish,
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Woodruff, (City or town) Idaho. (State or foreign country)
20. Exact Occupation House-wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho,
County of Bannock, } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for all his life 36 years, and that Mrs. Jane (First name) Brown, midwife (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eleanor May Lish Braun Duncan Signature

207 W. Sherman, Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me this 16th day of April, 1945.

(SEAL) Thos. J. Turner, Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; See Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1945 by Walter Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

✓ 292-106-021-267

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 404603
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FRANKLIN (b) City PRESTON
   (c) Street Address or R.F.D. No. NONE AT TIME
   (d) Name of Hospital or Maternity Home: AT. HOME.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 ~~years~~ months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County FRANKLIN
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 MONTHS ~~yrs.~~

3. **RESIDENCE OF FATHER** (city, state) SASK. CAN.

4. **FULL NAME OF CHILD** WILLIAM GASPAR KISCH
5. Date of Birth of Child (Month, day, year) OCT. 6. 1909
6. Sex MALE
7. Twin or Triplet SINGLE. If so—born 1st, 2nd, 3rd 2
8. No. months of Pregnancy 9 M.
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** PAUL KISCH.
11. Color or Race MAGYAR
12. Age at time of THIS birth 27. yrs.
13. Birthplace HADIKFALVA (City or town) AUSTRIA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA BOGOS
17. Color or Race MAGYAR
18. Age at time of THIS birth 22 yrs.
19. Birthplace HADIKFALVA (City or town) AUSTRIA. (State or foreign country)
20. Exact Occupation HOUSE WIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Ontario
County of Essex } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 35 years, and that Mary (First name) Brio (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Kisch her mark Signature
238 Glengarry Ave. Windsor, Ontario P. O. Address

Subscribed and sworn to before me this 10th day of April, 1945
after having been read over & explained & apparently understood
(SEAL) Cecil R Cash, Notary Public, residing at Windsor, Ontario
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1945 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1945

MAR 19 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863 225029417

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404614
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Lata[illegible] years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Thelma Margaret Holbrook

5. Date of Birth of Child (Month, day, year) 9/25/1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John William Holbrook
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Winnigan (City or town), Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Pauline Maxon
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Blain (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to ~~prevent~~ Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of California } ss.
County of Riverside }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 36 years, and that Margaret Land (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Pauline Holbrook Signature
Box 663, Indio, California P. O. Address

Subscribed and sworn to before me this 18th day of April, 1945.

(SEAL) Agnes Whittlesey, Notary Public, residing at Indio, Calif.
My Commission Expires February 7, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

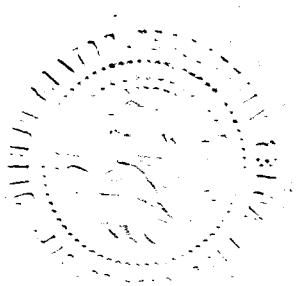
Received for filing on APR 25 1945 by Mary Elder, Registrar

APR 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



168-124 031-386

404659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404659
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City
   (c) Street Address or R.F.D. No. R F D
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City
   (d) Street Address or R.F.D. No. R F D
   (e) How long has **MOTHER** lived in Idaho? 1.2 years

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Alfred Oliver Johnson

5. Date of Birth of Child (Month, day, year) May 24, 1909

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Johnson
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Oline Josephine Thebbo
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Albert Johnson (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs T O Gaukshenne M.D. Midwife Address Nezperce Idaho Date 12 May 1945

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Lewis } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Albert Johnson Signature

Nezperce, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of May, 1945

(SEAL) [illegible], Notary Public, residing at Nezperce, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 24 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

995-201014-765 404668 404668

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 404668
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette Idaho

4. **FULL NAME OF CHILD** Margaret Josephine Dreton

5. Date of Birth of Child (Month, day, year) 3-1-1909

6. Sex Female Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Tweedy Dreton
11. Color or Race White 12. Age at time of THIS birth 69 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elise Gfeller
17. Color or Race White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Thourne (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 35 years, and that Dr Campbell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elise Dreton Signature
Payette, Idaho. P. O. Address

Subscribed and sworn to before me this 26th day of August, 19 44

(SEAL) W R McClure Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1945 by Mary Hazen, Registrar.

MAY 31 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-115 028 545

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 5 1945

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. Military Drive St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. 404743

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD WAYNE ATWOOD ROBERTS

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Feb. 15, 1909 (Month, Day, Year)

FATHER	MOTHER
9. Full name Oliver Atwood Roberts	18. Full maiden name Arsella Emerson
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race W | 12. Age at last birthday 43 (years)	20. Color or race White | 21. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Near Peoria, Ill.	22. Birthplace (city or place) (State or Country) Bloomfield, Ohio
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 1906 | 17. Total time (years) spent in this work 20 yrs	25. Date (month and year) last engaged in this work ....., 1906 | 26. Total time (years) spent in this work 20 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead x (c) Stillborn x

29. If stillborn, period of gestation ------- months or weeks | 30. Cause of Stillbirth --- During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report ..... MAY 8 1945 Date of Filed

Registrar.

Filed 5-2-45, 1945 Marie Griffith Registrar.

JUN 9 1967

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

MAY 3 1945

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Arsella E. Roberts being first duly sworn says that she is the mother (Relationship of child)* of Wayne Atwood Roberts born February 15, 1909 (Date of birth) at Coeur d'Alene, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Wayne Atwood Roberts hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. A. Hunter M. D. was the ~~Midwife~~ medical attendant at the birth of said Wayne Atwood Roberts and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Arsella E. Roberts

P. O. Address 1210 B Street S.E., Washington, D.C.

Subscribed and sworn to before me this 18th day of April, 1945

Charles G. Read
Notary Public.

Residing at Wash. D.C. ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Arsella E. Roberts being first duly sworn says that she is the mother of Wayne Atwood Roberts
(Relationship of child)*

born February 15, 1909 at Coeur d'Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 188—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Wayne Atwood Roberts hereto attached are true and correct as stated therein, and that the birth has not been previously recorded.

Affiant further states that Dr. A. Hunter M. D. was the medical attendant at the birth of said Wayne Atwood Roberts and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant [signature]

Address 1210 B Street S.E., Washington, D.C.

Subscribed and sworn to before me this day of 19[illegible]

[signature]
Notary Public

Residing at [illegible], WASH.

* If the father and mother are dead, (Write now) persons, his signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, nephew, etc.

(629) 215028-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404767
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Coeur d'Alene St
(d) Name of Hospital or Maternity Home: born in home.
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 5 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Coeur d'Alene
(e) How long has **MOTHER** lived in Idaho? 5 months

3. **RESIDENCE OF FATHER** (city, state) Baraboo, Wis.

4. **FULL NAME OF CHILD** Mildred Ione Whitty

5. Date of Birth of Child (Month, day, year) Nov 15, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Patrick Whitty
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Shanow, Wis. (City or town) (State or foreign country)
14. Exact Occupation railroad brakeman
15. Industry or Business deceased.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Sophia Carl.
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Baraboo, Wis. (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the [illegible] above, and that personal particulars were furnished by ..... (First name) (Last name) who is [illegible] (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wash.
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that Mildred Ione (First name) Whitty (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Nettie Moore Signature
623 N. Madelia P. O. Address

Subscribed and sworn to before me this 11th day of May, 1945.

(SEAL) [illegible], Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-018-029-345

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 404822
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Princeton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City PRINCETON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD MARY ELIZABETH LIENHARD

5. Date of Birth of Child (Month, day, year) Feb. 18-1909

6. Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 mos. **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME JOHN LIENHARD
11. Color or Race WHITE **12.** Age at time of THIS birth 26 yrs.
13. Birthplace PLUM CITY (City or town) WISCONSIN (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ALTA LEE LUNSFORD
17. Color or Race WHITE **18.** Age at time of THIS birth 24 yrs.
19. Birthplace MARSHALL (City or town) WASHINGTON (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 36 years, and that Mrs Plowman (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Lienhard Signature
Princeton Idaho P. O. Address

Subscribed and sworn to before me this 14th day of May, 1945

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho
My Commission Expires Nov. 8, 1948

Received for filing on MAY 23 1945 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

963-223-025-814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 405882
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Erma Eloise Rothlisberg

5. Date of Birth of Child (Month, day, year) January 23, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Hans Rothlisberg
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Dallas, Texas (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Rancher & Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lida Jane Hamill
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Centerville, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that Dr. Rains (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lida Jane Bayless Signature
8225 N.E. Gaines P. O. Address
Portland Ore.

Subscribed and sworn to before me this 21 day of May, 1945

(SEAL) Charles Benjamin Fenner Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC IN AND FOR THE STATE OF OREGON
MY COMMISSION EXPIRES MARCH 31st, 1946.

Received for filing on MAY 25 1945 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

665-204-010-533

405947

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. R#3
   (d) Name of Hospital or Maternity Home: None, born at home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. R#3
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Afton Pearl Owen

5. Date of Birth of Child (Month, day, year) Nov. 4, 1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Albert Owen
11. Color or Race White
12. Age at time of THIS birth 57 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Ellingford
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Plastow, Essex, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business At Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Rosa Owen (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Annie Heath M.D. Midwife **Address** 2943 Childs Ave. Ogden, Utah **Date** 5-22-45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19 .

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1945 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-103-026-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 405950
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD HenryEarnest Nelson

5. Date of Birth of Child (Month, day, year) March 3, 1909

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 2nd. **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Nelson
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Kiron (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Anna Harriman
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Huntington, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1957 Session Laws.

Alice Anna Nelson Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of May, 1945

(SEAL) Dee Stowell Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1945 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462-109-D 01-253

405968

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405968
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 528 S. 16th St.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 528 S 16th St
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Raymond Floyd Moss

5. Date of Birth of Child (Month, day, year) 7/9/1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry James Moss
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Austin (City or town) Nevada (State or foreign country)
14. Exact Occupation Waiter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Margaret Beckman
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Struble (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid solution
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive ~~and now living~~

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at about 12 M. on the date and at the place stated above, and that personal particulars were furnished by Ethel Margaret (First name) Moss (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Glenn E. Shawhan M.D. ~~Midwife~~ Address Nampa, Idaho Date June 1, 1945

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 5 1945 by ....., Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 5 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-223-003-282 406005

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406005
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Private Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 0 years 6 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 25 to 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakland, Ida. Died Aug 13, 1909.

4. **FULL NAME OF CHILD** Lydia Preston Handy

5. Date of Birth of Child (Month, day, year) Dec. 23, 1909.

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD Died Aug. 13, 1909

10. **FULL NAME** Samuel Preston Handy
11. Color or Race White
12. Age at time of THIS birth Deceased yrs.
13. Birthplace Whitney, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer. Born on Dec. 13, 1881
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Adelia Bybee
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not recall
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:45 P M. on the date and at the place stated above, and that personal particulars were furnished by Lydia Adelia Bybee Handy Hawker (First name) (Last name) who is related as MYSELF (Mother, etc.)

25. Attendant's OWN signature CAROLINE STODDARD ~~M.D.~~ DECEASED Midwife Address WAS: GRACE, IDAHO. (NO DOCTOR WAS IN ATTENDANCE) Date —

State of Idaho
County of Caribou } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years 7 MOS. of age, that I have known this person for 35 years, 6 MOS and that CAROLINE STODDARD (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia Adelia Bybee Handy Hawker Signature

Soda Springs, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of June, 1945 Ida.

(SEAL) S. E. Matthews, Notary Public, residing at Soda Springs

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 3 1971

JUN 2 9 1945

APR 4 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to ~~such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-028-022-916

to 6007

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406007
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Salem
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Salem
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salem, Idaho

4. **FULL NAME OF CHILD** Jessie Christensen

5. Date of Birth of Child (Month, day, year) 28 Nov., 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Christensen
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Hyde Park, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Estella Rawson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lewisville, Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Nevada
County of Washoe } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 54 years of age, that I have known this person for 44 54 35 years, and that Dr. James Sharpe (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Estella Rawson Christensen Signature

1323 Bonanza Way, Reno, Nev. P. O. Address

Subscribed and sworn to before me this 18th day of June, 1945

(SEAL) Irving J. Smith, Notary Public, residing at Reno, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 6 - 1945 by Mary Fuller, Registrar

JUN 29 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-123-219-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406044
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Clayton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: parent home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Clayton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) Clayton Ida

4. **FULL NAME OF CHILD** George LeRoy Smith

5. Date of Birth of Child (Month, day, year) Sept. 23 1944

6. Sex boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Smith
11. Color or Race
12. Age at time of THIS birth yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sibley Kelly
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Rathmorgan Ireland (City or town) (State or foreign country)
20. Exact Occupation wife and mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Shoshone } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 24 years of age, that I have known this person for 24 years, and that Hollie (First name) Elder (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sibley Smith Signature
Gem Idaho P. O. Address

Subscribed and sworn to before me this 15th day of February, 1945

(SEAL) Elva Simonson, Notary Public, residing at Wallace, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1945 by Mary Fields, Registrar

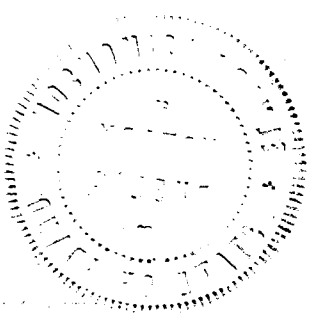
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



294-21-022-629

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406068
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Clawson
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Clawson
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) Clawson Idaho

4. **FULL NAME OF CHILD** Valeria May Simmons

5. Date of Birth of Child (Month, day, year) May 17th 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Stoker Simmons
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Woodruff (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane O'Brien
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Layton (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 730 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Jane O'B Simmons (First name) (Last name) who is related as Mother. (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for 36 years, and that Valeria May Simmons (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane O'B Simmons Signature

Burley, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of June, 1945.

(SEAL) Geo. McBurney Notary Public, residing at Burley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1945 by Mary Reed, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1972

JUN 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-203.052-365

406134

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton, Idaho

4. **FULL NAME OF CHILD** Anna Claire Evans

5. Date of Birth of Child (Month, day, year) July 3, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Gomer Evans
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Columbus Junction, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Edna Longnecker
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Shelby, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ~~Housewife~~

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10a M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Longnecker Evans (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Hargis M.D. ~~Midwife~~ Address Ashton, Idaho Date 6-7-45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-21807-2847

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407250
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Marysville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Freemont
   (c) City Marysville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same as 2

4. **FULL NAME OF CHILD** Grace Elda Swainston

5. Date of Birth of Child (Month, day, year) Sept. 18, 1909

6. Sex Female

7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Ebenezer Swainston
11. Color or Race White
12. Age at time of THIS birth 59 yrs.
13. Birthplace Kings Walden, Hert. England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business For self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriett Ann Hughes
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace London England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Utah
County of Salt Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 35 years, and that Do not know (First name) (Last name), who attended this birth Do not know (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie S. Hinck Signature
202 South 1st West Logan Utah P. O. Address

Subscribed and sworn to before me this 27th day of June, 1945.

(SEAL) Joseph E. Carden, Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1945 by Mabel Nelson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate ~~of the attending~~ physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-204006 763

407381

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407301

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Firth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: my Grandmother s' home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Humphrey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address Humphrey, Idaho

3. RESIDENCE of FATHER (city, state) Humphrey, Ida.

4. FULL NAME OF CHILD Lydia Francis Robbins

5. Date of Birth (Month, day year) March 4, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Franklin S. Robbins

11. Color or Race White

12. Age at time of THIS birth 49 yrs.

13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business Stock Raiser

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Emmaline Potter

17. Color or Race White

18. Age at time of THIS birth 44 yrs.

19. Birthplace Springville, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

26. (a) JUL 21 1945 (Date received) (b) Mark Keller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Clark }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Anna E. Robbins, being first duly sworn, say that I am (Mother) related (Related to (or) acquainted with) Lydia Francis Robbins (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Grandparents (Name of attendant at birth), who attended said birth are deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna E. Robbins Signature

Humphrey, Idaho P. O. Address

Subscribed and sworn to before me on this 19 day of July, 1945

(SEAL) John H. Hays Notary Public, residing at Dubois, Idaho

my com expires Apr. 18. 1946.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 3 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED BOTH

Dup. #01909-D70-263

913-121-042-338

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407315
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Buhl
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Buhl
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 Months

3. **RESIDENCE OF FATHER** (city, state) Buhl, Ida

4. **FULL NAME OF CHILD** Charles Leonard Ratcliffe

5. Date of Birth of Child (Month, day, year) July 21, 1909

6. Sex M.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Franklin Ratcliffe
11. Color or Race W
12. Age at time of THIS birth 52 yrs.
13. Birthplace Wheeling, West Virgina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Louise Schryver
17. Color or Race W
18. Age at time of THIS birth 30 yrs.
19. Birthplace Algona, Iowa (City or town) (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That ~~I attended the birth of~~ this child, who was born alive (Born alive, stillborn) at a M. on the date and at the place stated above, and that personal particulars were furnished by Anna L Ratcliffe (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Twin Falls, } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for life years, and that Dr. (First name) Ross (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna L. Ratcliffe Signature
316, Blue Lakes Blvd N Twin Falls Ida Address

Subscribed and sworn to before me this 6th day of July 19 45
(SEAL) U.S. Commissioner residing at Twin Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1945 by [illegible] Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-224040-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 407321
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CHESHIRE (b) City WARDNER
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County BINGHAM
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot Ida

4. **FULL NAME OF CHILD** MASIE BUCHANAN

5. Date of Birth of Child (Month, day, year) APRIL 21-1909

6. Sex FEMALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JAMES CARLOS BUCHANAN
11. Color or Race White (A.M.)
12. Age at time of THIS birth 30 yrs.
13. Birthplace GLENWOOD (City or town) UTAH (State or foreign country)
14. Exact Occupation GROCERY CLERK
15. Industry or Business SEELIG'S GROCERY

MOTHER OF CHILD

16. **FULL MAIDEN NAME** GAIL JOHNSON
17. Color or Race White (A.M.)
18. Age at time of THIS birth 22 yrs.
19. Birthplace LONGTON (City or town) KANSAS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that Dr. Kenneth Buchanan (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gail Buchanan Signature
Blackfoot Idaho P. O. Address

Subscribed and sworn to before me this 10th day of Sept, 1942

(SEAL) A. S. Dickinson J.P. Notary Public, residing at Blackfoot Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1945 by Mary Elder, Registrar.

JUL 13 1945

FEB 19 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-228 014-213

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 407335
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Oregon (b) County Moro
   (c) City Kent
   (d) Street Address or R.F.D. No. Farm
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Iva Mae Crocker

5. Date of Birth of Child (Month, day, year) Nov. 28, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Washington Crocker
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace New York State (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ballard
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Ashgrove, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Colorado
County of Kit Carson } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy-five years of age, that I have known this person ~~x~~ since birth years, and that Dr. Hamilton (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ballard Crocker Signature
Stratton, Colorado P. O. Address

my commission expires Mar 14, 1948

Subscribed and sworn to before me this 27th day of June, 19 45

(SEAL) Frances Van Ness, Notary Public, residing at Stratton, Colo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1945 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 11 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has ~~occurred subsequent~~ to ~~such date, such~~ report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

136-103-042-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407359
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 4th Ave East
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 4th Ave East
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Gale Victor Atwood

5. Date of Birth of Child (Month, day, year) Jan. 3-1909

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Lloyd S. Atwood
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Millington (City or town) Mich. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Armiinta Moore
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Madisonville (City or town) Tenn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 36 years, and that AV. J. R. (First name) Morgan (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Armiinta Atwood Signature
RR. 3 — Buhl Idaho P. O. Address

Subscribed and sworn to before me this 8th day of July, 1945

(SEAL) Theo Spretman, Notary Public, residing at Buhl Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 12 1945 by Mabel Fields, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 17 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-206029-395

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407376
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Mary Elizabeth Bernadette Simmons

5. Date of Birth of Child (Month, day, year) June 6, 1909

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Brace Simmons
11. Color or Race White
12. Age at time of THIS birth about 48 yrs.
13. Birthplace Belleview Illinoise (City or town) (State or foreign country)
14. Exact Occupation Dairyman and stock rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Agnes Tierney Simmons
17. Color or Race White
18. Age at time of THIS birth about 45 yrs.
19. Birthplace Maquoketa Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Hannah M Tierney (First name) (Last name) who is related as my mother, Mary's Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of California
County of Alameda } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that Doctor Coffee (First name) and my mother (Last name), who attended this birth are now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary E. Stevens Signature

3820 Whittle Ave Oakland P. O. Address

Subscribed and sworn to before me this 5th day of July 1945

(SEAL) Dorothy Marchetti Notary Public, residing at Berkeley Cal.

My Commission expires Sept. 1, 1949

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1945 by Mary Yeager, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 19 1945

JAN 29 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314 196 014 854

4083 99

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408399
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. General Del.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 35 years 10 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa.
   (d) Street Address or R.F.D. No. General Del.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Charlie Henry Caddy

5. Date of Birth of Child (Month, day, year) October 26, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Charley Henry Caddy.
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie Viola Hembree
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Wright County Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Ada. }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 35 years, and that Dr. Housman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Addie Viola Caddy Signature
1016 North 23rd Street Boise, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of August, 1945.

(SEAL) ____, Notary Public, residing at Boise Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1945 by ____, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 408455
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Shoshone
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born in the home
   (e) Mothers stay **BEFORE** delivery: About 1½ yrs
   In **THIS** county yes years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Shoshone
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? About 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Elda Irene Reeves

5. Date of Birth of Child (Month, day, year) Aug-25-1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Reeves
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Sandyhill (City or town) Iowa (State or foreign country)
14. Exact Occupation Railway mail Clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle McClelland
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Norton (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living a yes-B-No

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Washington
County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 36 years, and that Dr Baugh (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Reeves Signature
4516-6 NE P. O. Address

Subscribed and sworn to before me this 2nd day of August, 1945

(SEAL) Clarence L Wiedenhold, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1945 by Mary Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-229 004 133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408481
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Ida.

4. **FULL NAME OF CHILD** Ruth Virginia Schmid

5. Date of Birth of Child (Month, day, year) July 29, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Schmid
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Zurich (City or town) Switzerland (State or foreign country)
14. Exact Occupation Tailor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Von Allman
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Bern (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 15%
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Eliza Schmid Jensen (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Montpelier, Idaho Date 7/26/45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415 205 035 667

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408484
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Genesee
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Genesee
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Ida

4. **FULL NAME OF CHILD** Erma Louise Dallasego

5. Date of Birth of Child (Month, day, year) May 5, 1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Dallasego
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Terol (City or town) Austria (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agatha Louise Fogarty
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Asotin (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Nezperce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 36 years, and that Dr. C. F. Toumy (First name) (Last name), who attended this birth Address unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Peter Dallasego Signature

Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of July, 19 45.

(SEAL) Nadine Barker, Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by ____, Registrar

AUG 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408504
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Menan
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County FREmont
   (c) City Menan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Menan, Idaho

4. **FULL NAME OF CHILD** Don Z. Ballantyne

5. Date of Birth of Child (Month, day, year) May 22 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Zachariah Ballantyne Jr.
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Book keeper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Poole Ballantyne
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Menan (City or town) Idaho (State or foreign country)
20. Exact Occupation Home maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Calif. } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 36 years, and that (Deceased) Dr. (First name) Jones (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Poole Ballantyne Signature
705 So. Muscatel Ave. El Monte P. O. Address

My Commission Expires Feb. 13, 1949

Subscribed and sworn to before me this 8th day of August, 1945

(SEAL) Jane F. McKay, Notary Public, residing at El Monte Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by Mary Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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655-231-040-649

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408517
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Silver King
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Silver King
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** O'Neill, Mary Stella

5. Date of Birth of Child (Month, day, year) May 31, 1909

6. Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnancy 9

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** James J. O'Neill
11. Color or Race W
12. Age at time of THIS birth 39 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Agnes Furlong
17. Color or Race W
18. Age at time of THIS birth 34 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature T. C. Mason M.D. Midwife Address Kellogg Ida Date 6/15-45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 18 1945

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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389-201-001-759

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408522
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Marcella Mildred Cyr

5. Date of Birth of Child (Month, day, year) March 1, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jerimiah Ramée Cyr
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Houlton (City or town) Maine (State or foreign country)
14. Exact Occupation Contractor and carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Margaret Bertelsman
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Mt. Carmel, (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Illinois
County of Wabash } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 36 years, and that Mr. John (I think) (First name) Beck (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Margaret Cyr Signature

823 Cherry St., Mt. Carmel, Ill. P. O. Address

Subscribed and sworn to before me this 10th day of August, 1945.

(SEAL) Nancy B. Mansfield, Notary Public, residing at Mt Carmel Ill

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1945 by Mary F Elder, Registrar

AUG 18 1945

JUL 14 1955

DELAYED REGISTRATION LAW

~~(1937 Session Laws, Chapter 139, Section 4)~~

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

943-130 028-319

408533

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408533
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Orville Hugh Hutchins

5. Date of Birth of Child (Month, day, year) August 30, 1909

6 Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur Hugh Hutchins
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie LaVerne Carr
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Montgomery, Alabama (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 35 years, and that Unknown (First name) (Last name), who attended this birth Unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Address

Subscribed and sworn to before me this 22nd day of August, 19 45.

(SEAL) Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 22 1945 by , Registrar

AUG 27 1945

AUG 22 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

-957 203 003-585

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409527
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 444 N. Main St.
   (d) Name of Hospital or Maternity Home: None - home delivery
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 1 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 444 N. Main St.
   (e) How long has **MOTHER** lived in Idaho? 1 yr. yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Ida.

4. **FULL NAME OF CHILD** Julia Elizabeth Ingersoll

5. Date of Birth of Child (Month, day, year) February 3, 1909

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Ward Ingersoll
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Akron (City or town) Ohio (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Oregon Short Line (Union Pacific Railroad)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Viola Noel
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace New Harmony, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of OHIO } ss.
County of SUMMIT }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 36 years, and that Dr. H. A. Castle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, ~~1937~~ Session Laws.

Mrs Anna V. Ingersoll Signature

876 Mercer Ave., Akron 2, Ohio P. O. Address

Subscribed and sworn to before me this 14th day of August, 1945.

GLADYS BOWMAN
Notary Public in and for Summit County, Ohio
My Commission Expires Nov. 9 1945

Gladys Bowman, Notary Public, residing at Barberton, O.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1945 by Mabel Fiddes, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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455-118009-495

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 17 1945

State File No. 409537
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Morton
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City ____
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** William C. Deeter

5. Date of Birth of Child (Month, day, year) Dec 18, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William C. Deeter
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Collins, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer and Logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Minear
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Collins, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of Snohomish }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for since birth years, and that physician deceased (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie C. Deeter Signature

Granite Falls, Wash P. O. Address

Subscribed and sworn to before me this 25th day of July 19 45

(SEAL) Leo D. Thompson, Notary Public, residing at Granite Falls

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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013 202006-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409583
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Groveland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Groveland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Groveland, Idaho

4. **FULL NAME OF CHILD** Alta Williams

5. Date of Birth of Child (Month, day, year) June 2, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter Joan Williams
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Goshen Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gloria Call
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Bountiful, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Bonneville }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 36 years, and that Mary B. Hatch (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Peter J. Williams Signature

Blackfoot, Idaho R#4 P. O. Address

Subscribed and sworn to before me this 25 day of August, 1945.

(SEAL) Elizabeth Orr, Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1945 by Mary Felger, Registrar

AUG 31 1945

JUN 10 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-320 025-915

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409639
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No. State St
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 34 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No. State St
   (e) How long has **MOTHER** lived in Idaho? Native yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville Idaho

4. **FULL NAME OF CHILD** Alice Elizabeth Byrom

5. Date of Birth of Child (Month, day, year) 12-20-1910

6. Sex F

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Edward Byrom
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Tualatin Oregon (City or town) (State or foreign country)
14. Exact Occupation Ranch
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Ethel Randall
17. Color or Race W.
18. Age at time of THIS birth 34 yrs.
19. Birthplace Mt Idaho Territory (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 72 years of age, that I have known this person for 34 years, and that Dr G.S. Stockton (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude E Byrom Signature
Grangeville, Idaho. P. O. Address

Subscribed and sworn to before me this 1st day of Sept, 1945.

(SEAL) G.O. Conner, Notary Public, residing at Grangeville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 7 1945 by Mabel Fields, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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154-118-033-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410776
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City UNION
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at the residence of parents
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 60 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County Madison
   (c) City UNION
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. **RESIDENCE OF FATHER** (city, state) Union IDAHO

4. **FULL NAME OF CHILD** Rex Gibson Anderson

5. Date of Birth of Child (Month, day, year) June 18 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Smith Anderson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Fairfield (City or town) UTAH (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catharine Louisa Smith
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Richmond UTAH Cache Co. (City or town) (State or foreign country)
20. Exact Occupation farmers wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of IDAHO
County of MADISON } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person, for 26 years, and that Dr George E Hyde (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel S Anderson Signature

Thornton, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of Sept 19 45

(SEAL) Dan Clerk of District Court, Notary Public, residing at Rexburg Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 26 1945 by Mabel Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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632 -129-014-389

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410783
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No. Star Route
   (d) Name of Hospital or Maternity Home: Farm Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 9 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Payette
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 10/12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Idaho

4. **FULL NAME OF CHILD** RAY VERNON OLSON

5. Date of Birth of Child (Month, day, year) 3rd, 29, 1909

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** MOUNIE OLSON
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Smaland (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** BLANCHE MAE CHRISTENSEN
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Rochester (City or town) Minn (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Canyon Payette }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Mrs. O. H. Avery (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mounie Olson Signature
350 3rd Ave. N Payette P. O. Address

Subscribed and sworn to before me this 21 day of September, 1945.

(SEAL) Helen L. Dunn, Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 26 1945 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

692-207-042-818

410791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410791
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Mustangh Idaho
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Mustangh
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 7 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Mustangh Ida

4. **FULL NAME OF CHILD** Viola May Nelson

5. Date of Birth of Child (Month, day, year) Sept 7, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** John Arthur Nelson
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Mulberry, Kansas (City or town) (State or foreign country)
14. Exact Occupation Contractor & Stone Mason
15. Industry or Business Building Construction

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie May Hays
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Hinterset, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

deceased.

AFFIDAVIT

State of ~~Twin Falls~~ Idaho
County of Twin Falls } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35 years, and that Mrs. Frank Terrell (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie May Wilson Signature
Box 244, Buhl, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of September, 1945
(SEAL) John H. Rhoads, Notary Public, residing at Buhl, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 29 1945 by Mabel Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 8 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 4 1952
FEB 5 1952

243-103-014-813

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410832
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. R.F.D. 1
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida.

4. **FULL NAME OF CHILD** Alvah Archie Butts

5. Date of Birth of Child (Month, day, year) Dec. 3, 1909

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Washington Butts
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business General Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alpha Hale
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Payette } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 35 years, and that Dr. Miller (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Matilda Modrell Signature

Rt. 1, Payette, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of September, 1945.

(SEAL) Helen F. Dunn, Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-104-035-443

410864

410864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410864
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Gifford
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   At farm home of parents
   (e) Mothers stay **BEFORE** delivery:
   In **THIS** county 3 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Gifford
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 1/3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gifford, Ida.

4. **FULL NAME OF CHILD** Buford Yantis Webb

5. Date of Birth of Child (Month, day, year) April 4, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Webb
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Aulville, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Maude Mulkey
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Nevada, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Nez Perce }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for since his birth years, and that Dr. George Gaignard (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Maude Webb Signature

Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of September, 1945.

(SEAL) Thomas Madden, Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to ~~such date~~, such ~~report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268-129-001-695

410879

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. State - bet. 5 & 6th
   (d) Name of Hospital or Maternity Home: Resident
   (e) Mothers stay BEFORE delivery: In THIS county 3 years 2 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. State bet 5 & 6th
   (e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Crawford Fay Kohnle

5. Date of Birth of Child (Month, day, year) Oct-29-1909

6 Sex Male

7. ~~Twin or~~ Triplet One If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Orion-Kohnle
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Dayton (City or town) Ohio (State or foreign country)
14. Exact Occupation Candy Maker
15. Industry or Business Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie E. Freeman
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) Texas (State or foreign country)
20. Exact Occupation House-Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Un-Knowen
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss.
County of Orange }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 36 years, and that Dr Brexton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Orion Kohnle Signature

1492 Coast Blvd. So P. O. Address

Subscribed and sworn to before me this 8th day of October, 1945

(SEAL) Melba Dreyer MCE 4/4/49 Notary Public, residing at Laguna Beach California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1945

SEP 12 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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413-109-007-863

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410882
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Hill City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Hill City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** FLOYD LEROY MULKEY

5. Date of Birth of Child (Month, day, year) 10/9/1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ORIN FRED MULKEY
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Corvallis (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ina May Hotchkiss
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Quincy (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 36 years, and that Emma (First name) Simonson (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ina May Mulkey Signature

Woodburn, Oregon P. O. Address

Subscribed and sworn to before me this 25 day of September, 1945.

(SEAL) J. E. Thomson, Notary Public, residing at Woodburn, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1945 by Mabel Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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255-104-016-219

410890

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Elba
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Elba
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Elba, Idaho

4. **FULL NAME OF CHILD** Elbert Ray Beecher

5. Date of Birth of Child (Month, day, year) Dec. 4, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ransom Asa Beecher
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Elba (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business own farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Barker
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Elba (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Utah
County of Box Elder } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that Martha (First name) Parrish (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud B Beecher Signature

Brigham City, Utah P. O. Address

Subscribed and sworn to before me this 5th day of October, 1945.

(SEAL) My Com Exp Jan 12 1948 Walter J Mann, Notary Public residing at Brigham, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1945 by Mary Miller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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595-901-030-453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 411959
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Junction
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 27 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Junction
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Junction, Idaho

4. **FULL NAME OF CHILD** Wilda Verna Vreeland

5. Date of Birth of Child (Month, day, year) Nov. 1, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Vreeland
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Birch Creek, Idaho (City or town) (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Denny
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Junction Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Borax Acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho, County of Lemhi } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 yrs years, and that Mrs. Chas. Dishno (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Vreeland Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of October, 19 45

(SEAL) W. W. Simmonds XXXXXXXXXXXXXXXX Notary Public, residing at Clerk of the District Court

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 27 1945 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 29 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

743-22-0036-693

411986

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 411986
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At own Home
   (e) Mothers stay **BEFORE** delivery: 6 In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston, Idaho.

4. **FULL NAME OF CHILD** Anona Lydia Pulsipher

5. Date of Birth of Child (Month, day, year) April 20, 1909

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harvey Elias Pulsipher
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Avon (City or town) Utah (State or foreign country)
14. Exact Occupation Tin Smith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Witmer
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of UTAH
County of BEAVER } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 36 years, and that Nancy Beckstead, Preston, Idaho (First name) (Last name) who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily Pulsipher Signature

P. O. Address

Subscribed and sworn to before me this 12th day of October, 1945.

(SEAL) Lee C. Mullen, Notary Public, residing at Beaver, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 27 1945 by Mary Elder, Registrar

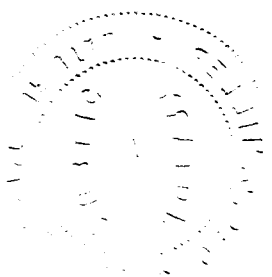
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 29 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



299-128-016-344

412005

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley, Idaho

4. **FULL NAME OF CHILD** Roy Lee Briggs

5. Date of Birth of Child (Month, day, year) April 28, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oscar Lee Briggs
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Flag Pond, Tennessee (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Dorcus Cummins
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Oakley Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of CALIFORNIA
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Dr. L. Laughlin (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie D. Briggs Signature

10102 So. Main St. Los Angeles So. Address

Subscribed and sworn to before me this 23 day of October 1945

(SEAL) Marie A. Venable, Notary Public, residing at Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1945 by Mabel Holden, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 5 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-219-006-351 412024

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 412024
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Madaline Ida Jeannette Harris.

5. Date of Birth of Child (Month, day, year) 6/19/09

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Guy Benjamine Harris

11. Color or Race W

12. Age at time of THIS birth 19 yrs.

13. Birthplace Mason City Nebraska (City or town) (State or foreign country)

14. Exact Occupation mechanic

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Etta Jeannette Tearkeller

17. Color or Race white

18. Age at time of THIS birth 20 yrs.

19. Birthplace Grundy Center Iowa (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Dr. S.S. Fuller at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 36 years, and that Dr. S.S. Fuller (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Guy B. Harris Signature
708 Everett, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of November, 1945

(SEAL) Lee A Kress, Notary Public, residing at Caldwell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 7 1945 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 7

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-12-011-793

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 412054
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boundary (b) City Copeland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boundary
   (c) City Copeland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** James Robert Andrews

5. Date of Birth of Child (Month, day, year) April 24, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George E. Andrews
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Bangor (City or town), Maine (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Jane Gillis
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Skye Glen (City or town), Nova Scotia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Dr. Fry (First name) Bonners Ferry (Last name) Idaho, who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie G. Wheeler Signature

[illegible] Olympic ave Spokane P. O. Address

Subscribed and sworn to before me this 31 day of Jan, 1941

(SEAL) [illegible] Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-101-001-945

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 412067
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Meridian
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Mothers Home Ed & Mary Dunkin
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Meridian
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian Idaho

4. **FULL NAME OF CHILD** Clyde Vilah Carpenter

5. Date of Birth of Child (Month, day, year) July 1, 1909.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joel Vilah Carpenter
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie May Dunkin
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Bertran Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of Yakima }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 36 years, and that Dr. C. Dutton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie May Miller Signature

Mabton Wash. P. O. Address

Subscribed and sworn to before me this 5th day of November, 1945

(SEAL) [signature], Notary Public, residing at Mabton Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Codes Annotated)

Received for filing on NOV 8 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure ~~to report any birth~~ which ~~has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 1 4 1945

396-207021-284

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 13023
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Thora Crockett

5. Date of Birth of Child (Month, day, year) June 7, 1909

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Robert Crockett
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Preston (City or town) Idaho (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Polly Estella Shumway
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon, County of Multnomah } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 32 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Polly Estella Crockett Signature
1004 NE 64th Ave—Portland P. O. Address

Subscribed and sworn to before me this 2nd day of March - -, 19 42.

(SEAL) A. Bennett Notary Public, residing at Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires Apr 24-1943

Received for filing on NOV 24 1945 by Mary Field, Registrar.

MAY 1 4 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-131 009-449

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 413068
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No. 502 Church St.
   (d) Name of Hospital or Maternity Home: Page Hospital
   (e) Mother's stay BEFORE delivery: IN THIS county 4 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sandpoint
   (d) Street Address or R.F.D. No. 502 Church St.
   (e) How long has MOTHER lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint, Idaho

4. **FULL NAME OF CHILD** Edward William Palmer

5. Date of Birth of Child (Month, day, year) Jan. 31, 1909

6. Sex Male

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles William Palmer
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Portland, (City or town) Oregon (State or foreign country)
14. Exact Occupation Lumber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leona May Murphy
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Lemars, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for 5 5 years, and that Dr. McKinnon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leona May McQuaide Signature
Spirit Lake P.O. Address

Subscribed and sworn to before this 2nd day of December, 1945

(SEAL) Notary Public, residing at Spirit Lake

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1945 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449 218021-212 413153

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413153
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Franklin
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: Family Residence or Ranch
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Franklin
   (d) Street Address or R.F.D. No. Gen Delivery
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Franklin, Idaho

4. **FULL NAME OF CHILD** Agnes Lucy DURRANT

5. Date of Birth of Child (Month, day, year) 6-18-1909

6. Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** JAMES LEROY DURRANT
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Franklin, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ann BAKER
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Market Lake, Idaho (City or town) (State or foreign country)
20. Exact Occupation Farmers Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 A M. on the date and at the place stated above, and that personal particulars were furnished by James LeRoy Durrant (First name) (Last name) who is related as Father (Mother, etc.)

25. ~~Attendant's~~ Father OWN signature James LeRoy Durrant M.D. ~~Midwife~~ Address Twin Falls, Idaho Date 12-26-45

AFFIDAVIT

State of Idaho } ss.
County of Jerome }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that Ellen (First name) Morgan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James LeRoy Durrant Signature
Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of December, 1945.

(SEAL) Estella H. Price, Notary Public residing at Jerome, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1946 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 16 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692-205-003-343

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 414173
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Oxford
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Oxford
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oxford, Idaho

4. **FULL NAME OF CHILD** Lula Cecil Fisher

5. Date of Birth of Child (Month, day, year) Oct. 5, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Victor Russel Fisher
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Oxford (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jenny Cecil Tucker
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Knoxville (City or town) Tennessee (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 a M. on the date and at the place stated above, and that personal particulars were furnished by Jenny (First name) Cecil (Last name) Fisher who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 36 years, and that Allen R. Cutler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cecil Fisher Signature

Oxford, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of Dec, 1945

(SEAL) Agnes McNeil, Notary Public, residing at Salt Lake City Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 3 1946 by Mary Folger, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 4 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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231-209 022-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 414207
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Teton
   (c) Street Address or R.F.D. No. — —
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: none
   In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Teton
   (d) Street Address or R.F.D. No. — —
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Teton Idaho

4. **FULL NAME OF CHILD** Lillian Mary Staker

5. Date of Birth of Child (Month, day, year) March 9 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alvin Leroy Staker
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Isabell Richman
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Paradise (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that Mary (First name) Sorenson (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Isabell Staker Signature

Teton Idaho P. O. Address

Subscribed and sworn to before me this 5th day of January, 19 46

(SEAL) Mabel Felder, Notary Public, residing at Rexburg, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

K 623-229-028-814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 415320
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Forest Heights
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: In THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No. Forest Heights
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d' Alene

4. FULL NAME OF CHILD Ethel Louise Oslund

5. Date of Birth of Child (Month, day, year) May 29, 1909

6 Sex Female

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Louis Oslund
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Bursjaåsen, Sweden (City or town) (State or foreign country)
14. Exact Occupation Millworker
15. Industry or Business Saw Mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Brita Victoria Hamberg
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Ullonger, Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Wash
County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Ethel D. Woods (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Brita V. Martinsen Signature
59 W Allen St Seattle P. O. Address

Subscribed and sworn to before me this 5th day of January 1946
(SEAL) [signature], Notary Public, residing at Kent
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 ~~Session Laws, has not been recorded, or in case of failure to report~~ any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 25 1944

168-104-014-134

415329

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 42nd Dist
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 mos yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Robert Harold Johnson

5. Date of Birth of Child (Month, day, year) March 4 1909

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd 3

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Amos Kennedy Johnson
11. Color or Race white **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Don't know (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lizzie Irene Aldredge
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Don't know Louisiana (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 33 years, and that dont remember (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lizzie Irene Stevens Signature
Formerly Johnson O. Address

Subscribed and sworn to before me this 6th day of October, 1942

(SEAL) Stuart H. Taylor Notary Public, residing at Twin Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1946 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-207-034-295

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 7 1946

State File No. 415358
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Glenns Ferry
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Muriel Mae Johnson

5. Date of Birth of Child (Month, day, year) 11-7-1909

6. Sex Female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd)

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Oakley Johnson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Malcolm Iowa (City or town) (State or foreign country)
14. Exact Occupation R R Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Mae Bickel
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Cleveland Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 36 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Oakley Johnson Signature

1203 E Mead Ave P. O. Address

Subscribed and sworn to before me this 4th day of February, 1946 Yakima Wash.

(SEAL) Edythe V. White, Notary Public, residing at Yakima Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1946 by Mabel Walker, Registrar.

FEB 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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669-101-035-417

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 415394
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ PERCE (b) City LEWISTON
   (c) Street Address or R.F.D. No. 910 - 9th Ave.
   (d) Name of Hospital or Maternity Home: FAMILY RESIDENCE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 11 months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County NEZ PERCE
   (c) City LEWISTON
   (d) Street Address or R.F.D. No. 910 - 9th AVE
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) LEWISTON IDA.

4. **FULL NAME OF CHILD** JOHN MAXWELL WORKS

5. Date of Birth of Child (Month, day, year) MAY 1, 1909

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** EDGAR HAMMOND WORKS
11. Color or Race WHITE
12. Age at time of THIS birth 44 yrs.
13. Birthplace NEW SHARON MAINE (City or town) (State or foreign country)
14. Exact Occupation CAPTAIN OF RIVER STEAMERS
15. Industry or Business WATER TRANSPORTATION

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SUSAN ALBERTA MAXWELL
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace ECHO UMATILLA, OREGON (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of WASHINGTON } ss.
County of KING }

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 36 years, and that ELIZABETH CULVER (MIDWIFE) (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan M. Gunlogette Signature

Redmond, Wash. P. O. Address

Subscribed and sworn to before me this 6th day of February, 1946.

(SEAL) O. A. Reid, Notary Public, residing at Redmond

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 15 1946 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 16 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2 853-220-035-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 415404
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Teakean
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Teakean
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Teakean, Idaho

4. **FULL NAME OF CHILD** Clara Mildred Heltzel

5. Date of Birth of Child (Month, day, year) Oct 20, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Irvin E. Heltzel
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Astoria, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Josephine Walston
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Reardon, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Washington
County of Cowlitz } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father & mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 & 56 years of age, that I have known this person for 36 years, and that Dr. Harrigus (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Irvin E. Heltzel — Mary Josephine Walston Heltzel — Signature

Route #1 Longview, Washington — P. O. Address

Subscribed and sworn to before me this 9th day of February, 1946.

(SEAL) _____, Notary Public, residing at Longview

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 15 1946 by _____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-121-042-383

416288

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416288
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Main St
(d) Name of Hospital or Maternity Home: residance
(e) Mothers stay BEFORE delivery: In THIS county 0 years 4 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Miller St
(e) How long has MOTHER lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) Boise

4. FULL NAME OF CHILD Floyd Harold Hearld Lovejoy

5. Date of Birth of Child (Month, day, year) Sep 21 1909

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Fletcher Rice Lovejoy

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Caldwell (City or town) Idaho (State or foreign country)

14. Exact Occupation Plumber

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ena Mae Tyler

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Knox County (City or town) Nebraska (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of ADA } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for his full life years, and that doctor - name unknown to me. (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ena Mae Nielson Signature
1418 E. Bannock St.-Boise, Idaho P.O. Address

Subscribed and sworn to before me this 25th day of February, 1946

(SEAL) Thompson, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1946 by [signature], Registrar

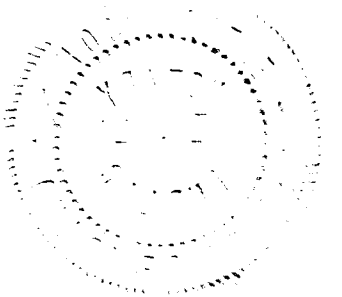
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 26 1947



243-209-016-966

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 416295
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Born here years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 mo yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley Idaho

4. **FULL NAME OF CHILD** Vesta Alberta Sutherland

5. Date of Birth of Child (Month, day, year) Jan. 9 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Fredrick Sutherland
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Golconda (City or town) Illinois (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carolyn Ross (Sutherland)
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Metropolis (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 A.M. on the date and at the place stated above, and that personal particulars were furnished by Carolyn Sutherland (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Joseph Krenstad M.D. ~~Midwife~~ Address Date FEB 16 46

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1946 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-208-024-049

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416316
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Hagerman
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Hagerman
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Blanche Rebecca Murphy

5. Date of Birth of Child (Month, day, year) Nov. 8, 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elbert Phillip Murphy
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Franklin Co., Nebraska (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business Hagerman, Idaho

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phoebe Jane Durfee
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Almo, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt by marriage (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 35 years, and that Dr. Frank Boner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ida Pauline Durfee Signature

Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of February, 1945

(SEAL) Grace Bistline, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1946 by Maud Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-126-043-196

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416340
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City McCall
   (c) Street Address or R.F.D. No. Idaho
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City Idaho
   (d) Street Address or R.F.D. No. -----
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) McCall Idaho

4. **FULL NAME OF CHILD** George Randolph Hentila

5. Date of Birth of Child (Month, day, year) May 26, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Michael Hentila
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Revonlahti, Finland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business -------

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophia Arola
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Rantsila, Finland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ----------

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---------
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 36 years, and that Mrs Ida Manning (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Tenhala Signature
6036 N.E. Dunsmuir P. O. Address

Subscribed and sworn to before me this 20th day of February 1946.

(SEAL) Lina A Berg NOTARY PUBLIC FOR OREGON MY COMMISSION EXPIRES JUNE 17, 1946, Notary Public, residing at Portland Oregon

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 1946 by Mona Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1948

MAR 12 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-102-009-651

416347

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D. No. Pine St
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county years 10 months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. Pine St
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) 26 yrs or more

4. FULL NAME OF CHILD Francis Harry Krotzer

5. Date of Birth of Child (Month, day, year) Nov 2, 1909

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter Edward Krotzer
11. Color or Race white **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Northfield, Minn. (City or town) (State or foreign country)
14. Exact Occupation Second hand business
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Maud Weaver
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Auburn Indiana (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of Clallam }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that Dr Patterson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Maud Krotzer Fisher Signature

P. O. Address

Subscribed and sworn to before this 28 day of Feb., 19 46

(SEAL) J. Lyle Pearson Notary Public, residing at Port Angeles, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1946 by Mabel Holder, Registrar.

MAR 12 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-228-014 236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416354
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County (b) City Woodside
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Woodside
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) 2

4. **FULL NAME OF CHILD** Pearl Louise Harris

5. Date of Birth of Child (Month, day, year) October 28, 1909

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Roy Harris
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Huntley (City or town) Nebraska (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alena Scorah
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Richmond (City or town) Michigan (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Jessie (First name) Arton (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alena Harris Signature
3128 Grand Everett Wash P. O. Address

Subscribed and sworn to before me this 27th day of February, 1946.
(SEAL) Geo H Peterhagen, Notary Public, residing at Everett
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1946 by Mabel Helder, Registrar

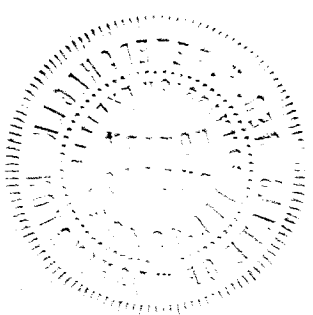
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1 2 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



365-101-020-148

416360

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416360
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mtn. Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mtn. Home
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mtn. Home

4. **FULL NAME OF CHILD** Charles Robert Love

5. Date of Birth of Child (Month, day, year) 8-1-09

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William J. Love
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Viroqua, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie M. Ady
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Viroqua, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Elmore }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 34 years, and that Hawley (First name) Orr (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Paul F. Love Signature

Mtn. Home Idaho P. O. Address

Subscribed and sworn to before me this 20 day of March 1946

(SEAL) Ina Hall, Notary Public, residing at Mtn. Home Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 21 - 1946 by Mabel Fleeson, Registrar

MAR 21 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

242-217-030-763

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 417309

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon
   (c) Street Address or R.F.D. No. ----
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon
   (d) Street Address or R.F.D. No. ----
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon, Ida.

4. **FULL NAME OF CHILD** Vivian Buker

5. Date of Birth of Child (Month, day, year) May 17, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd: no

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Buker
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace unknown (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Loretta Pollard
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Salmon, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Lemhi } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 36 years, and that Charles F. Hanmer, M.D. (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Lee Benjamin Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of March, 1946

(SEAL) F. A. McCall, Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1946 by Mary Fiddler, Registrar

MAR 25 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-112026-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417333
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born on Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho.

4. **FULL NAME OF CHILD** Denzel LeRoy Fillmore

5. Date of Birth of Child (Month, day, year) Feb 12, 1909

6. Sex boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mos

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Orrew Grant Fillmore
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Salem (City or town) Utah (State or foreign country)
14. Exact Occupation Clerk at Office for Rail Road
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Bragg
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Lehi (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 37 years, and that May Fillmore (First name) (Last name), who attended this birth Dr Paxton Dennard (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Fillmore Signature
644 N. Bridger Pocatello P. O. Address

Subscribed and sworn to before me this 1st day of April 1946

(SEAL) L. D. Swanson, Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1946 by Mabel Helm, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

APR 5 1948

492-231-031-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417335
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LEWIS (b) City KAMIAH IDAHO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LEWIS
(c) City KAMIAH
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) KAMIAH IDAHO

4. FULL NAME OF CHILD HELEN ELLA DISSMORE

5. Date of Birth of Child (Month, day, year) Dec 31st 1909

6 Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Guy A DISSMORE
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Riceville Howard Co Iowa (City or town) (State or foreign country)
14. Exact Occupation Manager - Part Owner
15. Industry or Business Gen'l Mdse Store

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNIE LAURA HARPER
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Hillsborough N.B. Canada (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11 30 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that Dr. E. Taylor (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Guy A Dissmore Signature
403 Water St. Pullman Wash. P. O. Address

Subscribed and sworn to before me this 11th day of Feb. 1946.
(SEAL) Frank M Johnson, Notary Public, residing at Pullman Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 8 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-220-035-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417373
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Melrose
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Melrose
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Melrose Idaho

4. **FULL NAME OF CHILD** Ruby Oline Dickinson

5. Date of Birth of Child (Month, day, year) November 20-1909

6 Sex Female 7 Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred John Dickinson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Story City (City or town) Iowa (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phoebe Dickinson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Delaware (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ~~Idaho~~ California
County of ~~Nez Perce~~ Alameda ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Farther (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that Alfred John (First name) Dickinson (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alfred John Dickinson Signature
1633 22 ave. Oakland Cal. P. O. Address

My Commission expires Jan. 20, 1950

Subscribed and sworn to before me this 8th day of April, 1946
(SEAL) D. C. Mitchell, Notary Public, residing at Oakland Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253129030-542

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418382
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City
(c) Street Address or R.F.D. No. Boyle Creek Tnshp.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 6 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City
(d) Street Address or R.F.D. No. Boyle Creek Tnshp
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Boyle Creek Ido.

4. FULL NAME OF CHILD James Edwin Kellogg

5. Date of Birth of Child (Month, day, year) Sept 29, 1909

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Orson Henry Kellogg
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business own Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Verna Embley
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61yrs years of age, that I have known this person for since his birth years, and that Dr. C. F. Hanmer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Erle Embley Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of April, 1946.

(SEAL) W W Simmonds Clerk Dist Court, ~~Notary Public, residing at~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 25 1948 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

194-211-028-238

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418384
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Cataldo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Ida (b) County Kootenai
   (c) City Cataldo
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Future yrs.

3. **RESIDENCE OF FATHER** (city, state) Cataldo Ida

4. **FULL NAME OF CHILD** Margaret Ellen Arnhold

5. Date of Birth of Child (Month, day, year) Nov 11 / 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin Francis Arnhold
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Bubendorf (City or town) Austrisca (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Francis Schlagel
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Winsted (City or town) Minnesota (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 3 A M. on the date and at the place stated above, and that personal particulars were furnished by Josephine Arnhold (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature T. C. Mason M.D. ~~Midwife~~ Address Kellogg Ida Date 5/18-46

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1946 by Mary Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 11 1972

25 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911 Session Laws, has not been recorded, or in~~ case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-223004-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418392
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Bloomington
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at family residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 28 years 11 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Bloomington
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 Jr. 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bloomington, Ida.

4. **FULL NAME OF CHILD** Jennie Adeline Alley

5. Date of Birth of Child (Month, day, year) March 23, 1909

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Allison Alley
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Laketown (City or town) Utah (State or foreign country)
14. Exact Occupation Cattle buyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Esther Bateman
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Bloomington (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Self. (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature J W Hayward M.D. ~~Midwife~~ Address Logan Utah Date 4-6-46

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

612-102-003 236

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418414
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Downey
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Home residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Downey
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) Downey Ida.

4. **FULL NAME OF CHILD** Howard Wakley

5. Date of Birth of Child (Month, day, year) May 2, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Luther Willard Wakley
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Willard (City or town) Utah (State or foreign country)
14. Exact Occupation Government Trapper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Emma Bloxham
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Kaysville (City or town) Utah (State or foreign country)
20. Exact Occupation Deceased
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 37 years, and that Dr. (First name) Arnot (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Luther W Wakley Signature

Downey, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of April, 1946.

(SEAL) Elvon L Christiansen, Notary Public, residing at Downey, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1946 by ____, Registrar

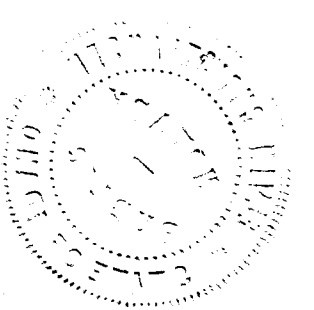
SEP 5 1969

MAY 6 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



243-220001-612

418466

418466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418466
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. S Boise
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In THIS county 38 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** Kathryn Estelle Buster

5. Date of Birth of Child (Month, day, year) Jan 20 1909

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Roe Buster
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Morrisville (City or town) Maryland (State or foreign country)
14. Exact Occupation
15. Industry or Business Barber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ann Minerva Workman
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 a M. on the date and at the place stated above, and that personal particulars were furnished by Mrs John H Workman (First name) (Last name) who is related as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature John Bond M.D. ~~Midwife~~ Address Boise Ida Date 5-16-46

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 17 1946 by Mary Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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MAY 17 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419516
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Payette (b) City Payette
   (c) Street Address or R.F.D. No. 7th Avenue
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette
   (c) City Payette
   (d) Street Address or R.F.D. No. 7th Ave.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Ida.

4. **FULL NAME OF CHILD** Loretta Josephine Frey

5. Date of Birth of Child (Month, day, year) April 30, 1909

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles William Frey
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Treysa (City or town) Germany (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Meat business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Loretta DeMaters
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Ontario (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California } ss.
County of San Joaquin }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 37 years, and that Dr. Woodward (First name) ____ (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles W Frey Signature
1005 Yuma Way P. O. Address

Subscribed and sworn to before me this 10th day of May, 1946

(SEAL) Carl L. Lenfesty, Notary Public, residing at STOCKTON CALIFORNIA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 24 1946 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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MAY 27 1948

819-224038-264

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419517
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Payette (b) City Payette
   (c) Street Address or R.F.D. No. 7th Ave.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 9 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette
   (c) City Payette
   (d) Street Address or R.F.D. No. 7th Ave.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Ida.

4. **FULL NAME OF CHILD** Edythe Viola Hartung

5. Date of Birth of Child (Month, day, year) March 24, 1909

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Hartung
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Halbur (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Gertrude Bodimer
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Chicago (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California } ss.
County of San Joaquin }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 37 years, and that Dr. Woodward (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Hazel G. Taylor Signature
905 W. Willow P. O. Address

Subscribed and sworn to before me this 10th day of May, 1946.

(SEAL) Earl L. Lenderth, Notary Public, residing at STOCKTON CALIFORNIA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 24 1946 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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MAY 27 1948

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419573
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1401 N 7th
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1401 N 7th
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** John Paul Dixon

5. Date of Birth of Child (Month, day, year) Oct 9-1909

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter A Dixon
11. Color or Race W
12. Age at time of THIS birth 32 yrs.
13. Birthplace Wabash Ohio (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma May Taylor
17. Color or Race W
18. Age at time of THIS birth 27 yrs.
19. Birthplace Hopkins Mo (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Oregon } ss.
County of Multnomah }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that E M (First name) Taylor (Last name) M.D., who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma May Dixon Signature
4535 NE 20th Portland Address

Subscribed and sworn to before me this 15th day of Jan, 1946.

(SEAL) C H Samuel, Notary Public, residing at Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) COMMISSION EXPIRES MAR. 25, 1950

Received for filing on JUN 21 1946 by Mark Feltner, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-128 014-365 419659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419659
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence in Nampa
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa

4. **FULL NAME OF CHILD** Ronald Walter Lovely

5. Date of Birth of Child (Month, day, year) November 28, 1909

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Scott Lovely
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Mississippi (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leona Rose Conley
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 36 years, and that ..... (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leona Rose Lovely Signature
1818 Idaho St, Boise, Ida. O. Address

Subscribed and sworn to before me this 12th day of August, 1946

(SEAL) Mabel Felder, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1972

AUG 1 3 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-103-033-433

420649

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Market Lake (Near Roberts)
(c) Street Address or R.F.D. No. City
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Market Lake Near Roberts
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Same 10 yrs.

4. FULL NAME OF CHILD Dean Douglas McLaughlin

5. Date of Birth of Child (Month, day, year) July 9th 1909

6. Sex Boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elmer Melvin McLaughlin
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Sparland Ill. (City or town) (State or foreign country)
14. Exact Occupation Carpenter & Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Miss Emma B. McLaughlin
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Centralia Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Montana } ss.
County of Missoula }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 37 years, and that Dr. Freeman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma B. McLaughlin Signature
303 So Ave West, Missoula, Montana P. O. Address

Subscribed and sworn to before me this 21 day of June, 1946

(SEAL) Leon L. Burton Notary Public, residing at Missoula, Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Expires 12/18/48

Received for filing on JUN 25 1946 by [illegible] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-108 022-235

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420676
Local Reg. No. 420676
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Rexburg
   (c) Street Address or R.F.D. No. 1 6
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Rexburg
   (d) Street Address or R.F.D. No. 1 6
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg Idaho

4. **FULL NAME OF CHILD** Merlon Cook Stephens

5. Date of Birth of Child (Month, day, year) July 8, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Andrew Stephens
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helena Beatrice Cook Stephens
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Worthington, Lancashire (City or town) Eng. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife Address _____ Date _____

AFFIDAVIT

State of Idaho
County of Madison } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 37 years, and that Dr Joseph Walker (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Helena B. Stephens Signature

Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 5th day of June, 1946

(SEAL) _____, Notary Public, residing at Rexburg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1946 by _____, Registrar

JUL 8 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~by birth which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-228 028-465

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420691
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Idaho

4. **FULL NAME OF CHILD** Claire Genoa Bennett

5. Date of Birth of Child (Month, day, year) Oct. 28, 1909

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Harrison Bennett
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Chippewa Falls, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Orpha Elizabeth Donley
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Olive Furnace (City or town) Ohio (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN signature** M.D. Midwife Address Date

AFFIDAVIT

State of [illegible] } ss.
County of [illegible] }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 37 years, and that Mrs. Morgan, R.N. (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Orpha E. Bennett Signature

Bremerton, Wash P. O. Address

Subscribed and sworn to before me this 7th day of June, 1946.

(SEAL)

[illegible], Notary Public, residing at Bremerton Wn.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1946 by [illegible], Registrar

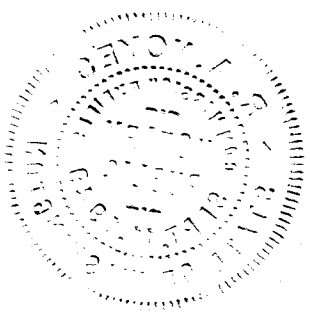
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 8 1988

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962-211-044-042

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421879
Local Reg. No.
Reg. Dist. No.

JUL 9 1946

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Cambridge
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Cambridge
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Mattie Eulalia Ross

5. Date of Birth of Child (Month, day, year) 6/11/09

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ellis Ross
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Churchill, (City or town) Tennessee (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nannie Belle Bussell
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Churchill, (City or town) Tennessee (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California } ss.
County of Humboldt }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 37 years, and that Dr. C. E. Schmitz (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nannie Belle Ross Signature

Fortuna, California P. O. Address

Subscribed and sworn to before me this 31st day of July, 19 46

(SEAL) C. S. Faulkner, Notary Public, residing at Fortuna, Calif.,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1946 by Mary Fielder, Registrar

AUG 1 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-120-027-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 421905
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jerome (b) City Jerome
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jerome
   (c) City Jerome
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 months yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Jack Wiley Thompson

5. Date of Birth of Child (Month, day, year) Sept. 20 - 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lawrence Hedrick Thompson
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Bedford (City or town) Iowa (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Real Estate

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Ilo Wiley
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of [illegible] } ss.
County of [illegible] }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 37 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Lawrence H. Thompson Signature

P. O. Address

Subscribed and sworn to before me this 10th day of July 1946

(SEAL) [illegible] Notary Public, residing at [illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

10/25/46

Received for filing on JUL 31 1946 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires, in advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-11K-040-862

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 121920
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 1 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Idaho

4. **FULL NAME OF CHILD** Theodore Verne East

5. Date of Birth of Child (Month, day, year) Dec 18, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John ~~Lola~~ East

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Fredonia, (City or town) Kansas (State or foreign country)

14. Exact Occupation Shoveler

15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lola Hoskins

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Lebanon, (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home making

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~None~~

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lola (First name) East (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature T. R. Mason M.D. Midwife Address Kellogg, Ida Date augt - 46

AFFIDAVIT

State of Idaho
County of Shoshone } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36½ years, and that Dr. T. R. Mason (First name) (Last name), who attended this birth ~~cannot be located~~ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

1119 Mullan Rd, Wallace, Ida. P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1946 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the~~ Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643-213 528-291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 421957
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Corbin
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Corbin
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Corbin Ida.

4. **FULL NAME OF CHILD** Genevieve Della Williams

5. Date of Birth of Child (Month, day, year) Oct. 13, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Howard Williams
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Champlin (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mildred Eleanor Brackin
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Alexandria (City or town) Minnesota (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. ~~Number~~ of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Maude (First name) Fredenberg (Last name), who is related as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Maude E Fredenberg M.D. Midwife Address Athol. Idaho Date 8-24-44

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 22 1946 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 22 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

252-212-014-793

421986

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421986
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Parma
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Parma
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Parma Ida.

4. **FULL NAME OF CHILD** Alida Sessions

5. Date of Birth of Child (Month, day, year) Aug. 12 1909

6. Sex Female

7. Twin or Triplet —— If so—born 1st, 2nd, 3rd ——

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Arthur Sessions
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Talmadge (City or town) Ohio (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Pickard
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Leland (City or town) Michigan (State or foreign country)
20. Exact Occupation School teacher
21. Industry or Business and Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate solution
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of OREGON, County of Multnomah. } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 37 years, and that Dr. George L. Allen, (First name) ____ (Last name), who attended this birth is now deceased; (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Mrs) Ida Sessions Signature

4436 N. E. Maywood Place, Portland 13 Oregon. P. O. Address

My Commission expires June 24, 1949.

Subscribed and sworn to before me this 30th day of August, 1946

(SEAL) Claudie Avery, Notary Public, residing at Portland there-in

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1946 by Mary Felger, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 5 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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563-231-029-699

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423236
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Potlatch
   (c) ~~Street Address~~ or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City
   (d) ~~Street Address~~ or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Latah Co. Idah.

4. **FULL NAME OF CHILD** Wilma Ellen Nolan

5. Date of Birth of Child (Month, day, year) 7-31-09

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Pinkney Pearl Nolan
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Wright
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Solution Protargol
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature L. J. Coberly M.D. Midwife Address 5202-36th Ave S.W. Seattle 6 Wash Date 7/22/46

AFFIDAVIT

State of Washington
County of Whitman } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 22 1946 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 6 1946

JUN 25 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911 Session Laws, has~~ not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 220 009 493

423289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No. 314 So. Euclid
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sandpoint
   (d) Street Address or R.F.D. No. 314 Euclid Ave.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint

4. **FULL NAME OF CHILD** Myrtle Adeline Watt

5. Date of Birth of Child (Month, day, year) Aug. 20, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jackson Carrol Watt
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Isle of Man (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Dallas Miller
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of **this mother**: (a) **At time of birth** and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 69 years of age, that I have known this person for 37 years, and that Malcolm McKinnon (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR THE STATE OF IDAHO
SANDPOINT, IDAHO
MY COMMISSION EXPIRES APRIL 28, 1949

Minnie Dallas Watt Signature
Sagle, Idaho P. O. Address

Subscribed and sworn to before this 31st day of August, 19 46.

(SEAL) Alex I. Russell Notary Public, residing at Sandpoint Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1946 by John W Wright Registrar.

SEP 16 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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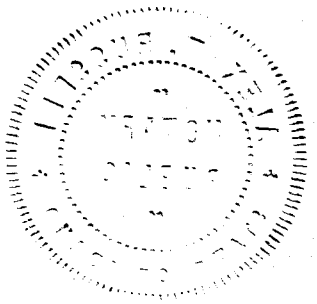

789-205-038-659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423291
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Payette (b) City New Plymouth
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months 26 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette
   (c) City New Plymouth
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) New Plymouth

4. **FULL NAME OF CHILD** Jessie Ann Philliber

5. Date of Birth of Child (Month, day, year) August 5, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Clinton Philliber
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Knox County (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jemima Alice Ferree
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Polk County (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ruth (First name) Breahears (Last name) who is related as sister (Mother, etc.)

25. Attendant's **OWN** signature W T Drysdale M.D. Midwife Address Vet. Adm. Hosp. Boise Idaho Date Aug 15

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1946

AUG 20 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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669 228042 814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 424570

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. N. Shoshone
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls Idaho

4. **FULL NAME OF CHILD** Florence Ferne Fonts

5. Date of Birth of Child (Month, day, year) Mar. 28, 1909

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Alfred Clay Fonts
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Trenton, Missouri (City or town) (State or foreign country)
14. Exact Occupation Plumbing + Heating
15. Industry or Business Plumbing + Heating Contractor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mamie Lydia Hamilton
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Galesburg, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 37 years, and that Dr. Weaver (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie L. Fonts Signature

Burley, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of August, 1946

(SEAL)

Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 25 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-216040 455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 424574
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wallace
   (c) Street Address or R.F.D. No. Cedar
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wallace
   (d) Street Address or R.F.D. No. Cedar
   (e) How long has **MOTHER** lived in Idaho? 9½ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Norma Elaine Sears

5. Date of Birth of Child (Month, day, year) Nov. 16. 1909

6. Sex f.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Edwin Sears
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Searstown (City or town) Ill. (State or foreign country)
14. Exact Occupation doctor. M.D.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irma Jeanette Mehtz
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Chicago (City or town) Ill. (State or foreign country)
20. Exact Occupation musician
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 5% argyrol (ARGYROL) ✓
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 11 A M. on the date and at the place stated above, and that personal particulars were furnished by IRMA J. SEARS (First name) (Last name) who is related as MOTHER (Mother, etc.)

WALLACE, IDAHO, 1909

25. Attendant's **OWN** signature Charles E Sears M.D. Midwife Address PORTLAND, OREGON, PRESENT Date

AFFIDAVIT SEPT, 17, 1946

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-209014 249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 424613
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (Rural) (b) City Caldwell
   (c) Street Address or R.F.D. No. 4th St.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon (Rural)
   (c) City Caldwell
   (d) Street Address or R.F.D. No. 4th St.
   (e) How long has **MOTHER** lived in Idaho? 8 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmette Idaho

4. **FULL NAME OF CHILD** Opal Loene Callahan

5. Date of Birth of Child (Month, day, year) Dec. 9 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Morgan Callahan
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Centerville (City or town) Mo. (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cecily Ann Burnham
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Callington (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Adams }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 37 years, and that C. (First name) Dr. Clark (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John M. Callahan Signature
New Meadows Idaho P. O. Address

Subscribed and sworn to before me this 30th day of Sept, 1946.

(SEAL) Carl Brunson Notary Public, residing at NEW MEADOWS, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 10 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

615-214021-266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 424622
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years 2 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston, Idaho

4. **FULL NAME OF CHILD** Murial K Fjeldsted

5. Date of Birth of Child (Month, day, year) Jan. 14, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edgar Nielse Fjeldsted
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Logan, Utah (City or town) (State or foreign country)
14. Exact Occupation Cattle Feeder
15. Industry or Business Cattle Packing Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Elizabeth Kofoed
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Weston, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 A M. on the date and at the place stated above, and that personal particulars were furnished by Ella (First name) Kofoed Fjelsted (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of California } ss.
County of Los Angeles }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for since birth years, and that Allen (First name) Cutler, M. D. (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Kofoed Fjeldsted Signature

3040 The Mall L. A. P. O. Address

Subscribed and sworn to before me this 16th day of August, 19 46

(SEAL) Ann Pate Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 10 1946 by John Wathright, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 1 1 1946

249-121-014-495

426008

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426008
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Notus
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Notus
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Louis Harold Smith

5. Date of Birth of Child (Month, day, year) Feb. 21, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Louis Napoleon Smith
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Haddam (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Dietrich
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Notus (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Canyon }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for years, and that Dr. C. M. Henry (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosie Smith Owen Signature

Notus, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of March, 1946.

(SEAL) E. L. Shaw, Notary Public, residing at Caldwell Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 1 1946 by John W Wright, Registrar

FEB 3 1971

NOV 1 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-130-001-466

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 426042
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Catholic Hospital - Name?
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** John Marion Moore

5. Date of Birth of Child (Month, day, year) Aug 30 - 1909

6. Sex male

7. Twin or Triplet — If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Lee Moore
11. Color or Race White
12. Age at time of THIS birth 37 (31) yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Garage owner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Babcock Moore
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Little Rock Ark. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for 37 years, and that Dan Springer Jr. (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Babcock Moore Signature
116 - W. 14th Spok. P. O. Address

Subscribed and sworn to before me this 18th day of October, 1946.

(SEAL) Edna L. Dahlberg, Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

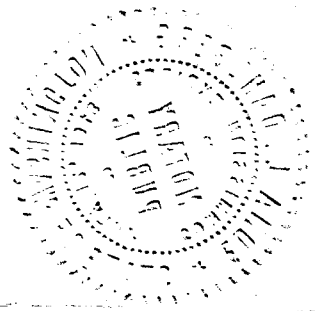
Received for filing on NOV 1 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



296-202-014-796

426083

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426083
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No. 314 North 9th
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years 3 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Payette.
   (d) Street Address or R.F.D. No. 314 North 9th
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Ida.

4. **FULL NAME OF CHILD** Elizabeth Octave Brown

5. Date of Birth of Child (Month, day, year) May 2, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Percy Herman Brown
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace London, England. (City or town) (State or foreign country)
14. Exact Occupation Real estate agent & farmer
15. Industry or Business Farming Real estate

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olga Abertina Grothe
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Newport, Scotland. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silloid
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Olga A Grothe (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Address ~~Midwife~~ Payette Idaho Date 9/25/45

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1917 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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281-118-251-699

426101

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ____ St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. 271

2. FULL NAME OF CHILD Reuben Wright Shawhan

3. Sex male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? Yes
8. Date of birth June 18, 1909 (Month, Day, Year)

FATHER
9. Full name Glenn Elmo Shawhan
10. Residence (usual place of abode) (If non-resident, give place and State) Boise
11. Color or race white
12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Sigourney, Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician and surgeon
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work ____

MOTHER
18. Full maiden name Margaret Helen Wright Shawhan
19. Residence (usual [redacted]
20. Color or [redacted]
22. Bi[redacted]

OCCUPATION
23. Trade, profession, or [redacted] of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work June 18, 1909
26. Total time (years) [redacted] in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____
28. Number of children of this mother (At time of this birth and including this child) two
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillb[redacted]
29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

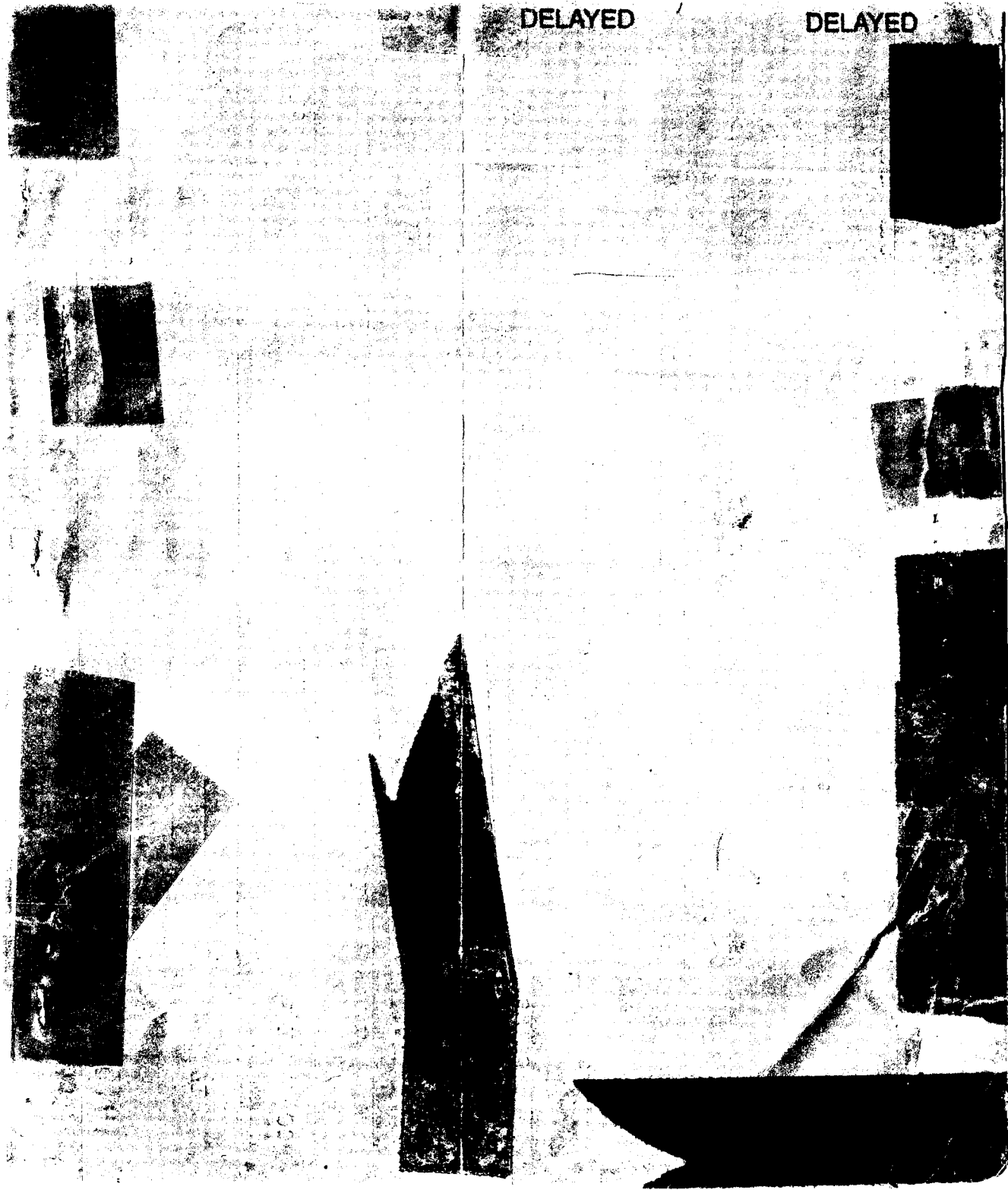
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at ____ m. on the [redacted] abov[redacted]
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc. [redacted]

(Signed) Glenn Elmo Shawhan

[redacted] JAN [redacted]
[redacted] Wright
[redacted] Re[redacted]

ong child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.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DELAYED

426101

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Glenn Elmo Shawhan, being first duly sworn says that he is the father (Relationship of child)* of Reuben Wright Shawhan born June 18th, 1909 (Date of birth) at Boise, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth ~~recorded under Chapter 189—1937 Session Laws of Idaho~~; and affiant further states that the facts contained in the certificate of birth of the said Reuben Wright Shawhan hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that this affiant, who at said time was an Midwife, M. D., was the medical attendant at the birth of said Reuben Wright Shawhan and that the said medical attendant is this affiant, the father of said child who now resides at Nampa, Idaho. (Now deceased (or) cannot be located)

Name of Affiant Glenn Elmo Shawhan

P. O. Address Nampa, Idaho.

Subscribed and sworn to before me this 12 day of March, 1940.

Geo. Howard Steg
Notary Public.

Residing at Nampa, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

426101

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

SEP 21 1959

AFFIDAVIT

(To accompany a certificate of an unreported birth ... such certificate is not attested by signature of ... (Attending physician or midwife.)

County of Canyon ss.

Glenn Elmo Shawhan, being first duly sworn says that

the father of Reuben Wright Shawhan
(Relationship of child)*

[illegible] Idaho
(State of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded [illegible] further states that the facts contained in the certificate of birth of the said Reuben Wright Shawhan

as stated therein and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that this affiant, who at said time was an M. D. was the Midwife

medical attendant at the birth of said Reuben Wright Shawhan and that

the said medical attendant is this affiant, the father of said child who now
(Name deceased (or) cannot be located)

Name of Affiant [illegible]

P. O. Address Nampa, Idaho.

Subscribed and sworn to before me this 2 day of March 1940.

Notary Public.

Residing at Nampa Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

159-117001-497

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 429049
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Ida.

4. **FULL NAME OF CHILD** Warren Douglas Jennings

5. Date of Birth of Child (Month, day, year) Jan 17, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas William Jennings
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Tazewell Tennessee (City or town) (State or foreign country)
14. Exact Occupation Gardner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Gertrude Wilson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Roseburg, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 34 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan G Jennings Signature
Rt 5, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of January 19 47.

(SEAL) Mabel Fuller, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

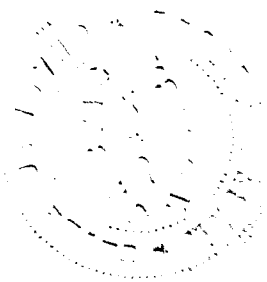
Received for filing on by , Registrar

MAR 7 1973
SEP 19 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



415-223-022-419

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 429064
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Francis Elizabeth Daniels

5. Date of Birth of Child (Month, day, year) Dec. 23, 1909

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ira Oscar Daniels
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Grants Lick (City or town) Kentucky (State or foreign country)
14. Exact Occupation farmer-laborer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Virgie May Meins
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Grants Lick, (City or town) Kentucky (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ **Address** ____ **Date** ____

AFFIDAVIT

State of Idaho } ss.
County of Bannock }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 37 years, and that Dr. W. W. West (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Virgie M. Green Signature

625 E. Humboldt, Pocatello, Idaho Address

Subscribed and sworn to before me this 8th day of January, 1947

(SEAL)

Louise Racine, Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 17 1947 by John Wadright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 13 1947

295717003-624

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 430489
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at family home
(e) Mothers stay BEFORE delivery: In THIS county 6 years 8 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.

3. RESIDENCE OF FATHER (city, state) Grace Ida

4. FULL NAME OF CHILD Loran O. Kingsford

5. Date of Birth of Child (Month, day, year) August 17 1909

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Kingsford

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Franklin (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Osmond

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Richmond (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living All but one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah
County of Rushe } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 37 years, and that Mrs Caroline Stodard (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha M. O. Kingsford Signature
382 North 2 East Logan, Utah P. O. Address

Subscribed and sworn to before me this 8th day of December 1946
(SEAL) Newel S. Daines, Notary Public, residing at Logan, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 9 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 5 1947

DECEASED

953 126001-296

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File 130511
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. RFD 4
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county / years month 8 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise Vermont St in S. Boise
   (d) Street Address or R.F.D. No. RFD 4
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.
   (f) Mother's mailing address Boise Idaho RFD 4

3. **RESIDENCE of FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Edward Brown Records

5. Date of Birth (Month, day, year) Jan. 26, 1909

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred Records
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Fairbury (City or town) Illinois (State or foreign country)
14. Exact Occupation Working in creamery
15. Industry or Business Farm, Creamery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Edith Brown
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Fairbury (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 10 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Feb. 13, 1947 (Date received) (b) John H. Keeley (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Edith Records, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edward Brown Records (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Bowers (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Edith Records Signature

RFD 3 Boise Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of February, 1947

(SEAL)

Alberta Shawhan Notary Public, residing at Boise, Idaho

comm. expires 12/11/50

FEB 18 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

981-218-001962

430527

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 430527
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1123 Bannock
(d) Name of Hospital or Maternity Home: Residence
(e) Mothers stay BEFORE delivery: In THIS county 2 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1123 Bannock
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Ida.

4. FULL NAME OF CHILD Margaret Jane Ryan

5. Date of Birth of Child (Month, day, year) June 18-1909

6 Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Ryan
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Burlington Ind. (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Diana Ross
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Muncie Ind. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature Deceased M.D. Midwife Address Date

State of Indiana
County of Delaware } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for since birth years, and that Margaret Jane Ryan Cato (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Diana Ross Ryan Signature

P. O. Address

Subscribed and sworn to before me this 10 day of Feb R R 6 1947

(SEAL) Earl K. Parson, Notary Public, residing at Muncie Ind

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

FEB 13 1947

Received for filing on ..... by John W Wright Registrar

My commission expires Jan 27 1949

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

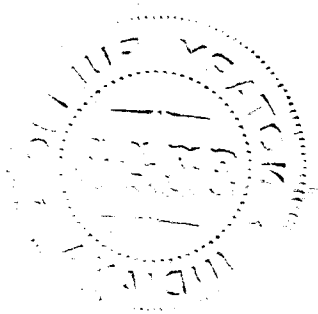
FEB 18 1947

MAR 12 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



455-202-029-854

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 431941
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City near Juliaetta
(c) Street Address or R.F.D. No. Farm on Fix Ridge
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 2 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Fix Ridge
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Since March 1906 yrs.

3. RESIDENCE OF FATHER (city, state) Same Farm

4. FULL NAME OF CHILD Caroline Katharine Dennler

5. Date of Birth of Child (Month, day, year) February 2, 1909

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Dennler
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Elsass Lorraine, Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Kunigunda Hedler
17. Color or Race White
18. Age at time of THIS birth 24½ yrs.
19. Birthplace Bavaria, Germany (City or town) (State or foreign country)
20. Exact Occupation Farmer's Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of NezPerce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62½ years of age, that I have known this person for 38 years, and that (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Kuni Dennler Signature
Juliaetta Idaho P. O. Address

Subscribed and sworn to before me this 28th day of February, 1947

(SEAL) Peter E. Sullivan Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 7 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-222-038-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 431957
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City New Plymouth
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Mildred Blanche Stockton

5. Date of Birth of Child (Month, day, year) July 22, 1909

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Stockton
11. Color or Race Cauc.
12. Age at time of THIS birth 50 yrs.
13. Birthplace Geneva (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alta Conley
17. Color or Race Cauc.
18. Age at time of THIS birth 35 yrs.
19. Birthplace (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 37 years, and that Mrs. Reyles (first name unknown) (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Helen N. James Signature
Route 1, Hermiston, Oregon P. O. Address

Subscribed and sworn to before me this 4 day of March, 1947.
(SEAL) Notary Public in and for the State of Oregon
Notary Public, residing at Stanfield
My Commission Expires February 9, 1948
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-212019-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433343
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Stanley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Stanley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Stanley, Ida.

4. **FULL NAME OF CHILD** Frances A. Niece

5. Date of Birth of Child (Month, day, year) Aug. 12, 1909

6. Sex Female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank A. Niece
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Shepherd (City or town) Michigan (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary A. Peterson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ord (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary A. Niece (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ellen A Niece X M.D. / Midwife Address Challis, Idaho Date 3-1-47

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-212-019-753

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433344
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Stanley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Stanley, Ida.

4. **FULL NAME OF CHILD** Margaret A. Niece

5. Date of Birth of Child (Month, day, year) Aug. 12 1909

6. Sex Female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd Ist

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank A. Niece
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Shepherd (City or town) Michigan (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary A. Peterson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ord (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 12 Noon M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) A. (Last name) Niece who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ellen A. Niece X M.D. Midwife Address Challis, Idaho Date 3-1-47

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1947 by John Wadright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

195-206-028-261

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 433345
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Ramsey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 11 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Ramsey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ramsey Idaho

4. **FULL NAME OF CHILD** Mary Ethel Arndt

5. Date of Birth of Child (Month, day, year) March 6 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Howard Vinton Arndt
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Bartonsville (City or town) Penn. (State or foreign country)
14. Exact Occupation Telegrapher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leahna Kittie Swarts
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Moscow (City or town) Penn. (State or foreign country)
20. Exact Occupation Postmaster and Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Bonner }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 38 years, and that Dr Frank Wenz (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leahna Kitty Swarts Arndt (Signature)
Naples Idaho P. O. Address

Subscribed and sworn to before me this 1st day of March, 1947.

(SEAL) Emma Carter, Notary Public, residing at Bonners Ferr

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

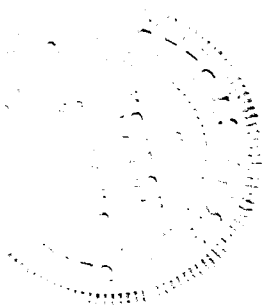
Received for filing on MAR 22 1947 by John W Wright, Registrar

MAR 24 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



954-212-001-893

433349

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433349
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ADA (b) City MERIDIAN
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 11 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ADA
   (c) City MERIDIAN
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) MERIDIAN IDAHO

4. **FULL NAME OF CHILD** ELVA BLANCHE REMINGTON

5. Date of Birth of Child (Month, day, year) AUGUST 12, 1909

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GUY AMOS REMINGTON
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace SHAMBAUGH (City or town) IOWA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JOSEPHINE P HILL
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace SHAMBAUGH (City or town) IOWA (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.) DR. C. L. DUTTON NOW DECEASED

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of IDAHO
County of CANYON } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 38 years, and that DR. C. L DUTTON (First name) (Last name), who attended this birth IS NOW deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine P Remington Signature

P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1947.

(SEAL) Earl C Reed Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1947 by John W. Thwright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 3 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-130-022-285

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 103715
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D.No. Gen Del.
(d) Name of Hospital or Maternity Home: In Mothers Residence
(e) Mother's stay BEFORE delivery: At Home
In Hosp. or Mat. Home ✓ days.
IN THIS county 19 years 1 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D.No. Gen Del.
(e) How long has MOTHER lived in Idaho? 53 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Reid Edward Smith
5. Date of Birth (Month, day year) Aug. 30, 1909
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME David A. Smith
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Auburn, Wyoming (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosie Sheppard
17. Color or Race White
18. Age at time of THIS birth 20 yrs
19. Birthplace Rexburg, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 10 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 14 1947 (Date received) (b) John W Wright (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosie Smith, being first duly sworn, say that I am Mother related to (Related to (or) acquainted with) Reid Edward Smith (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wm. Young (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Rosie Smith Signature
Route 5, Idaho Falls, Idaho P. O. Address

My Commission Expires June 26th, 1943.

Subscribed and sworn to before me on this 24th day of February, 1943

(SEAL) Myrtle H. Chamberlin Notary Public, residing at Idaho Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 21 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

231-231-044-534

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 43417
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Midvale
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Midvale
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Stella Luella Blakeslee

5. Date of Birth of Child (Month, day, year) Jan. 31, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Willard Blakeslee
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Union, Oregon (City or town) (State or foreign country)
14. Exact Occupation Surveyor
15. Industry or Business Real Estate

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Mabel Eldred
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Dunlap (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 38 years, and that Can't remember name (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES DEC 4, 1948

Charles Willard Blakeslee Signature
3745 S.E. Main, Portland, Ore. O. Address

Subscribed and sworn to before me this 27th day of March 1947

(SEAL) Irving L. Wikander, Notary Public, residing at Portland-County of Multnomah-Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1947 by John W. Wright Registrar

Only BLACK or BLUE Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-209.001-959

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433420
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Boise
   (c) Street Address or R.F.D. No. 1909 State Street
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Boise
   (d) Street Address or R.F.D. No. 1909 State St.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho.

4. **FULL NAME OF CHILD** Mary Ethel Cavis

5. Date of Birth of Child (Month, day, year) July 27, 1909

6. Sex Female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick Lawrence Cavis
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Marysville, Ohio (City or town) (State or foreign country)
14. Exact Occupation Chief Clerk,
15. Industry or Business Reclamation Service, United States Government.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fern Sylvia Reid
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Sutton, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Crede Sol. —
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Fern (First name) Cavis (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature John Boeck M.D. Midwife Address Boise Ida Date 4-5-47

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

V165-203-235-947

APR 10 1947

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433429
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Chesley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: (Birth at residence)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Chesley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Joveta Donnelly

5. Date of Birth of Child (Month, day, year) 12/3/1909

6. Sex Female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Andrew Jackson Donnelly
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Missouri Evagreen Rupe.
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Sampsell, Missouri. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle bymarriage (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 37 years, and that Dr. George Gaignard (First name) (Last name), who attended this birth is now deceased; (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William B Loosh Signature

18th St., Lewiston, Idaho. P. O. Address

Subscribed and sworn to before me this 8th day of April, 1947.

(SEAL) Charles B. Boren Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1947 by John Wadsworth, Registrar

APR 15 1961
JUN 9 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-203-039-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433434
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 1 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Nellie Agnes Friesen

5. Date of Birth of Child (Month, day, year) May 3, 1909

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Bernhard B. Friesen
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Henderson (City or town), Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnetha Becker
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace York (City or town), Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 3:40 P.M. on the date and at the place stated above, and that personal particulars were furnished by Agnetha (First name) Friesen (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Polk } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 37 years, and that Richard F. Noth (First name), M.D. (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Agnetha Friesen Signature
Route 1, Monmouth, Oregon P. O. Address

Subscribed and sworn to before me this 14th day of April, 1947

(SEAL) Ruth Hutterbrand, Notary Public, residing at Monmouth Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1947 by John W. Wright, Registrar

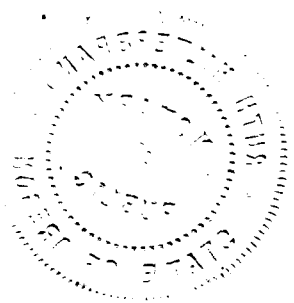
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



719-115-001-696

APR 14 1947

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 433438
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. N. 16th Str.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. R.F.D. 4
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD John Ross Gardiner

5. Date of Birth of Child (Month, day, year) Sept 15, 1909

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Thomas Gardiner
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Springdale (City or town) Kansas (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Belle O'Roke
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace McLouth (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature X M.D. Midwife Address Date

State of Arkansas
County of Garland } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for ..... years, and that Dr John Haley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

my com expires Aug 21, 1947

X Mrs Rosa Gardiner Signature
Hot Springs, Arkansas P. O. Address

Subscribed and sworn to before me this 12 day of April, 1947

(SEAL) Sydney S Taylor Notary Public, residing at Hot Springs

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 11900-294

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 434893
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Marsh Center
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home on Farm
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Marsh Center, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Owen Sims Marley

5. Date of Birth of Child (Month, day, year) Sept. 19, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** A. Owen Marley
11. Color or Race Anglo-Saxon
12. Age at time of THIS birth 23 yrs.
13. Birthplace Robin, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irma Minnie Sims
17. Color or Race Anglo-saxon
18. Age at time of THIS birth 21 yrs.
19. Birthplace Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at a.m. on the date and at the place stated above, and that personal particulars were furnished by Lived neichbors (First name) (Last name) who is related as (Mother, etc.) Midwife deceased.

25. Attendant's **OWN** signature Ada I. Parris M.D. Midwife Address Arimo, Idaho, April 29, 1947 Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for all his life years, and that Boleeta Jensen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A. Owen Marley Signature

Arimo, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of April, 19 47

(SEAL) Notary Public, residing at Arimo, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

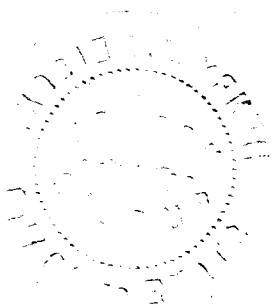
Received for filing on MAY 7 1947 by John W Wright, Registrar

MAY 8 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



381-205028-653

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436319
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Lane
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Lane
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lane, Idaho

4. **FULL NAME OF CHILD** Ruby Francis Thaxter

5. Date of Birth of Child (Month, day, year) 12/5/1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Pearson Thaxter
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Tyson (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Estella Goetzel
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Fort Benton (City or town) Montana (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at a M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Kootenai }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for years, and that Ann Wetzel (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Grace Estella Thaxter Signature

Cataldo Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of April 1937.

(SEAL) Lee Butler Notary Public, residing at Cataldo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1937 by John W Wright Registrar

MAY 22 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-219043-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436327
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City Crawford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Crawford
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) Crawford, Idaho

4. FULL NAME OF CHILD Maurine Patterson

5. Date of Birth of Child (Month, day, year) Aug. 19, 1909

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edwin Oliver Patterson
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Alamance County, N.C. (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Lorena Kirkland Holloway
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Durham N.C. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Virginia
County of Wythe } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 37 years, and that the Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E O Patterson Signature
Wytheville, Va. P. O. Address

Subscribed and sworn to before me this 13th day of May, 1947.
(SEAL) Zella L. Killinger, Notary Public, residing at Wytheville, Va.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1947 by John W Wright, Registrar

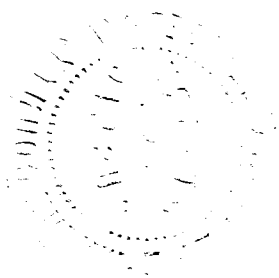
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 2 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local~~ registrar ~~for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



362-129 010-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436348
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. J St
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 0 years 6 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonn.
(c) City Idaho Falls
(d) Street Address or R.F.D. No. J. St
(e) How long has MOTHER lived in Idaho? 6 Mo.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD Gordon Ross Tobin

5. Date of Birth of Child (Month, day, year) June 29 1909

6 Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME John Thomas Tobin
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Salem (City or town) Mass. (State or foreign country)
14. Exact Occupation Mercantile Clerk
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian M. Ross
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Nova Scotia (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag Nos
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 9:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lillian (First name) Tobin (Last name) who is related as Mother. (Mother, etc.)

25. Attendant's OWN signature Rosanna Denning M.D. Midwife Address (deceased) Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 37 years, and that Rosanna Denning (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian M Tobin Signature
5-6-9 M St Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me this 12th day of May 1947

(SEAL) [signature] Notary Public, residing at Idaho Falls.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 31 1947

MAY 24 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and~~ filed by ~~the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

751-208-029-751

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436375
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Potlatch
   (c) Street Address or R.F.D. No. ----
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Potlatch
   (d) Street Address or R.F.D. No. Potlatch
   (e) How long has **MOTHER** lived in Idaho? 3 months

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Gretchen Myra Peasley

5. Date of Birth of Child (Month, day, year) June 8th, 1909.

6. Sex Female

7. Twin or Triplet XXXXX If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Delos F.Peasley
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Clintonville (City or town) Wis. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vida A.Peasley now Cummings
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Matoon (City or town) Wis. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington
County of Spokane } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 38 years, and that Doctor (First name) Thompson (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vida A. Peasley nee Vida A. Cummings Signature
202-E-Baldwin Spokane P.O. Address

Subscribed and sworn to before me this 4th day of June, 1947.

(SEAL) Frank H. Lee Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

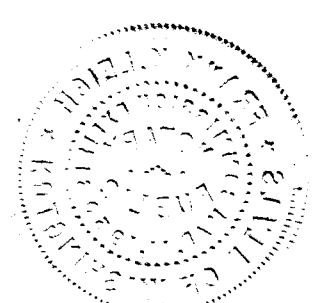
Received for filing on JUN 10 1947 by John W. Wright, Registrar

JUN 11 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



652-110-042-319 436398 **436398**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County TWIN FALLS (b) City TWIN FALLS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County TWIN FALLS
(c) City TWIN FALLS
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) TWIN FALLS IDAHO

4. **FULL NAME OF CHILD** DOUGLAS ANIAS WESTENHAVER

5. Date of Birth of Child (Month, day, year) 2-10-1909

6 Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CONRAD HENRY WESTENHAVER
11. Color or Race White
12. Age at time of THIS birth 18 yrs.
13. Birthplace HELENA (City or town) MONTANA (State or foreign country)
14. Exact Occupation DRAYMAN
15. Industry or Business TRANSFER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MAGGIE CARTER
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace St GEORGE (City or town) Utah (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 38 years, and that Unknown (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Maggie Biggs Signature
P. O. Address

Subscribed and sworn to before me this 17th day of June 1947
(SEAL) Mabel Elder Notary Public, residing at Boise, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

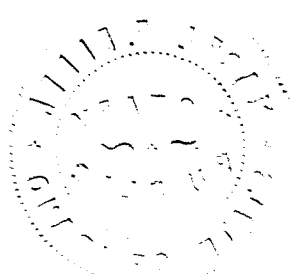
JUN 17 1947

DEC 22 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



225-123-020-819

436408

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436408
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Pine
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 7 months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Pine
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pine, Idaho

4. **FULL NAME OF CHILD** T. Lane Skelton

5. Date of Birth of Child (Month, day, year) July 23 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Holtby Frederick Skelton
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Seamer (City or town) England (State or foreign country)
14. Exact Occupation Cattle Rancher
15. Industry or Business Cattle

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effa verena Hazlett
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Franklin (City or town) Pennsylvania USA (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 37 years, and that _____ (First name) _____ (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effa V. Skelton Signature

1818 Eastman, Boise Idaho P. O. Address

Subscribed and sworn to before me this 27th day of June 19 47.

(SEAL) Mabel M. Fielder Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 27 1947 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1956
SEP 20 2013

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-113003-743

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 436440
Local Reg. No.
Reg. Dist. No.

JUN 18 1947

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 531 S Harrison
   (d) Name of Hospital or Maternity Home: born in home, above address
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 531 S Harrison
   (e) How long has **MOTHER** lived in Idaho? 4 yrs. Ida.

3. **RESIDENCE OF FATHER** (city, state) Pocatello.

4. **FULL NAME OF CHILD** Julius Giordano

5. Date of Birth of Child (Month, day, year) Feb 13, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Giacomo Giordano
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Bivona (City or town) Italy (State or foreign country)
14. Exact Occupation machinist
15. Industry or Business U.P. R. R. CO.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leonarda Puleo
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Bivona (City or town) Italy (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 p M. on the date and at the place stated above, and that personal particulars were furnished by Leonarda (First name) Giordano (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Bannock }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 38 years, and that Mrs. Annie Bird (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Leonarda Puleo Signature

~~331 N 4th~~ Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of June, 1947

(SEAL)

Notary Public, residing at Pocatello,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1947 by John W Wright, Registrar

JUN 1 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-201-010-282

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 437798

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 447 Cliff St.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 447 Cliff St.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Nellie Lois Boomer

5. Date of Birth of Child (Month, day, year) Nov. 1, 1909

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy —

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Anthony Harvey Boomer
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Brookfield (City or town) Nova Scotia (State or foreign country)
14. Exact Occupation Drayman
15. Industry or Business Drayage

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Alice Bybee
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% argyrol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 P M. on the date and at the place stated above, and that personal particulars were furnished by Mary Alice Boomer (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature [signature] M.D. ~~Midwife~~ Address Idaho Falls, Idaho Date June 26 47

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

818-322-042-263

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437809
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County TWIN FALLS (b) City Milner
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: neither, Born At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county yes years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County TWIN Falls
   (c) City Milner
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) MILNER Idaho

4. **FULL NAME OF CHILD** Irene Margaret Hayes

5. Date of Birth of Child (Month, day, year) 6/22/1909

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Wesley Hayes
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Piketon (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Koch
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Bismark (City or town) North DAKOTA (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. **Number of children of this mother:** (a) At time of birth and including ~~this child~~ 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 37 years, and that John (First name) Patterson, M.D. (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie K. Hayes, Signature
3119 E. Denny Way, Seattle 22, Wash. P. O. Address

Subscribed and sworn to before me this 31 day of May, 1947.

(SEAL) E. J. Heilingloh Notary Public, residing at Seattle, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1947

MAY 28 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

552-111-005-842

43781

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437811
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City ST. MARIES
(c) Street Address or R.F.D. No. UNKNOWN
(d) Name of Hospital or Maternity Home: RESIDENCE
(e) Mothers stay BEFORE delivery: In THIS county 0 years 10 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County
(c) City ST. MARIES
(d) Street Address or R.F.D. No. UNKNOWN
(e) How long has MOTHER lived in Idaho? 5/6 yrs.

3. RESIDENCE OF FATHER (city, state) ST. MARIES, IDAHO

4. FULL NAME OF CHILD EDWIN ALFRED NESS

5. Date of Birth of Child (Month, day, year) MARCH 11, 1909

6 Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME GEHARD ALFRED NESS
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace EAU CLAIRE (City or town) WISCONSIN (State or foreign country)
14. Exact Occupation CLERK
15. Industry or Business GROCERY STORE

MOTHER OF CHILD

16. FULL MAIDEN NAME JESSIE HUSET
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace GRANT COUNTY, MINNESOTA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of WASHINGTON
County of WHATCOM } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 38 years, and that DR. (UNKNOWN) (First name) KINSOLVIN (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Moody Signature
3533 LAKEWAY ST, BELLINGHAM WASH. P. O. Address

Subscribed and sworn to before me this 1st day of July, 1947

(SEAL) Mayford A. Alder, Notary Public, residing at BELLINGHAM WASH

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 7/7/47 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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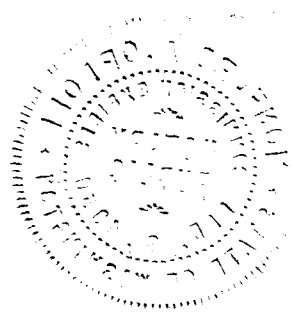

154-218-004-155

437814 437814

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
IN **THIS** county 22 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address of R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Montpelier, Idaho

3. RESIDENCE of FATHER (city, state) Montpelier, Ida.

4. FULL NAME OF CHILD Helen Marie Anderson

5. Date of Birth (Month, day year) Oct. 18, 1909

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Carl Anderson
11. Color or Race White **12.** Age at time of THIS birth 26 yrs
13. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Jensen
17. Color or Race White **18.** Age at time of THIS birth 24 yrs
19. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Carl Anderson (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Wyoming
County of Big Horn } ss.

I, Carl Anderson, being first duly sworn, say that I am ~~FATHER~~ RELATED (Related to (or) acquainted with) Helen Marie Anderson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Pointer (Name of attendant at birth), who attended said birth Cannot be Located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Carl Anderson Signature
Byron, Wyoming. P. O. Address

Subscribed and sworn to before me on this 1st day of July, 19 47

(SEAL) J. A. Dawes Notary Public, residing at Byron, Wyoming.

My Commission expires March 20, 1948

DATE RECEIVED 7/7/47 John Wright REGISTRAR

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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235-22-7003-265

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437840
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Thatcher
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Grace RFD
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grace RFD

4. **FULL NAME OF CHILD** Vera Margaret Steinbeck

5. Date of Birth of Child (Month, day, year) Aug 27, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Steinbeck
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Swansan
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by Albert (First name) Steinbeck (Last name) who is related as father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for life years, and that Dr John H Hubbard (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Steinbeck — Signature

Grace, Idaho. RFD — P. O. Address

Subscribed and sworn to before me this 10 day of July, 1947

(SEAL)

Notary Public, residing at Grace, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1947 by John Wadright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 17 19

DELAYED REGISTRATION LAW

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763-20-1024-218

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437861
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH:
   (a) County Latah (b) City Potlatch
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home ____ Days
   In THIS County 5 years — months — days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City Potlatch
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? 5 yrs.
   (f) Mother's mailing address (for registration notice):
   Potlatch, Idaho
   (Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Potlatch Ida.

4. FULL NAME OF CHILD Lillian Lande

5. DATE OF BIRTH (Month, day, year) Dec. 1, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lars P. Lande

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Norway
(City or Town) (State or foreign country)

14. Exact Occupation Lumberman

15. Industry or Business Sawmill

MOTHER OF CHILD

16. FULL MAIDEN NAME Nikolena Saholt

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Norway
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Was a standard serological test for syphilis performed? Yes ____ No ✓ Approximate date ____

23. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

24. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

25. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 3:00 p M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Lande (First name) (Last name), who is related to this child as mother (Mother, etc.).

27. (a) JUL 19 1947 (Date received) John W. Wright (Registrar's signature)

or Attendant's OWN signature J W. Thompson, M. D. (D.O., Midwife, etc.)

and address Moscow Idaho Date July 12 47

28. Given name added on ____ by ____ (Registrar's signature)

JUL 19 1947

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(e) Signature of Physician:

_____

DELAYED

866-22-035-719

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437886
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Ilo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Ilo
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Opal Marie Howerton

5. Date of Birth of Child (Month, day, year) Oct. 21, 1909

6. Sex Female

7. Twin or Triplet Twins If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer Jackson Howerton
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Dade County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence May Paige
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 37 years, and that Dr. H. C. Parrish (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elmer Jackson Howerton Signature

Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 15th day of July, 1947

(SEAL)

Notary Public, residing at Lewiston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 19 1947 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 16 1948 JUL 21 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

662-115-001-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437893
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Meridian
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Meridian
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian, Ida.

4. **FULL NAME OF CHILD** William Edward Foster

5. Date of Birth of Child (Month, day, year) May 15, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry J. Foster
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Brown County (City or town), Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora May Burgess
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Windom (City or town), Kansas (State or foreign country)
20. Exact Occupation Hswf.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 38 years, and that Dr. Dutton (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora May Foster Signature

P. O. Address

Subscribed and sworn to before me this 22nd day of July, 1937

(SEAL)

Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 22 1937 by John C. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 20 1965

JUL 22 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 439340
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County (b) City Preston
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: Home of Grand parents (Henry Jensen)
   (e) Mothers stay BEFORE delivery: In THIS county years months days 2

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Lago
   (d) Street Address or R.F.D. No. —
   (e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Josephine Eleanor Christensen

5. Date of Birth of Child (Month, day, year) April 6, 1909

6. Sex F.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Christensen
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Den Mark (City or town) (State or foreign country)
14. Exact Occupation Buttermaker
15. Industry or Business Creamery

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Jensen
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Lago (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 38 years, and that A. Cutler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Emma Christensen Corbett Signature

Grace, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of July 1947

(SEAL) Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 4 1947 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

dup of 1909 - D55-871

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440811

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440811
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Volmer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Volmer
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state Volmer, Idaho

4. FULL NAME OF CHILD Carlyle Albert Huntley

5. Date of Birth of Child (Month, day, year) April 18, 1909

6 Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benjamin Franklin Huntley
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace LaGrande (City or town) Oregon (State or foreign country)
14. Exact Occupation logger
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Belle Larm
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Russell (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Clackamas } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 38 years, and that Dr. Cooper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Belle Morrison Signature
5512 SE Cooper St. Portland Oregon P. O. Address

Subscribed and sworn to before me this 25 day of August, 1947

(SEAL) C. F. Richardson Notary Public, residing at Milwaukie Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 29 1947 by John W Wright, Registrar

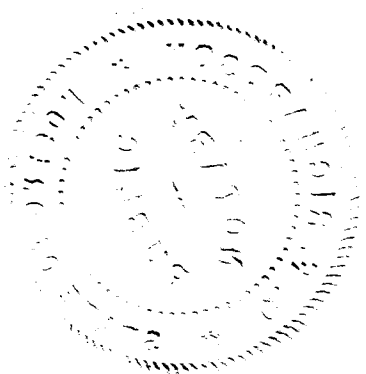
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 29 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



39 214 00-366 440827

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440827
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) ~~Street Address~~ or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home Confinement
(e) Mothers stay BEFORE delivery: In THIS county 13 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls,
(d) ~~Street Address~~ or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida.

4. FULL NAME OF CHILD Cecil Cramer

5. Date of Birth of Child (Month, day, year) Jan. 14, 1909.

6 Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter Christian A. Cramer
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Copenhagen, Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Clara Lowe
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Hartmannsdorf, Germany. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 38 years, and that Mrs. Josephine Thompson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter Peter Cramer Signature
Ucon, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of August, 1947.

(SEAL) Arthur R. Merkins, Notary Public, residing at Ucon Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 3 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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443 21 014 395

440836

440836

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440836
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county / years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida.

4. **FULL NAME OF CHILD** Kathleen CLEMENTINE MUTER

5. Date of Birth of Child (Month, day, year) Dec. 17. 1909

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Robert Muter
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace New York (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** OCEA MARY LIVELY
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace PARMA (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Canyon }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 37 yrs 8 mo years, and that Dr. (First name) Miller (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ocea Mary Muter Signature
Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of August, 1947

(SEAL)

Don Williamson Notary Public, residing at Nampa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 3 1947 by Glen W. Wright, Registrar

MAY 23 1967
SEP 8 1947
MAY 29 1957
FEB 18 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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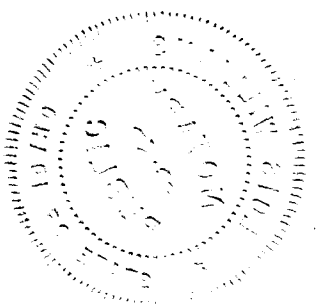

419-231 040-666 440845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440845
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Marys Hospital
(e) Mothers stay BEFORE delivery: In THIS county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Arlis Virginia Marksberry

5. Date of Birth of Child (Month, day, year) May 31, 1909

6 Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John William Marksberry

11. Color or Race W

12. Age at time of THIS birth 31 yrs.

13. Birthplace Little Rock Ark on 28 (City or town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Mae Fountain

17. Color or Race W

18. Age at time of THIS birth 21 yrs.

19. Birthplace Lewiston Idaho (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 38 years, and that Dr. Quigley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel "Marksberry" McCormack Signature
93 E. Columbus ave P. O. Address

Subscribed and sworn to before me this 3rd day of September 1947

(SEAL) A. A. Forbes, Notary Public, residing at Phoenix Ariz

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1947 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 9 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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369-217-030-238 442215

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 442215
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Lemhi
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Lemhi
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Helen Violet Corrigan

5. Date of Birth of Child (Month, day, year) Aug. 17, 1909

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John James Corrigan
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Peoria (City or town), Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Schultz
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Council Bluffs (City or town), Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 38 years, and that Elizabeth Fox (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Peck Signature
Rt. 3, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of Oct, 1947

(SEAL) Mabel Elder, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 10 1947 by John H. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1947

FEB 10 1959

PASSED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-203-007-364

442241

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 442241
Local Reg. No. 442241
Reg. Dist. No. 1

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Soldier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months 10 days 6

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Soldier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Soldier Idaho

4. **FULL NAME OF CHILD** Doris Ina Griffith

5. Date of Birth of Child (Month, day, year) Aug 2nd 1909

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** [redacted]chard Morton Griffith
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Stitsville (City or town) Canada (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Allie Ina Couch
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Cleveland Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum sulphacyl
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Allie Ina Griffith (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Benewah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 38 years, and that Dr. Johnson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Allie Ina Griffith Signature

Plummer, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of October, 19 47

(SEAL) Robert McMillen, Notary Public, residing at Plummer, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on OCT 17 1947 by [signature] Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 18 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-213-007-415

43672

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 43672
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey Idaho

4. FULL NAME OF CHILD Johanna Katherine Hermenia Utsch

5. Date of Birth of Child (Month, day, year) May 13- 1909

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Johannes Utsch
11. Color or Race White **12.** Age at time of THIS birth 56 yrs.
13. Birthplace Hersdorf (City or town) Germany (State or foreign country)
14. Exact Occupation Miner, Cabinet maker, butcher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria Sophia Caroline Marcus
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Jastrow (City or town) Germany (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who ~~was~~ born alive (Born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Maria Emma Utsch (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife.~~ Address Date

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person ~~for~~ since birth ~~years~~, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1937 by John W Wright Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 25 1947
FEB 7 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and [illegible] record in the Bureau of Vital Statistics [illegible] prescribed in Chapter 2, Title 38, [illegible] report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

818-203-019-297

443691

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443691
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Mackay
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 7½ months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Mackay
   (d) Street Address or R.F.D. No. Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mackay, Idaho

4. **FULL NAME OF CHILD** Emma Elizabeth Haynes

5. Date of Birth of Child (Month, day, year) Nov. 3, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Edwin Haynes
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Bates County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Anna Bigham
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Canyon }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 38 years, and that Dr. McComb (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan A. Haynes Signature

601 Grant Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of December, 1947

(SEAL)

Wm. L. Gigray Notary Public, residing at Caldwell, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-119-029-619 443698 443698

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443698
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Princeton
   (c) Street Address or R.F.D. No. Princeton, Ida.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Princeton
   (d) Street Address or R.F.D. No. Home
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Unknown

4. **FULL NAME OF CHILD** Claude Harvey Barton

5. Date of Birth of Child (Month, day, year) Nov. 19, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Washington Barton
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Not Known (City or town) (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business Logging

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie May Fairfield
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington
County of Asotin } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I ~~have known this~~ person for 38 years, and that name unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilma Z. Jones Signature

Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 1st day of December, 19 47

(SEAL) Burt Walsh, Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1947 by John W Wright, Registrar

DEC 5 1947

DEC 6 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-211 026-773

444992

444992

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 444992
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City La Belle
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No. R 1
   (e) How long has **MOTHER** lived in Idaho? ~~50~~ 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Violet Mary Whitaker

5. Date of Birth of Child (Month, day, year) Jan. 11- 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? ~

FATHER OF CHILD

10. **FULL NAME** William Lelander Whitaker
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Cassia Co- Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sylvia Viola Gibson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Fine Points Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 38 years, and that Wm. Derby (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. L. Whitaker
Signature

Rigby Idaho
P. O. Address

Subscribed and sworn to before me this 8th day of December, 19 47.

(SEAL) Mabel F. Lee, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 8, 1947 by John A. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-105-035-163

United States JAN 8 1948 (Be sure the information is as of date of birth of THIS child.) 446318 State File No. 446318
Department of Commerce Local Reg. No.
Bureau of the Census Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No. At Home
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 6 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** James Newton Quesenberry

5. Date of Birth of Child (Month, day, year) February 5, 1909

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Moses Quesenberry
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Mendacino, California (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Jolly
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace O'neil, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Minnie Quesenberry Ondeans (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of W. A. Shington
County of Fowlitz } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for Since Birth years, and that Mrs Wardenburg Jr. (First name) Morris (Last name), who attended this birth are both Dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Quesenberry Ondeans Signature
504 So. 3rd, Kelso, Wash. P.O. Address

Subscribed and sworn to before me this 5th day of January, 1948.

(SEAL) W. [illegible], Notary Public, residing at Kelso

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1948 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 19[illegible]

OCT 18 1955

NOV 18 195[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-210-009-281 .

446323

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 446323
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Sand Point
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Sand Point
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 mo. yrs.

3. RESIDENCE OF FATHER (city, state) same.

4. FULL NAME OF CHILD NELLIE CAROLYN CROFT

5. Date of Birth of Child (Month, day, year) October 10 1909

6. Sex FEMALE **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harold William Croft
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Pittsburgh (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Meat

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Sharland
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace London (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Sacramento } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 38 years, and that Doctor & Midwife (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Emily Hutton (formerly Emily Croft) Signature

1023 Q Street, Sacramento, California P. O. Address

Subscribed and sworn to before me this 6th day of January 1948

(SEAL) Roy W. Hain Notary Public, residing at Sacramento California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1948 by John W. Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail Certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or

JAN 13 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

754-209-044-219

44728

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 44728
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Wash. (b) City Weiser
   (c) Street Address or R.F.D. No. W. Court St.
   (d) Name of Hospital or Maternity Home: "
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Wash.
   (c) City Weiser
   (d) Street Address or R.F.D. No. W. Court
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser Idaho

4. **FULL NAME OF CHILD** Elsie Margaret Geddes

5. Date of Birth of Child (Month, day, year) 9 Sept. 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George M. Geddes.
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Plain City Utah. (City or town) (State or foreign country)
14. Exact Occupation Theater Stage Managers.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Myrtle Barker
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Salt Lake City Utah. (City or town) (State or foreign country)
20. Exact Occupation house-wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living —

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 7:25 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 37 years, and that Mrs. Charles B. Shirley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Myrtle Geddes Signature

908 Eighth St. P. O. Address

Subscribed and sworn to before me this 14 day of April, 1947.

(SEAL) Lucia H. Stark, Notary Public, residing at 502 N. 21st Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2/13/48 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1948
APR 21 1967

MAY 4 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

265-105:037-265 447729

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 447729
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gurphee (b) City Wilson
   (c) Street Address or R.F.D. No. ~
   (d) Name of Hospital or Maternity Home: At Grandmothers home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gurphee
   (c) City Wilson
   (d) Street Address or R.F.D. No. ~
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wilson, (or more) Idaho

4. **FULL NAME OF CHILD** Charles Minor Swetland

5. Date of Birth of Child (Month, day, year) 8-5-09

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Minor Swetland
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Mound Valley (City or town) - Idaho (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Wynetta Swetland
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Washington Co. (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol 1% Nit
23. Number of children of this mother: (a) At time of birth and including this child 6, (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Emma (First name) Wynetta (Last name) Swetland who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. H. Murray M.D. ~~Midwife~~ Address Nampa, Idaho Date

AFFIDAVIT

State of Idaho } ss.
County of Gurphee }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 38 years, and that Dr. (First name) J. H. Murray (Last name), who attended this birth ~~cannot be~~ located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

309 Holly Nampa, Idaho P. O. Address

Subscribed and sworn to before me this day of , 194 .

(SEAL)

, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on FEB 17 1945 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

986-23-029-719 38

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0038
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Grandmother's Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nesperce
   (c) City Ruebens
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Gladys Opal Rhodes

5. Date of Birth of Child (Month, day, year) Dec. 23 1909

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James J. Marcus Rhodes
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Madison County, Iowa (City or town) (State or foreign country)
14. Exact Occupation Real Estate
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Bernice Garrett
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Cummings Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 1 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by James (First name) Rhodes (Last name) who is related as father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Kootenai }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 38 years, and that Doctor (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James J. Marcus Rhodes Signature

P. O. Address

Subscribed and sworn to before me this 3 day of March, 1948.

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1948 by Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 38 TO DE48-0038 11/15/12 KMC

MAR 9 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

663-221-032-252

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0070
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Rupert
   (c) Street Address or R.F.D. No. rural route
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincol
   (c) City R.F.D. from Rupert
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** May Bebb Folsom

5. Date of Birth of Child (Month, day, year) Oct. 21 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Gregory Folsom
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vida May Bebb
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Port Allen (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of OREGON
County of LANE } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for total years, and that Dr. J.B. Kenagy (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Vida B. Folsom Signature

Monitor Oregon P. O. Address

My commission expires Aug. 13, 1949.

Subscribed and sworn to before me this 6th day of March, 1948.

(SEAL) Lynn A. Wheeler Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1948 by Irene W. Wright, Registrar

FILE # FROM 70 TO DE48-0070 11/28/12 KMC

MAR 11 1948

SEP 25 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-125-026-643

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0100
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Jefferson (b) City Menan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
was born in her home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Menan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD Joseph Grant Jensen

5. Date of Birth (Month, day year) September 25-1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Erastus Jensen
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Spanish Fork Utah U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adelaid Maria Fullmer
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Mapleton Utah U.S.A. (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as John W. Wright (Mother, etc.)

26. (a) MAR 23 1948 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lula Jensen Hansen, being first duly sworn, say that I am a Relative of (Related to (or) acquainted with) Joseph Grant Jensen (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Jones (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lula Hansen Signature
Menan Idaho P. O. Address

Subscribed and sworn to before me on this 7 day of November 1941
(SEAL) Austin C. Green Notary Public, residing at Menan

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 100 TO DE48-0100 12/3/12 KMC

JUN 2 8 1974

MAR 23 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

11-220-038-893

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0134
Local Reg. No.
Reg. Dist. No. 3

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Payette, Ida.
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: ____
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years X months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City ~~Boise~~ Payette
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette,

4. **FULL NAME OF CHILD** Lela James

5. Date of Birth of Child (Month, day, year) Oct 20, 1909

6. Sex female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred L. James
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Deceased
15. Industry or Business ____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Oatman Hillman
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace ~~Payette~~ Westfall, Ore (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ____

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and ~~including~~ this child 1 (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1.10 P.M. on the date and at the place stated above, and that personal particulars were furnished by Olive Hillman James Zimmer (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Oregon, County of Union } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 38 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive James Zimmerle Signature

1906 - 2nd Street, La Grande, Ore. P.O. Address

Subscribed and sworn to before me this 26 day of March 1948

(SEAL) Aurelia Johnson, Notary Public, residing at La Grande Or

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Com Expires

Received for filing on March 30, 1948 by John W Asplund, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 134 TO DE48-0134 12/6/12 KMC

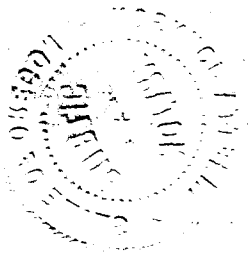
MAR 30 1949

APR 3 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



719-21-0 06-369

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0148
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Aberdeen
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: — at home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 28 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Aberdeen
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Aberdeen Ida

4. **FULL NAME OF CHILD** Mary Virginia Parsons

5. Date of Birth of Child (Month, day, year) Nov 11. 1909

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9m 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Washington Parsons
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Bingham City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Idaho

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Anna Bamford
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Faversham (City or town) England (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: 14 (a) At time of birth and including this child 12 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Aberdeen Ida (Born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by John A Parsons (First name) (Last name) who is related as Oldest Brother (Mother, etc.)

25. Attendant's **OWN** signature Virginia M Parsons Midwife. Address Aberdeen Idaho. Date 4/5/49

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1949 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 148 TO DE48-0148 12/6/12 KMC

APR 9 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother ~~of the child, or if neither~~ father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-209-028-845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File DE48-0185
Local Reg
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ..... (b) City .....
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home: BORN AT OWN HOME
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Kootenai
(c) City COEUR DALENE
(d) Street Address or R.F.D. No. .....
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) CDA. IDAHO

4. FULL NAME OF CHILD HATTIE CATHERENE CHADBOURNE

5. Date of Birth of Child (Month, day, year) 9 MARCH 1909

6 Sex FEEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME WILLIAM EDWARD CHADBOURNE
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace DETROIT (City or town) MINNESOTA (State or foreign country)
14. Exact Occupation LOGING
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME DORA ELISBETH HUNTLEY
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace FRASEE (City or town) MINNESOTA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

~~State of~~ Canada
~~County of~~ Province of Alberta } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 39 years, and that Mrs. Cogley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. E. Chadbourne Signature
Eckville Alberta Canada P. O. Address

Subscribed and sworn to before me this 30th day of March, 1948
(SEAL) H. Lynch-Staunton Notary Public, residing at Didsbury Alberta, Canada
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 10, 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 185 TO DE48-0185 12/10/12 KMC

APR 10 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

995-115-016-433

APR 20 1948

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0231
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Birth at home
(e) Mothers stay BEFORE delivery: In THIS county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Ida

4. FULL NAME OF CHILD Daniel Ross Rivers

5. Date of Birth of Child (Month, day, year) Jan. 15, 1909

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Rivers
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Oakley, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann McLaws
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Tooele, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 39 years, and that Daniel Ross Rivers (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs May Rivers Signature

Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of March, 1948.

(SEAL) C H Heger, Notary Public, residing at Emmett, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on APR 23 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 231 TO DE48-0231 12/11/12 KMC

APR 23 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed ~~by the local registrar for record in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-211-003-957

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0238
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 829 N Garfield
   (d) Name of Hospital or Maternity Home: at own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 1000 N Garfield
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) —

4. **FULL NAME OF CHILD** Alice Ethel Hall

5. Date of Birth of Child (Month, day, year) 3-11-1909

6. Sex female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Thomas Hall
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Council Bluffs Iowa (City or town) (State or foreign country)
14. Exact Occupation Plumber
15. Industry or Business Construction Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Ingalls
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Montreal Canada (City or town) (State or foreign country)
20. Exact Occupation School teacher
21. Industry or Business Public school Education

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

Dr H A Castle deceased

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of California, County of San Francisco } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for years, and that H. A. Castle (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Thomas Hall Signature
77 Kissling St. P. O. Address

Subscribed and sworn to before me this 12 day of April, 1948.

(SEAL)

Nell O'Day, Notary Public, residing at San Francisco CALIFORNIA

My Commission expires March 26, 1952

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-910, Idaho Code Annotated.)

Received for filing on April 27, 1948 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 238 TO DE48-0238 12/12/12 KMC

APR 27 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-216-036-735

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0266
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ONEIDA (b) City Malad City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: OWN Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 9 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDaHo (b) County ONEIDA
(c) City Malad City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) malad city Ida.

4. FULL NAME OF CHILD Thelma Jensen

5. Date of Birth of Child (Month, day, year) Aug. 16-1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry MarTen Jensen
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business unKnown

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Gleed
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Malad city Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of OREGON
County of JACKSON } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 38 years, and that Dr. (First name) unKnown (Last name) Ray, who attended this birth is Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Annie Gleed Jensen Signature
52 MORTON ST. ASHLAND, OREGON P. O. Address

My Commission expires 2-17-52

Subscribed and sworn to before me this 16 day of April, 1948.

(SEAL) Stanley E. Jones Notary Public, residing at Ashland Oregon

(Note: Perjury — punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 10 1948 by John W. Haight County, Registrar.

FILE # FROM 266 TO DE48-0266 12/13/12 KMC

MAY 11 1948 –

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws~~, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-124-020-291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0381
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mt. Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Oregon (b) County Multnomah
   (c) City Portland
   (d) Street Address or R.F.D. No. 339 Cook
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Bartholomew Orlo Burke

5. Date of Birth of Child (Month, day, year) Feb. 24, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bartholomew John Burke
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Ft. Coville, Washington (City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business Building

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Matilda Brady
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho, } ss.
County of County of Owyhee. }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 39 years, and that Dr. W. B. Mather (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Katie B. Smith Signature

Boise, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of May, 1948.

(SEAL) A. A. Lewis Probate Judge, Notary Public, residing at Murphy, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 5 1948 by John A. Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 381 TO DE48-0381 12/18/12 KMC

JUN 5 1948

NOV 2 2 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-229-01K-769

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUN 5 1948

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0387
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Payette
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette

4. **FULL NAME OF CHILD** Marjorie Brown

5. Date of Birth of Child (Month, day, year) Nov 29, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Tullius James Brown
11. Color or Race American
12. Age at time of THIS birth 32 yrs.
13. Birthplace Panora, (City or town) Iowa (State or foreign country)
14. Exact Occupation Editor
15. Industry or Business Weekly Newspaper

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy Harriet Gordon
17. Color or Race American
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ridley (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Washington
County of Yakima } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 39 years, and that Dr. O. H. Avey (First name) (Last name), who attended this birth, is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy H. Brown Signature

Grandview, Washington P. O. Address

Subscribed and sworn to before me this [illegible] day of June, 1948

(SEAL) [illegible], Notary Public, residing at Grandview

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 387 TO DE48-0387 12/18/12 KMC

JUN 9 19[illegible]
AUG 2 6 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-22-029-275

United States Department of Commerce Bureau of the Census

JUN 28 1948

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0428
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth) near
   (a) County Latah (b) City Southwick
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Near Southwick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Southwick, Idaho

4. **FULL NAME OF CHILD** Martha Arabell Sullivan

5. Date of Birth of Child (Month, day, year) Sept. 21, 1947

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Persons Rathburn Sullivan
11. Color or Race wh
12. Age at time of THIS birth 38 yrs.
13. Birthplace Clay Co. (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sintha Spencer
17. Color or Race whi
18. Age at time of THIS birth 19 yrs.
19. Birthplace near Troy (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Oregon
County of Linn } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 58 years, and that the Doctor whose name I don't know (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Persons Rathburn Sullivan Signature

Route 4, Albany, Oregon P. O. Address

Subscribed and sworn to before me this 26th day of June, 19 48

(SEAL) Gloria Wyninegar, Notary Public, residing at Albany, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Ex. 12-2-51

Received for filing on JUN 29 1948 by John Wilson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 428 TO DE48-Q428 12/20/12 KMC

JUN 29 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Linn }

Certificate No. 428

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Martha Arabell Sullivan (Name on Original Certificate) who was born (Was Born or Died) on Sept. 21, 1909 (Date of Event)
in Near Southwick, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Memory (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
9	No.	Yes
le	22 mos.	19 yrs

Subscribed and sworn to before me this 17th day of July, 19 48

Georgia Wynnegar
Notary Public, residing at Albany, Oregon
My commission expires Dec. 2, 1951
(Seal)

Signed P R Sullivan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 4, Albany, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Linn }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of July, 19 48

Georgia Wynnegar
Notary Public, residing at Albany, Oregon
My commission expires Dec. 2, 1951
(Seal)

Signed Sintha Sullivan
(Signature of Any Credible Person)

Route 4, Albany, Oregon
(Street Address, City, State)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

SEP 8 1948

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss. Certificate No. 428

County of Linn Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Martha Arabell Sullivan (Name on Original Certificate) who was born (Was Born or Died) on Sept. 21, 1909 (Date of Event)

in Southwick, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Memory (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED (Name, Birth Date, Cause of Death, Etc.)	FROM (As on Original)	TO (The Correct Facts)
	No.	
	Yrs.	19 yrs.

Sworn to before me this 17th day of July 1948

Signed (Signature of person or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

My commission expires Dec. 2, 1951

Route 4, Albany, Oregon (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss. [This Affidavit MUST Also be Executed (See Chapter 180, 1937 Idaho Session Laws)]

Linn

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Sworn to before me this 17th day of July 1948

Signed (Signature of Any Credible Person)

Notary Public residing at Albany, Oregon

My commission expires Dec. 2, 1951

Route 4, Albany, Oregon (Street Address, City, State)

262-22-0040-759

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0459
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Enaville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 1 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Enaville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Enaville, Ida.

4. **FULL NAME OF CHILD** Esther Irene Koski

5. Date of Birth of Child (Month, day, year) Nov. 22, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry August Koski
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Lapua (City or town) Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kaisa Alina Peramaki
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Lapua (City or town) Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Alina (Koski) Nett (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Amalia Hill M.D. Midwife Address Kellogg, Idaho Date 6/21/48

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 26 1967
[redacted] 1 1948

FILE # FROM 459 TO DE48-0459 12/21/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-209.039-296

JUL 3 1948

471

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE48-0471
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City Rockland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home of E. D. Webb
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City Rockland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rockland Idaho

4. **FULL NAME OF CHILD** BerneiceHellene Webb

5. Date of Birth of Child (Month, day, year) Nov. 9th 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward DelRoy Webb
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Fillmore (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Stockmen.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Bell Brown (Webb)
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation Teacher. Public Schools
21. Industry or Business Homemaker.

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child One. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at eleven A.M. on the date and at the place stated above, and that personal particulars were furnished by May (First name) Bell Webb (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ~~M.D.~~ Midwife Address Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for more than two years, and that Mrs Heber (First name) Lasley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Bell Webb Signature

Rupberly Rt No 2 Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of July, 1948.

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 3 1948 by Twin Falls County, Idaho., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

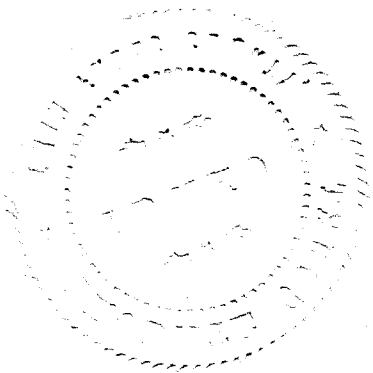
FILE # FROM 471 TO DE48-0471 12/21/12 KMC

JUL 3 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



214-716-044-883

RECEIVED
JUL 24 1948
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

State File No. DE48-0527
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Midvale
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Midvale
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? nine yrs.

3. **RESIDENCE OF FATHER** (city, state) Midvale, Idaho

4. **FULL NAME OF CHILD** Layton M Sampson

5. Date of Birth of Child (Month, day, year) 12/16/09

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Mart Sales Sampson
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Dunn County, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie Belle Mills
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Centralia, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Thurston } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother and Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 and 64 years of age, that I have known this person for 38 years, and that Mrs. Alice Stanley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mart Sales Sampson
Fannie Belle Mills Sampson Signature
Route 1 Box 1 Olympia Address

Subscribed and sworn to before me this 13th day of July, 1948

(SEAL)
Ruth J. Hayes Notary Public, residing at Olympia, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1948 by John W Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7 1948

FILE # FROM D48-527 TO DE48-0527 12/24/12 KMC

DEC 17 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-106-001-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0562
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: R. S. Kincaid home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Greenleaf
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Robert William Branen

5. Date of Birth of Child (Month, day, year) June 6, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Francis Branen
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Springfield, (City or town) Nebraska (State or foreign country)
14. Exact Occupation Homesteader
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Virginia Kincaid
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Rooks County, (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:00 p.M. on the date and at the place stated above, and that personal particulars were furnished by Clara (First name) Branen (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mary Kincaid M.D./~~Midwife~~-nurse in charge Address Middleton, Idaho Date 7/20/48

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 58 years, and that Jack (First name) Springer (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara V. Kincaid Branen Signature

Route 2, Wilder, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of August, 1948.

(SEAL) Lue a Kress, Notary Public, residing at Caldwell Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on August 6, 1948 by John W Wright Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 7 1948

FILE # FROM 562 TO DE48-0562 12/26/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-210-025-639

RECEIVED
AUG 23 1948
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0619
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay BEFORE delivery: In THIS county 10 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville, Ida.

4. FULL NAME OF CHILD Velda Grace Thompson

5. Date of Birth of Child (Month, day, year) 4/10/1909

6 Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Gillingham Thompson
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Lawarenceville, N. Jersey (City or town) (State or foreign country)
14. Exact Occupation Photographer
15. Industry or Business In business for himself.

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Oliver
17. Color or Race white
18. Age at time of THIS birth 14½ yrs.
19. Birthplace Leland, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 39 years, and that ..... (First name) Raines (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace D. Jacobs Signature
12028, Collins St P. O. Address

Subscribed and sworn to before me this 21st day of AUGUST, 1948

(SEAL) William Edgar Glover, Notary Public, residing at NO. HOLLYWOOD.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) My Commission Expires July 25, 1950

Received for filing on AUG 24 1948 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 19

FILE # FROM 619 TO DE48-0619 12/27/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, ~~or in case of failure to report~~ any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

359-222-04-704

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

AUG 29 1948
DIVISION OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0638
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City (near) Parma
   (c) Street Address or R.F.D. No. R.F.D. # 2
   (d) Name of Hospital or Maternity Home: Parent's Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years 2 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City (near) Parma
   (d) Street Address or R.F.D. No. R.F.D. # 2
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Parma, Idaho

4. **FULL NAME OF CHILD** Ruth Arvilla Leigh

5. Date of Birth of Child (Month, day, year) April 22, 1909

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jay Noel Leigh
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Fairmont, (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Paul
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Parma, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:30p. M. on the date and at the place stated above, and that personal particulars were furnished by Eva (First name) Paul (Last name) Leigh who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Canyon }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 years, and that Charles (First name) Allen (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Paul Leigh Signature

Parma, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of August 1948

(SEAL)

Ernest Andrus, Notary Public, residing at Parma, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 28 1948 by John W Wing, Registrar

AUG 28 1948

FILE # FROM 638 TO DE48-0638 1/3/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-204-004-356

RECEIVED
SEP 2 1948
DIVISION OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0677
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 30 years months

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Helen Dayton

5. Date of Birth of Child (Month, day, year) April 4 1909

6. Sex Female

7. Twin or Triplet — If so - born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Geo Francis Dayton
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Tooele (City or town) Utah (State or foreign country)
14. Exact Occupation Railroad Employee
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Gertrude Lewis
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Dingle (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 39 years, and that Dr (First name) Painter (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Bysegger Signature
Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 14 day of August, 1948.

(SEAL) Rex Weaver Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 3 - 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

[redacted] 3 1948

FILE # FROM 677 TO DE48-0677 1/4/13 KMC

[redacted]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

413-205 1042-735

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0744
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Buhl
   (c) Street Address or R.F.D. No. Rural Route
   (d) Name of Hospital or Maternity Home: Home delivery
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Buhl
   (d) Street Address or R.F.D. No. Rural Route
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Buhl Idaho

4. **FULL NAME OF CHILD** Anna Ruth Malone

5. Date of Birth of Child (Month, day, year) Nov 5 - 1909

6. Sex Female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd)

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Luther Malone
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vallera Christina Glenn
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Arkansas (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 12 a M. on the date and at the place stated above, and that personal particulars were furnished by Christina (First name) Malone (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature A. A. Newberry M.D. Midwife Address Now residing at 1713 - 10th Ave NW Seattle Wash Date 9/9/48

AFFIDAVIT

State of
County of } ss

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on Sept 21, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 744 TO DE48-0744 1/9/13 KMC

APR 9 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-217-044-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0788
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Ida

4. **FULL NAME OF CHILD** Lucy Elizabeth Goodell

5. Date of Birth of Child (Month, day, year) Sept. 17, 1909

6 Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herbert M. Goodell
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Delphos, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Gertrude Casey
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Washington
County of Thurston } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother and father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 and 68 years of age, that I have known this person for all life years, and that Mrs. Dawson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Gertrude Goodell Signature
P. O. Address

Herbert M. Goodell

Subscribed and sworn to before me this 17th day of September, 1948

(SEAL) Ruth J. Hamp Notary Public, residing at Olympia

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 30, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 788 TO DE48-0788 1/11/13 KMC

SEP 30 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493105 Book 869

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

RECEIVED OCT 2 19 DIVISION OF VITAL

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0799
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No. xx
   (d) Name of Hospital or Maternity Home: Stagners Maternity Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 32 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Pegram, Idaho.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pegram Ida

4. **FULL NAME OF CHILD** Virgil John Miller

5. Date of Birth of Child (Month, day, year) Aug 5th, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Oliver Miller
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Polk (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Horrace
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Montpelier (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business xx

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of IDAHO
County of CANYON } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 39 years, and that DR. DOOR E. POYNTER (First name) (Last name), who attended this birth ____ (Is now deceased) or ~~(Cannot be found)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ellen Horrace Miller Signature

423-16th Ave So Nampa Idaho Address

Notary Public for the State of Idaho
My Commission Expires

Subscribed and ~~sworn~~ to before me this 30th day of SEPTEMBER, 1948.

(SEAL) ____ Notary Public, residing at NAMPA, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 4, 1948 by John Wright, Registrar

OCT 4 1948

FILE # FROM 799 TO DE48-0799 1/11/13 KMC

JUL 8 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-223-028-168

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0809
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Bonners Ferry
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Bonners Ferry
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edna May Parker

5. Date of Birth of Child (Month, day, year) 6/23/09

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Syrus Parker
11. Color or Race caucasian
12. Age at time of THIS birth 40 yrs.
13. Birthplace Wilkesboro, North Carolina (City or town) (State or foreign country)
14. Exact Occupation blacksmith & farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Betty Ann Johnson
17. Color or Race caucasian
18. Age at time of THIS birth 43 yrs.
19. Birthplace Saltville Virginia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife **Address** ____ **Date** ____

AFFIDAVIT

State of Idaho } ss.
County of Boundary }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 39 years, and that Mrs. Marie Hubble (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter J. Parker Signature

Bonners Ferry, Idaho, Route #1 P. O. Address

Subscribed and sworn to before me this 6th day of October, 1948.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at Bonners Ferry, Idaho

Received for filing on Oct 8, 1948 by John W. Wright, Registrar

OCT 8 1948

FILE # FROM 809 TO DE48-0809 1/14/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

792-201-004-395

RECEIVED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0827
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City St. Charles
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home of Mary B. Linford riage
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Born & to mar years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Utah (b) County Salt Lake
   (c) City Salt Lake
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Life yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Ida.

4. **FULL NAME OF CHILD** Venice Linford Gibby

5. Date of Birth of Child (Month, day, year) Dec. 1, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Edward Gibby
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Morgan (City or town) Utah (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Emily Linford
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Paris (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 24 above, that I am now 67 years of age, that I have known this person for Since Birth years, and that William J. (First name) Hayward (Last name), who attended this birth, Living, to my knowledge (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo. E. Gibby Signature

Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of October, 1948.

(SEAL)

Lynn J. Merrill, Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 13, 1948 by John W Wright, Registrar

FILE # FROM 827 TO DE48-0827 1/14/13 KMC

OCT 13 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-212-029815

RECEIVED OCT 22 1948 DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE48-0859
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. Lynn Avenue
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. Lynn Avenue
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida.

4. **FULL NAME OF CHILD** Ruth Lydia Smith

5. Date of Birth of Child (Month, day, year) Dec. 12, 1909

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Washington Smith
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Yates City, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Margaret Haney
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Milton Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 38 yr. 10mo ~~years~~, and that Dr. W. A. Adair (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Margaret Smith Signature
Moscow, Idaho, 302 N. Main St. P. O. Address

Subscribed and sworn to before me this 20 day of October, 1948
(SEAL) Denise Dubrock Ex-Officio Auditor and Recorder, Notary Public, residing at Moscow, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 22, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1967
OCT 23 1948
JAN 23 1970
FEB 18 1972

FILE # FROM 859 TO DE48-0859 1/15/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

264-223-002-213

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0869
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City New Meadows
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City New Meadows
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) New Meadows

4. **FULL NAME OF CHILD** Veril Jane Southard

5. Date of Birth of Child (Month, day, year) September 23, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Francis Southard
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Dana, Indiana (City or town) (State or foreign country)
14. Exact Occupation Restaurant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Baldwin
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Salinas County, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 40 years, and that Dr. Martin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida May Southard Signature

1079 West 5th, Eugene, Oregon P. O. Address

Subscribed and sworn to before me this 25th day of October, 1948.

(SEAL) Mabel Feden, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on October 25, 1948 by John A Wright, Registrar

OCT 26 1948

FILE # FROM 869 TO DE48-0869 1/16/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

454-220-08-5-54

RECEIVED
NOV 4 1948
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0899
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Orofino
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: at family home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Orofino
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Orofino, Idaho

4. **FULL NAME OF CHILD** Dorothy Elaine Demarest

5. Date of Birth of Child (Month, day, year) Nov. 20, 1909

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Sherman Demarest
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Newago (City or town) Michigan (State or foreign country)
14. Exact Occupation Chef
15. Industry or Business Restaurant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Edmondson
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Newago (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of King }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 6x 75 years of age, that I have known this person for 39 years, and that Doctor (First name) Fairly (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

* Mary Elizabeth Demarest Signature

1817 S.W. 100th P. O. Address

Subscribed and sworn to before me this 1st day of November, 1948

(SEAL)

Elliott N. Caudle Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 4, 1948 by John W Wright, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 4 1948

FILE # FROM 899 TO DE48-0899 1/16/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-216-044-366

RECEIVED
DEC 6 1948
BUREAU OF VITAL STATISTICS

United States Department of Commerce, Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE48-0994
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county yes years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho, (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho.

4. **FULL NAME OF CHILD** Verna Bell Cooper

5. Date of Birth of Child (Month, day, year) Jan. 16, 1909

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jesse Frank Cooper
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Buckhart (City or town) Ida. (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Goldie May Cooper
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Braceville (City or town) Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Oregon
County of Douglas } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 39 years, and that Dr. Waterhouse (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Goldie May Cooper Signature
Sutherlin, Ore. P. O. Address

Subscribed and sworn to before me this 7th day of September, 1948.

(SEAL) Ward M. Green, Notary Public residing at Sutherlin, Oregon
MY COMMISSION EXPIRES AUGUST 8, 1950

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on Dec 7, 1948 by W. L. Bonar, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

EC 8 1948

DEC 8 1948

FILE # FROM 994 TO DE48-0994 1/24/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214-219023-366

RECEIVED
DEC 18 1948
BUREAU OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-1023
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Sweet
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Sweet
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sweet Idaho

4. **FULL NAME OF CHILD** Estella Pearl Badley

5. Date of Birth of Child (Month, day, year) 8-19-1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Lindsay Badley
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Maxburg Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Ophelia Lewis
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Wells Minnesota (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid for eyes.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at Sweet 8:15 P.M., on the date 1909 and at the place stated above, and that personal particulars were furnished by Effie Badley (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Mary A Peterson M.D. Midwife Address 613 S. Com Emmett Idaho Date Dec. 3, 1948

AFFIDAVIT

State of OREGON
County of JACKSON } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

My Commission Expires June 6.1949

Subscribed and sworn to before me this 15th. day of Dec., 1948.

(SEAL) , Notary Public, residing at Rogue River Oreg.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 20, 1948 by W L Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 20 1948

FILE # FROM 1023 TO DE48-1023 1/30/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-203-027-636

RECEIVED
DEC 20 1948
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Because the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-1030
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. no
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: In THIS county years 9 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. no.
(e) How long has MOTHER lived in Idaho? 9½ months yrs.

3. RESIDENCE OF FATHER (city, state) Jerome Idaho

4. FULL NAME OF CHILD Luella Elizabeth Norvell

5. Date of Birth of Child (Month, day, year) 8/3 1909

6 Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Mett Porter Norvell
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Clarksville (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business no

MOTHER OF CHILD

16. FULL MAIDEN NAME Etta Floyd
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Meadowcreek (City or town) Ky. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business no

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 39 years, and that Mrs Thurber (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etta Norvell Signature
Rt. 6 Box 377 Yakima Wash P. O. Address

Subscribed and sworn to before me this 16 day of December, 1948.

(SEAL) Joe E Olson, Notary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 21, 1948 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

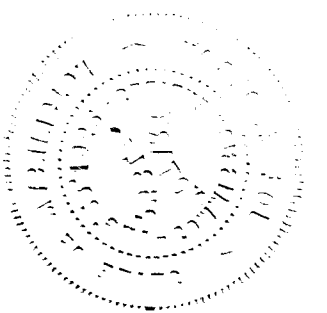
DEC 22 1948

FILE # FROM 1030 TO DE48-1030 1/30/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



269-130-025 RECEIVED

STS JAN 27

United States Department of Commerce
Bureau of the Census

DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-1117
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) ~~Street Address~~ or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 5 months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville Rt I
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2-5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville Ida

4. **FULL NAME OF CHILD** Jake Korthuis

5. Date of Birth of Child (Month, day, year) March 30, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Korthuis
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Spyk, Groningen, The Netherlands (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tena VanderWall
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Groningen, The Netherlands (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth~~ and including this child 3 (b) ~~Born alive~~ and now ~~living~~ 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 3:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Michigan
County of Kent } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 38 years, and that Mrs. Herman Sloot (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Korthuis Signature
1220 Logan St S E City P. O. Address Grand Rapids, Michigan

Subscribed and sworn to before me this 19th day of April, 1949

(SEAL) Virginia J. Allen, Notary Public, residing at Grand Rapids, Mich.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. Exp. 5/13/49

Received for filing on Jan 26, 1949 by W L Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1949

FIEL # FROM 1117 TO DE49-1117 2/6/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-118-635-274

RECEIVED
MAR 5 1949
DIVISION OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1218
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperce (b) City Weippe
   (c) Street Address or R.F.D. No. Weippe Idaho
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 12 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Weippe
   (d) Street Address or R.F.D. No. Weippe
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weippe Ida

4. **FULL NAME OF CHILD** Fredrick Perry Karsten

5. Date of Birth of Child (Month, day, year) 6/18/09

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fredrick Peter Karsten
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Neilsville (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Spurgin
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Osage Co. (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Clearwater } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 39 years, and that Dr. Horsewell, M. D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Olson Signature
Box 53 Pierce, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of November 19 48

(SEAL) L.A. Hawkins Notary Public residing at Pierce, Idaho.

NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO, RESIDING AT PIERCE, IDAHO. MY COMMISSION EXPIRES APRIL 15, 1950.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 7, 1949 by W W Bennett, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1218 TO DE49-1218 2/12/13 KMC

MAR 7 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-212-014-769

RECEIVED
MAR 15 1949
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1251
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 6 St. N.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mothers stay BEFORE delivery: In THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Ida

4. FULL NAME OF CHILD Edith Mae Moore

5. Date of Birth of Child (Month, day, year) 1909-May 12

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Harvey Moore
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace (City or town) Mo (State or foreign country)
14. Exact Occupation General Business
15. Industry or Business Banking

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet M Gorsuch
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Titusville - Pa (City or town) (State or foreign country)
20. Exact Occupation Farm wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 41 yrs. May years, and that H P Ross (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet M Moore Signature
R.F.D. 2 Nampa Ida P. O. Address

Subscribed and sworn to before me this 12th day of March, 1949.
(SEAL) [signature], Notary Public, residing at Nampa, Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 15, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1251 TO DE49-1251 11/6/2013-LLE

MAR 15 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-220-029-799

RECEIVED
MAR 21 1949
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1275
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. R.F.D. #5
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. R.F.D. 5
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Anna Mae Mamie Tomlinson

5. Date of Birth of Child (Month, day, year) Feb 20 - 1909

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Phillip A. Tomlinson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Pinegrove (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eunice Cybelia Griffin
17. Color or Race White
18. Age at time of THIS birth 15 yrs.
19. Birthplace St Joseph (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2:20 A.M. on the date and at the place stated above, and that personal particulars were furnished by Eunice (First name) Robison (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Deceased ~~M.D.~~ Midwife Address Route 2 Date 3/17/49

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 40 years, and that Thaney (First name) Tyrrell (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eunice C. Robison Signature
P.O. Box 72 P. O. Address

Subscribed and sworn to before me this MAR 17 1949 day of Moscow Ida., 19
(SEAL) O W Schroeder, Notary Public, residing at Moscow, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 22, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1275 TO DE49-1275 11/6/2013-LLE

MAR 22 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-121-037-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1313
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Reynolds
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Reynolds
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Thomas Jr. Johnston

5. Date of Birth of Child (Month, day, year) 5-21-1949

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Austin Johnston
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer & Stock
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Kelly
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Quebec Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 39 years, and that Mrs. (First name) Finney (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles A. Johnston (Signature)

P. O. Address

Subscribed and sworn to before me this 1 day of April, 1949

(SEAL) Mabel Felder, Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on April 5, 1949 by W. M. Benson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1313 TO DE49-1313 11/7/2013-LLE

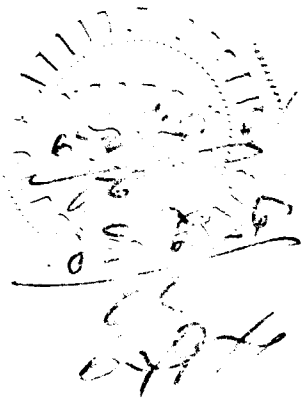
APR 5 1949

FEB 19 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



165-213 RECEIVED
MAY 2
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1394
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home: At Hoo me
(e) Mothers stay BEFORE delivery: In THIS county years 10 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has MOTHER lived in Idaho? 1 yr. yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Verneita Viola Jones
5. Date of Birth of Child (Month, day, year) 5-13-09
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Porter M. Jones
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Mo hawk (City or town) Tennessee (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Mae Modrall
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Howell County (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 6 M. on the date and at the place stated above, and that personal particulars were furnished by Bertha (First name) Jones (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature × Bertha Mae Jones M.D. Midwife Address 717 Prindle Street Chehalis, Washington Date April 28, 1949

State of Washington
County of Lewis } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 39 years, and that Bertha (First name) Jones (Last name), who attended this birth Living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Bertha Mae Jones Signature
× 717 Prindle St Chehalis, Wash. Address

Subscribed and sworn to before me this 28 day of April, 1949

(SEAL) H. SI FROST H. S. Frost, Notary Public, residing at Centralia, Wash.,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 3, 1949 by W. C. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate to envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1394 TO DE49-1394 11/8/2013-LLE

MAY 3 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-715-222-231

RECEIVED
MAY 2 1949
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1399
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City ST. ANTHONY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mothers stay BEFORE delivery: In THIS county 16 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City ST. ANTHONY
(d) Street Address or R.F.D. No. 16
(e) How long has MOTHER lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) ST. ANTHONY IDAHO

4. FULL NAME OF CHILD EARL ANDREW BARR

5. Date of Birth of Child (Month, day, year) MAR. 15 1909

6 Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME BERT TAYLOR BARR
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace BURDEN, KANSAS (City or town) (State or foreign country)
14. Exact Occupation WARE HOUSE FOREMAN
15. Industry or Business MILLER BROS. (GRAIN WAREHOUSE)

MOTHER OF CHILD

16. FULL MAIDEN NAME LUCY BLACK
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace ORDERVILLE (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 40 years, and that DR. HARSHBARGER (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy B. Barr Signature
8114 San Juan P. O. Address
Salt Lake City 1948

Subscribed and sworn to before me this 23rd day of April, 1948
(SEAL) Beverly E. Grant, Notary Public, residing at Bell, California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Mar. 10, 1952

Received for filing on May 3, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1399 TO DE49-1399 11/8/2013-LLE

MAY 3 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

293-220-226-593

RECEIVED

MAY 4 1949

DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

CERTIFICATE OF BIRTH

STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-1403
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mt. Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Parents residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 1 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mountain Home
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mt. Home, Ida.

4. **FULL NAME OF CHILD** Muriel Ida Silver

5. Date of Birth of Child (Month, day, year) Jan 20, 1909

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ralph Samuel Silver
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Concordia, Kansas (City or town) (State or foreign country)
14. Exact Occupation Store owner
15. Industry or Business Confectionery & Amusement

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Roberta Hicks
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Corral, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5:30P M. on the date and at the place stated above, and that personal particulars were furnished by Ida R. Silver (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Montana
County of Teton } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4. above, that I am now 66 years of age, that I have known this person for 40 years, and that Dr Mather (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida R. Silver Signature

Fairfield, Montana P. O. Address

Subscribed and sworn to before me this 22nd day of April, 1949

(SEAL) Oscar E. Ekstrom, Notary Public, residing at Fairfield

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Ex. Jan. 26, 1951

Received for filing on May 4, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

K

FILE # FROM 1403 TO DE49-1403 11/12/2013-LLE

MAY [illegible] 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4-463.115 1031-291

RECEIVED
MAY 5 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Because the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1405
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (At time of this birth)
   (a) County Lewis (b) City Nezperce
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Nezperce
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Stillwater, Minn.

4. **FULL NAME OF CHILD** Joseph Cornelius Mockler

5. Date of Birth of Child (Month, day, year) 8, 15, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Michael Mockler
11. Color or Race white
12. Age at time of THIS birth 53 yrs.
13. Birthplace Nova Scotia, Brit. Col. Canada (City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bridgit Grady
17. Color or Race white
18. Age at time of THIS birth 43 yrs.
19. Birthplace So. Bethlehem, Penna. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8.00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Bridgit (First name) Mockler (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date May 2, 1949

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Thurston }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 39 years, and that Dr. (First name) Kelly (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bridgit Grady Mockler Signature
Nezperce, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of May, 1949.

(SEAL) R. A. PADGET, Notary Public, residing at Olympia, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 5, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1405 TO DE49-1405 11/12/2013-LLE

MAY 5 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has ~~occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-108-006-391

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1449
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Idaho Falls
   (c) Street Address or R.F.D. No. H & Canal Ave.
   (d) Name of Hospital or Maternity Home: at home on corner of H & Canal Ave.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. H & Canal
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida.

4. **FULL NAME OF CHILD** John Winton Crabtree Steele

5. Date of Birth of Child (Month, day, year) April 8, 1909

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William John Steele
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace American Fork, Utah (City or town) (State or foreign country)
14. Exact Occupation Accountant
15. Industry or Business Farm Machinery & Hardware

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Mathewson Crabtree
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Providence, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho } ss.
County of Bannock }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 40 years, and that Dr. Grant W. Pendleton, MD (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Mathewson Crabtree Steele Signature

151 North Hayes, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of May, 1949

(SEAL)

L. H. GRIFFIN
Notary Public Residing at Pocatello, Idaho
My Commission Expires Nov. 13, 1952

L. H. Griffin, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 16, 1949 by W. W. Benson, Registrar

FILE # FROM 1449 TO DE49-1449 11/12/2013-LLE

MAY 16 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-227-038-846

RECEIVED
JUN 28 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1592
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Payette (b) City Fruitland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edith Pearl McConnell

5. Date of Birth of Child (Month, day, year) May 27, 1909

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Norman McConnell
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Marysville (City or town) California (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lavinia Huff
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Bellview (City or town) Nebraska (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Lavinia McConnell Signature
O. Address

Subscribed and sworn to before me this 27 day of June, 1949
(SEAL) Lillian Wilson, ~~Notary Public~~, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 29, 1949 by Clerk of District Court, Registrar
W. W. Benson Payette County, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM DE-1592 TO DE49-1592 11/14/2013-LLE

JUN 29 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

563 205 1040-695

RECEIVED
JUN 27 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1597
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
   (a) County Shoshone (b) City Wallace
   (c) Street Address or R.F.D. No. 504 High Street
   (d) Name of Hospital or Maternity Home:
   None - born at residence
   (e) Mothers stay BEFORE delivery:
   In THIS county 18 years 4 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wallace
   (d) Street Address or R.F.D. No. 504 High Street
   (e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace, Idaho

4. FULL NAME OF CHILD Alberta Louise Volkman

5. Date of Birth of Child (Month, day, year) August 5, 1909

6. Sex Female

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Louis Volkman
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace St. Louis, Missouri (City or town) (State or foreign country)
14. Exact Occupation Contractor and Carpenter
15. Industry or Business Same as 14

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Jane Frederickson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Waupaca, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Emma Volkman (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of WASHINGTON } ss.
County of SPOKANE }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for ____ years, and that Dr. F. Leo Quigley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma J. Volkman Signature
N 1106 Maple #3 Spokane Address

Subscribed and sworn to before me this 24th day of May, 1949

(SEAL) ____, Notary Public, residing at SPOKANE

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 24, 1949 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1597 TO DE49-1597 11/14/2013-LLE

MAY 8 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799.224.1006-366

RECEIVED
JUN 29 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1604
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (At time of this birth)
   (a) County Bingham (b) City Riverside
   (c) Street Address or R.F.D. No. R.F.D. #2
   (d) Name of Hospital or Maternity Home: Born in home of grand parents
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 0 years 5 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Teton
   (c) City Driggs
   (d) Street Address or R.F.D. No. Post Office only
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Driggs, Idaho

4. **FULL NAME OF CHILD** Martha Jane Griggs

5. Date of Birth of Child (Month, day, year) Nov. 24, 1909

6. Sex Female

7. Twin or Triplet no. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Clarence Griggs
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Jane Cooper Griggs
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace St. Johns, Arizona (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah
County of Cache } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 39 yr 7 mos years, and that (my memory record) (First name) a Doctor Day (Last name), who attended this birth, is (residence or status) unknown to me (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Jane Cooper Griggs Signature

741 Maple St., Pasadena, Calif. P. O. Address

Subscribed and sworn to before me this 28th day of June, 1949.

(SEAL)

Notary Public, residing at Logan, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 30, 1949 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1604 TO DE49-1604 11/14/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUN 3 0 1949

845-113-016-255

RECEIVED
JUL 23 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1661
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items must be filled in for this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No. Route 2
   (d) Name of Hospital or Maternity Home: In the home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No. Route 2
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley, Ida.

4. **FULL NAME OF CHILD** Rosel Hyrum Hunter

5. Date of Birth of Child (Month, day, year) Oct 13, 1909

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Cyrus Rosel Hunter
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Oakley (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Louisa Severe
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Oakley (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Cassia } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 39 ## years, and that Wm A. O. Nelson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Louisa Hunter Signature
Oakley Idaho P. O. Address

Subscribed and sworn to before me this 20 day of July, 1949.

(SEAL)

O. H. Larson, Notary Public, residing at Oakley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 25, 1949 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1 carbon

FILE # FROM 1661 TO DE49-1661 11/19/2013-LLE

NOV 7 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 25 1949

294-204-031-443

RECEIVED
JUL 26 1949
DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1668
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (At time of this birth)
   (a) County Lewis (b) City Reubens
   (c) Street Address or R.F.D. No. RFD
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Reubens
   (d) Street Address or R.F.D. No. RFD
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Dorothy May Sims

5. Date of Birth of Child (Month, day, year) Feb. 4, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leonard Jonathan Sims
11. Color or Race white
12. Age at time of THIS birth 52 yrs.
13. Birthplace Mt. Vernon, Missouri (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie May Mulch
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Glenwood, Missouri (City or town) (State or foreign country)
20. Exact Occupation farmwife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Washington
County of Whitman } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 40 years, and that Mrs. (First name) Kohl (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie May Mulch Sims Signature
1400 Maiden Lane, Pullman, Wn. P. O. Address

Subscribed and sworn to before me this 22nd day of July, 19 49.

(SEAL)

..... Notary Public, residing at Pullman, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 26, 1949 by ..... Registrar

FILE # FROM 1668 TO DE49-1668 11/20/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 28 1949

157-205-020-652

United States
Department of Commerce
Bureau of the Census

RECEIVED
AUG 9 - 1949
DIVISION OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1729
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County — (b) City Junction
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay BEFORE delivery: In THIS county 3 years 9 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County —
   (c) City Junction
   (d) Street Address or R.F.D. No. —
   (e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Junction, Idaho

4. FULL NAME OF CHILD Ellen Rose Angle

5. Date of Birth of Child (Month, day, year) Dec. 5, 1909

6 Sex Female

7. ~~Twin or Triplet~~ ~~If so born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME John Angle
11. Color or Race W.
12. Age at time of THIS birth 37 yrs.
13. Birthplace Sioux City, Iowa (City or town) (State or foreign country)
14. Exact Occupation Mine Superintendent
15. Industry or Business Mining —

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Millicent Weston
17. Color or Race W.
18. Age at time of THIS birth 22 yrs.
19. Birthplace Sacramento California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unk
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Arizona
County of Cochise } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 19 years, and that persons (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lula W. Sanders Signature
Box 790 - Douglas, Arizona P. O. Address

Subscribed and sworn to before me this 6th day of Aug, 1949.
(SEAL) O. A. Ash, Notary Public, residing at Douglas, Arizona
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 10, 1949 by W. W. Benson, Registrar
My commission expires Sept. 17 - 1951

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1729 TO DE49-1729 11/20/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 10 1949

415-128-009-855

RECEIVED
AUG 19 1949
DIVISION OF VITAL STATISTICS

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1764
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No. 520 Cedar Street
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sandpoint
   (d) Street Address or R.F.D. No. 520 Cedar St
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint, Ida

4. **FULL NAME OF CHILD** Howard William Davis

5. Date of Birth of Child (Month, day, year) May 28, 1909

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd 3rd.

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William James Davis
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation Laundry owner
15. Industry or Business Laundry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Ella Henry
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Ipswich, North Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Bonner } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for years, and that Malcolm McKinnon, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Ella Davis Signature
520 Cedar Street, Sandpoint, Idaho Address

Subscribed and sworn to before me this 17th. day of August, 1949

(SEAL) Paul M. O'Donnell, Notary Public, residing at Sandpoint, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 19, 1949 by W. L. Benson, Registrar

FILE # FROM 1764 TO DE49-1764 11/21/2013-LLE

SEP 1 0 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 19 1949

859-218
028-249

RECEIVED
SEP 15 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1862
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENAI (b) City RATHDRUM
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County KOOTENAI
   (c) City RATHDRUM
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) RATHDRUM, IDA

4. **FULL NAME OF CHILD** ELIZABETH JANE HEITMAN

5. Date of Birth of Child (Month, day, year) MARCH 18, 1909

6. Sex FEMALE

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHARLES LEE HEITMAN
11. Color or Race WHITE
12. Age at time of THIS birth 52 yrs.
13. Birthplace NORTH CAROLINA (City or town) (State or foreign country)
14. Exact Occupation LAWYER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** STELLA EVA SMITH
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace CHEYENNE (City or town) WYOMING (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ARGYROL
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of Spokane } ss.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 40 years, and that Frank Weng M.D. (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marjorie Heitman Signature
Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 13th day of September, 1949.
(SEAL) W. Babcock, Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 9-16-49 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1862 TO DE49-1862 11/25/2013-LLE

JAN 30 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-215-014-693

RECEIVED
SEP 29 1949
DIVISION OF VITAL

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1909
Local Reg. No. 101
Reg. Dist. No. 330

1. **PLACE OF BIRTH** (Address at time of this birth)
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No. 1 2 3 4
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Payette
   (d) Street Address or R.F.D. No. 7th St
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette Idaho

4. **FULL NAME OF CHILD** Violet Oriole Coen

5. Date of Birth of Child (Month, day, year) May 15, 1909

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lester Simeon Coen
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Cook County (City or town) Iowa (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Bell Wilson
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace West Union (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Payette } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 40 years, and that Dr. J. C. Woodward (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Rachel E. N. Wilson)

Mrs. E N Wilson
Signature

405 N. 7th St. Walla Walla, Wash.
P. O. Address

Subscribed and sworn to before me this 27th day of September, 1949.

(SEAL)

Helen F. Munn, Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on September 27-1949 by Bessie M. Woodward, Registrar

FILE # FROM 1909 TO DE49-1909 11/25/2013-LLE

APR 2 8 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-131-003-389

RECEIVED
OCT 5 1949
DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1927
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Yes years 9 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. No. Garfield
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello Idaho

4. **FULL NAME OF CHILD** Arthur Milton Young

5. Date of Birth of Child (Month, day, year) March 31, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harold Arthur Young
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Youngstown (City or town), Ohio (State or foreign country)
14. Exact Occupation R.R. Brakman
15. Industry or Business Union Pacific R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Foster Christman
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Shoshone (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 4:40 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mother, Jennie C. Young (First name) (Last name)

who is related as Mother (Mother, etc.) Deceased

25. Attendant's **OWN** signature O. B. Steely M.D. ~~Midwife~~ Address Pocatello Date Idaho

AFFIDAVIT

State of Oregon
County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for since birth 40 years, and that [illegible] (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Christman Young Signature

Portland, Oregon P. O. Address

Subscribed and sworn to before me this 3 day of October, 1949

(SEAL) Elizabeth M. Payne Notary Public, residing at Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
My Commission Expires MAR 11, 1952

Received for filing on Oct 5, 1949 by W. R. Stevenson, Registrar

FILE # FROM 1927 TO DE49-1927 11/29/2013-LLE

OCT 6 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-12-040-433

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1932
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Jerome
   (c) Street Address or R.F.D. No. Main Hiway
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Jerome
   (d) Street Address or R.F.D. No. on Main Hiway
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Pauline Margaret Palmer

5. Date of Birth of Child (Month, day, year) 6-12 1949

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles E Palmer
11. Color or Race Caucasian
12. Age at time of THIS birth 33 yrs.
13. Birthplace Osterdock (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes E McCallum
17. Color or Race Caucasian
18. Age at time of THIS birth 30 yrs.
19. Birthplace Emerick (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 49 years, and that Dr E.D. Piper (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Elmer Palmer Signature

1227 E. Richear Downey Ida. P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 10, 1949 by W W Benson, Registrar

FILE # FROM 1932 TO DE49-1932 11/29/2013-LLE

SEP 10 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1909 - 383198

253-119-001-366

RECEIVED

OCT 11 1949

DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-1933
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County 80 (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Samuel Alexander Bechtold

5. Date of Birth of Child (Month, day, year) April 19, 1909

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Jacob Bechtold
11. Color or Race RussianGerman
12. Age at time of THIS birth 34 yrs.
13. Birthplace Kolb, Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anne Elizabeth Cook
17. Color or Race RussianGerman
18. Age at time of THIS birth 33 yrs.
19. Birthplace Kolb, Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Wyoming
County of Big Horn } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 34 years, and that Doctor Gordon, Deceased (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John J. Bechtold Signature

Box 293, Greybull, Wyo. P. O. Address

Subscribed and sworn to before me this 8th day of October, 1949.

(SEAL) Margaret Murphy Notary Public, residing at Basin, Wyo.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 11, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1933 TO DE49-1933 11/29/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-215-009-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1966
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City New Port
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City New Port
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) New Port, Idaho

4. **FULL NAME OF CHILD** Margaret Elaine Albright

5. Date of Birth of Child (Month, day, year) Mar. 15, 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Fred Albright
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Marshall Town, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Salina Cowling
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Swansea (City or town) Wales (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Snohomish }

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 40 years, and that Mrs. John Chance (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Godfrey Signature
#596 Edmonds Way P. O. Address

Subscribed and sworn to before me this 15th day of October, 1949

(SEAL) Josie Cogswell Notary Public, residing at Edmonds, Wash

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 19-1949 by W. L. Benson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

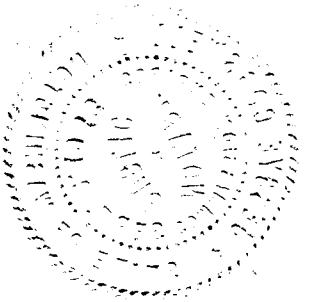
FILE # FROM 1966 TO DE49-1966 12/2/2013-LLE

OCT 19 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded, or in case of failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



141-206-034-238

RECEIVED
OCT 31 1949
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1995
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (In Items at time of this birth)
(a) County Minidoka (b) City Heyburn, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Heyburn
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Heyburn, Idaho

4. FULL NAME OF CHILD Violet Minnie Adams

5. Date of Birth of Child (Month, day, year) Oct. 6, 1909

6 Sex F.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Henry Adams

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace London, Ont., Canada (City or town) (State or foreign country)

14. Exact Occupation Grain & Produce

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Louise Schodde

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Minidoka Co., Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 40 years, and that Dr. V. R. (First name) Killen (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Schodde Adams
(Mrs Frank H. Adams) 401-7th Ave N. Twin Falls, Idaho
Signature
P. O. Address

Subscribed and sworn to before me this 29 day of Oct, 1949
(SEAL) Ruth K. Jones, Notary Public, residing at Twin Falls Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 1, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1995 TO DE49-1995 12/2/2013-LLE

NOV 1 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

115-202-006-559

RECEIVED
NOV 7 1949
DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2020
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Idaho Falls
   (c) Street Address or R.F.D. No. Short Street
   (d) Name of Hospital or Maternity Home: born in home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. Short Street
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Idaho

4. **FULL NAME OF CHILD** Rose Margarette Janda

5. Date of Birth of Child (Month, day, year) Feb. 2, 1909

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Janda
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Austria, Hungary (City or town) (State or foreign country)
14. Exact Occupation Brewery engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pauline Verba
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Mulligan, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7.00P M. on the date and at the place stated above, and that personal particulars were furnished by Pauline Janda (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Colorado
County of Denver } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 40 years, and that Dr. Pendelton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires March 29, 1950

x Pauline B Janda Signature
1790 Virginia St Idaho Springs Colo Address

Subscribed and sworn to before me this 3rd day of November, 19 49

(SEAL) [illegible], Notary Public, residing at Denver, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 7, 1949 by [illegible], Registrar

FILE # FROM 2020 TO DE49-2020 12/5/2013-LLE

NOV 8 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-121-209-293

RECEIVED

NOV 1 9 1949

DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2054
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Bonner (b) City Sand Point
   (c) Street Address or R.F.D. No. Not known
   (d) Name of Hospital or Maternity Home: Not known
   (e) Mothers stay BEFORE delivery: In THIS county — years 3 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sand Point
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 3 months

3. RESIDENCE OF FATHER (city, state) Sand Point, Idaho

4. FULL NAME OF CHILD James Lloyd Fellger

5. Date of Birth of Child (Month, day, year) Sept 21 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Gottlieb Fellger
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Bastuka (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Bishop
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace U.S.A. (City or town) (State or foreign country)
20. Exact Occupation Spinster
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California } ss.
County of ____ }

I, the undersigned, being first duly sworn, say that I am the Married Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for forty years, and that ____ (First name) ____ (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Mother died at time of above Birth. My Father died in the year 1944.

Signature XX

P. O. Address Patton, California

Subscribed and sworn to before me this 12th day of November 1949.

(SEAL)

Herman L. Carter, Notary Public, residing at Patton, California

(Notice: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 21, 1949 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 2054 TO DE49-2054 12/5/2013-LLE

JUL 10 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-101-041-269

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED DEC 1 1949 DIVISION OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2085
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Teton (b) City Clawson
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Teton
   (c) City Clawson
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Clawson, Ida

4. **FULL NAME OF CHILD** Dean Erlease Hansen

5. Date of Birth of Child (Month, day, year) 4/1/1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Y

FATHER OF CHILD

10. **FULL NAME** Alfred Hansen
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Providence (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mette Sorensen
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Mejrup (City or town), Denmark (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mette S. Hansen (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address Unknown — Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 40 years, and that Dr. Ora Keith (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mette S. Hansen — Signature

Driggs, Idaho — P. O. Address

Subscribed and sworn to before me this 22nd day of November, 1949.

(SEAL) Byron W O'Brien, Notary Public, residing at Tetonia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec. 1, 1949 by W W Benson, Registrar

FILE # FROM 2085 TO DE49-2085 12/6/2013-LLE

NOV 10 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed ~~by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-22-1092-345

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2169
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Hansen
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At own home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Hansen
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hansen, Idaho

4. **FULL NAME OF CHILD** Bertyl Pauline Cunningham

5. Date of Birth of Child (Month, day, year) 9/25/09

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Namond Cunningham
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Berryville, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Sisemore Cunningham
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Berryville, Arkansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 40 years, and that Doctor Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Frances Mark Signature

593 North Garfield Ave P. O. Address
Pasadena, Calif

Subscribed and sworn to before me this 14 day of December, 1949.

(SEAL) Marian K Miller, Notary Public, residing at Pasadena, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec. 31, 1949 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 2169 TO DE49-2169 12/10/2013-LLE

JAN 4 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

619-11-002-914

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE50-0008
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ralph Gilbert Leon Ward
2. Date of Birth (month) 11 (day) 11 (year) 1909
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Council, Ida Adams
b. City or Town of Birth: Council Idaho

FATHER

6. Full Name of Father: Charles Thomas Ward
7. State or Country of Father's Birth: New Mexico

MOTHER

8. Full Maiden Name of Mother: Sylvia Eleanor Rambeau
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: R L Ward
11. Present Address of Registrant: Billings Montana

NOTARY (Seal)

Subscribed and sworn to before me on 1-11 1950
12. Signature of Notary: M Barry
13. Notary Commission expires: 10-25 1951

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Cradle Roll	H.C. Stover, Pastor Council Congregational Church	1-10-1910	1-10-1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
11-11-1909	Council	Sylvia E. Rambeau Ward	Charles Thomas Ward

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Charles J. Omer Soliciting Agent	7-26-1940	7-26-1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
11-11-1909	Council	Sylvia E. Rambeau Ward	Charles Thomas Ward

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Elnora M Fadden	1-23-1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

2 copies

FILE # FROM 50-8 TO DE50-0008 12/10/2013-LLE

JAN 23 1950

AUG 19 1966

314-210-023-522

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 50-58
Local Reg. No.
Reg. Dist. No.

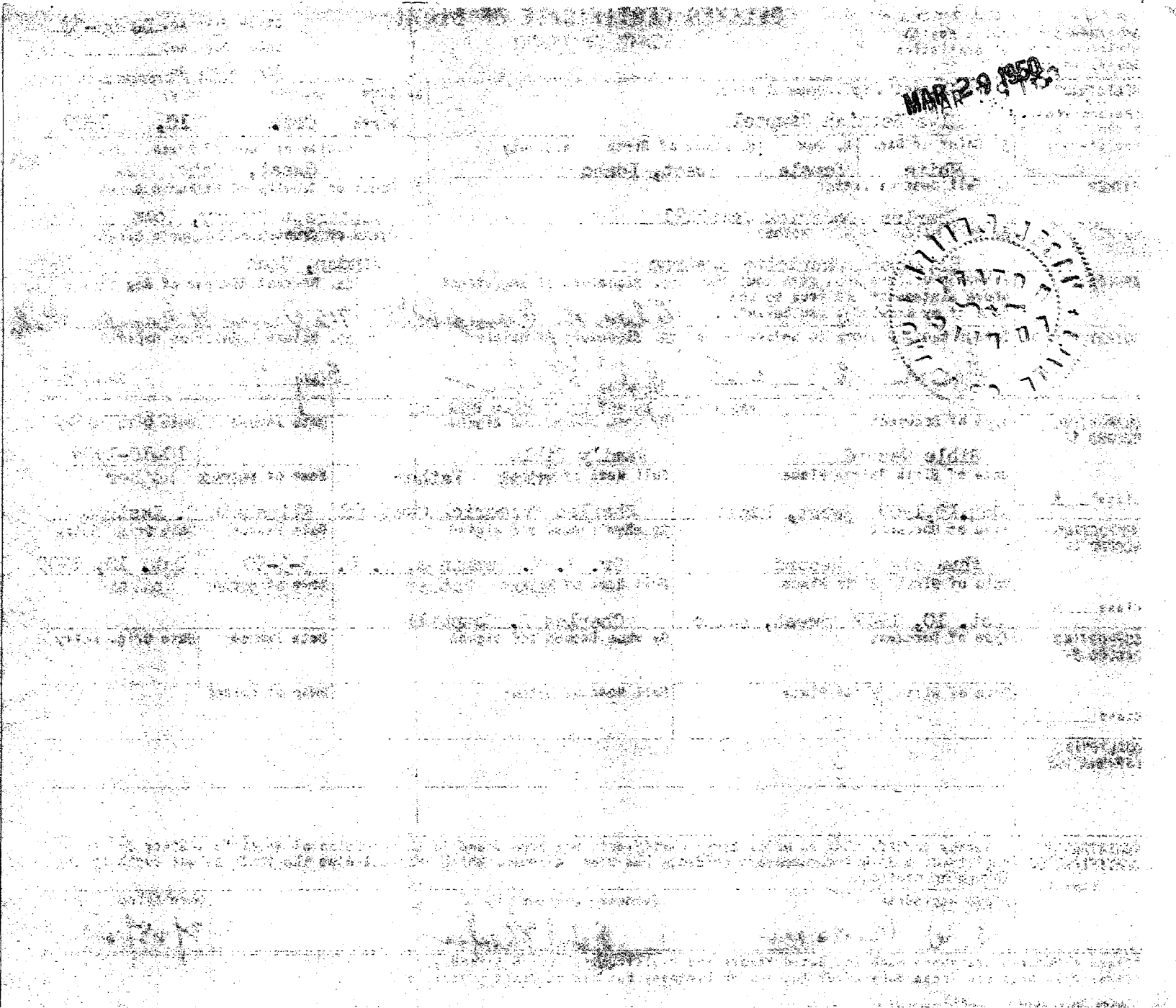
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elva Bethiah Campbell	2. Date Of Birth (month) Oct. (day) 10, (year) 1909
	3. Color or Race: White; 4. Sex: female; 5. Place of Birth a. County: Sweet, Idaho	b. City or Town of Birth: Sweet, Idaho
FATHER	6. Full Name of Father: Charles Frederick Campbell	7. State or Country of Father's Birth: Winterset County, Iowa
MOTHER	8. Full Maiden Name of Mother: Elizabeth Charlotte Ekstrom	9. State or Country of Mother's Birth: Mendon, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elva B. Campbell; 11. Present Address of Registrant: 716 Dewey St. Nampa, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 28, 1950	12. Signature of Notary: Mabel Fleeler; 13. Notary Commission expires: May 7, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date issued:	Date Orig. Entry: 10-10-1909
	Date of Birth: Oct.10,1909; Birth Place: Sweet, Idaho	Full Name of ~~Mother~~ Father: Charles Frederick Campbell	Name of ~~Father~~ Mother: Elizabeth C. Ekstrom	
SUPPORTING RECORD 2. Class A	Type of Document: Physician's Record	By whom issued and signed: Dr. R. N. Cummings, M. D.	Date issued: 3-3-50	Date Orig. Entry: Oct. 10, 1909
	Date of Birth: Oct. 10, 1909; Birth Place: Sweet, Idaho	Full Name of ~~Mother~~ Father: Charles F. Campbell	Name of ~~Father~~ Mother:	
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry:
	Date of Birth: ; Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleeler	Date Filed: 3/28/50	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067


MAR 29 1950

573-127-004-962

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 24 1950
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-157
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Lorenzo Egli			2. Date of Birth (month) November (day) 27 (year) 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Paris
FATHER	6. Full Name of Father: Ernest Egli			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Margaret Rosen			9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Albert Lorenzo Egli	11. Present Address of Registrant: Montpelier, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 22nd 1950		12. Signature of Notary: Ruth Aland	13. Notary Commission expires: RUTH ALAND Notary Public Montpelier, Idaho My Commission Expires Idaho C. 1952 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Certificate of Confirmation and Baptism	By whom issued and signed: Church of Jesus Christ of Latter-Day Saints	Date Issued: 3-7-1918	Date Orig. Entry: 3-7-1918	
	Date of Birth: 11-27-09	Birth Place: Paris, Idaho	Full Name of Mother: Margaret Rosen	Name of Father: Ernest Egli	
SUPPORTING RECORD 2. Class B	Type of Document: Certificate of Ordination to the Holy Priesthood	By whom issued and signed: Church of Jesus Christ of Latter-Day Saints	Date Issued: 1-15-1922	Date Orig. Entry: 1-15-1922	
	Date of Birth: Nov. 27, 1909	Birth Place: Paris, Idaho	Full Name of Mother: Margaret Rosen	Name of Father: Ernest Egli	
SUPPORTING RECORD 3. Class B	Type of Document: Certificate of Ordination as a Teacher	By whom issued and signed: Church of Jesus Christ Latter-Day Saints	Date Issued: 4-4-26	Date Orig. Entry: 4-4-26	
	Date of Birth: 11-27-09	Birth Place: Paris, Idaho	Full Name of Mother: Margreath Rosen	Name of Father: Ernest Egli	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Egli	Date Filed: 6-30-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 30 1950

251-228-028-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D50-161
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Coeurd A'lene Knapp	2. Date Of Birth (month) June (day) 28 (year) 1909
	3. Color or Race: white; 4. Sex: female; 5. Place of Birth a. County: Coeurd A'lene Idaho	b. City or Town of Birth
FATHER	6. Full Name of Father: William Henry Knapp	7. State or Country of Father's Birth: Listowel, Ontario, Can.
MOTHER	8. Full Maiden Name of Mother: Annie Marie Thoman	9. State or Country of Mother's Birth: Ontario, Canada.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel C. Sharkey; 11. Present Address of Registrant: 65 Oak Ave. Hamilton Ont. Canada
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 1950	12. Signature of Notary: [signature]; 13. Notary Commission expires: at death 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record		By whom issued and signed: Parents	Date issued: 6/28/1909	Date Orig. Entry: 6/28/1909
Class* A	Date of Birth: 6-28-1909	Birth Place: CDA, Idaho	Full Name of Mother: Annie M. Knapp	Name of Father: William H. Knapp	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: Kitchener School, Ontario Canada Harry DeBrusk, Principal	Date issued: June 26, 1950	Date Orig. Entry:
Class B	Date of Birth: 6-23-09	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel F. Elder	Date Filed: 7-6-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 7

DEC 5 1963

693-219-044-365

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D-50-184
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl Leone Orcutt		2. Date Of Birth (month) (day) (year): April 19, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington; b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Chester Orcutt		7. State or Country of Father's Birth: Edgar, Nebraska
MOTHER	8. Full Maiden Name of Mother: Vera Long		9. State or Country of Mother's Birth: Oakley, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl Orcutt McGlone	11. Present Address of Registrant: Rainier, Oregon, Route 1
NOTARY (Seal)	Subscribed and sworn to before me on: June 10th 1950	12. Signature of Notary: Alfred S. May	13. Notary Commission expires: July 28, 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Viewed by Alfred S. May Notary Public	Date Issued: June 10-50	Date Orig. Entry: Apr. 19-1909
Class* A	Date of Birth: Apr. 19, 1909	Birth Place: Weiser, Idaho	Full Name of Mother: Vera Long Orcutt	Name of Father: Chester Orcutt
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Rainier Elementary School Rainier, Oregon	Date Issued: 6-30-50	Date Orig. Entry: Sept. 5, 1921
Class B	Date of Birth: 12 years old	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Helen	7-24-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

349-133-033-154

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-267
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Edward Turman.		2. Date Of Birth (month) (day) (year): Feb 23 09.
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Salem Idaho b. City or Town of Birth: Salem Idaho.
FATHER	6. Full Name of Father: James Ricks Turman.		7. State or Country of Father's Birth: Logan Utah.
MOTHER	8. Full Maiden Name of Mother: Selma Marie Anderson.		9. State or Country of Mother's Birth: Hyrum. Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Edward Turman	11. Present Address of Registrant: 1938 San Vicente Blvd Long Beach Cal.
NOTARY (Seal)	Subscribed and sworn to before me on: x Sept. 6 1950	12. Signature of Notary: x Bess S. Colbert	13. Notary Commission expires: x My commission expires Jan. 15, 1954

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Record of Church Membership		By whom issued and signed: Head Office of Presiding Bishop	Date Issued: June 26,1945	Date Orig. Entry:
Class*	Date of Birth: Feb.23,1909	Birth Place: Salem,Idaho	Full Name of Mother: Not given	Name of Father: Not given	
SUPPORTING RECORD 2.	Type of Document: Certificate of Church Blessing (Certifying name etc.)		By whom issued and signed: Bishop of L.D.S.Ward and Clerk of Ward Church	Date Issued: May 2,1909	Date Orig. Entry:
Class	Date of Birth: Feb.23,1909	Birth Place: Salem,Idaho	Full Name of Mother: Selma M.Anderson	Name of Father: James R.Turman	
SUPPORTING RECORD 3.	Type of Document: Affidavit of Mother		By whom issued and signed: Selma M.Anderson Turman	Date Issued: 8/30/50	Date Orig. Entry:
Class	Date of Birth: 2/23/09	Birth Place: Salem, ~~XXX~~ Idaho	Full Name of Mother: Affiant	Name of Father: James R.Turman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by:	Date Filed: 9-11-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 12 1950

818-214-025-818

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-339
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hayward, Leta Lucille	2. Date Of Birth (month) March (day) 14, (year) 1909
	3. Color or Race: W; 4. Sex: F; 5. Place of Birth a. County: Idaho	b. City or Town of Birth: Winchester, Idaho
~~FATHER~~ Mother	6. Full Name of Father: Gertrude Hayward	7. State or Country of ~~Father's~~ Birth: Prairieville Twp. Michi
~~MOTHER~~ Father	8. Full Maiden Name of Mother: William B. Hayward	9. State or Country of ~~Mother~~'s Birth: Michigan - Orangeville Twp
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leta L. H. Boulter; 11. Present Address of Registrant: Delton, Mich
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 18 1950	12. Signature of Notary: M G Reynolds; 13. Notary Commission expires: 29 Nov 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Life Insurance Policy	By whom issued and signed: Lincoln National Life Insurance	Date issued:	Date Orig. Entry:
Class* B.	Date of Birth: March 14, Birth Place: 1909, Winchester,	Full Name of Mother: Idaho	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Family Bible Record	By whom issued and signed: Family Record	Date issued:	Date Orig. Entry: 3-14-1909
Class A	Date of Birth: March 14, Birth Place: 1909, Winchester,	Full Name of Mother: Idaho, Gertrude Haywood	Name of Father: Wm. B. Haywood	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Hastings Mich. Public School	Date issued: oct. 18, 1950	Date Orig. Entry: , 1924
Class B	Date of Birth: 15 yrs old, Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F Elefer	Oct. 24, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 24 1950

699 - 16-019-699

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-346
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Fred Ewing Fricke
2. Date of Birth (month) (day) (year): February 16, 1909
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Custer
b. City or Town of Birth: Mackay, Idaho

FATHER

6. Full Name of Father: William Henry Fricke
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Blanche Ewing Fricke
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fred E Fricke
11. Present Address of Registrant: Tampa, Fla.

NOTARY (Seal)

Subscribed and sworn to before me on Oct. 15 1950

12. Signature of Notary: Ruth S. Olson
13. Notary Commission expires: Clerk of District Court in and for Minidoka County, Idaho 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Bible Record		2-16-09	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
2-16-09	Mackay, Idaho	Blanche Ewing Fricke	William Henry Fricke

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Life Insurance Policy	E. H. Elmore	9-18-36	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
2-16-09	Mackay, Idaho	Blanche Ewing Fricke	William Henry Fricke

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	Carol J. Bennett	10-27-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 30 1950

DECEASED

713-127-025-865

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-356
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl Charles Palmer	2. Date Of Birth (month) Jan. (day) 27th (year) 1909
	3. Color or Race: White; 4. Sex: M; 5. Place of Birth: Kooskia; a. County: Idaho	b. City or Town of Birth: Kooskia
FATHER	6. Full Name of Father: Charles Allen Palmer (now deceased)	7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Della E. Hovey	9. State or Country of Mother's Birth: South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl C Palmer; 11. Present Address of Registrant: U.S. Army A.P.O. 407
NOTARY (Seal)	Subscribed and sworn to before me on _____, 19__	12. Signature of Notary: A B Denny WOJG USAF Ass't Adj. 98th Gen Hosp; 13. Notary Commission expires _____ 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Record of U. S. Army Recruiting, J. L. Bolt, Cap't 7th Infantry		By whom issued and signed	Date issued	Date Orig. Entry: 9-16-35
Class* B	Date of Birth: 25 yrs old	Birth Place: Idaho	Full Name of Mother: Della E. Hovey	Name of Father: Charles Allen Palmer	
SUPPORTING RECORD 2.	Type of Document: Discharge Papers		By whom issued and signed: F. Lofquist	Date issued	Date Orig. Entry: 9-16-35
Class B	Date of Birth: 25 yrs old	Birth Place: Kooskia, Idaho	Full Name of Mother: Della E. Hovey	Name of Father: Charles Allen Palmer	
SUPPORTING RECORD 3.	Type of Document: Discharge papers		By whom issued and signed: F. Lofquist	Date issued	Date Orig. Entry: 9-17-38
Class B	Date of Birth: 28 Yrs old	Birth Place: Kooskia, Idaho	Full Name of Mother: Della E. Hovey	Name of Father: Charles Allen Palmer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Carol Bennett	11-1-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 1 1960

JUL 8 1955

NOV 30 1953

966-216-031-352

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-367
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Wilma Rowe		2. Date Of Birth (month) MAY (day) 16 (year) 1909
	3. Color or Race: White	4. Sex: f	5. Place of Birth a. County: LEWIS; b. City or Town of Birth: NEZ PERCE
FATHER	6. Full Name of Father: CLAUDE EDGAR ROWE		7. State or Country of Father's Birth: CATAWBA (CO.) NORTH CAROLINA
MOTHER	8. Full Maiden Name of Mother: ANNA BARBARA TESTERMAN		9. State or Country of Mother's Birth: OLEX, GILLIAM (CO.), OREGON
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith W. Cate	11. Present Address of Registrant: RT. 3 BOX 382 EVERETT, WN.
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 11, 1950	12. Signature of Notary: Jess C Bee	13. Notary Commission expires: 12/30 1953.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Certificate		By whom issued and signed: Ralph Helseth	Date issued: 4-3-27	Date Orig. Entry:
Class* B	Date of Birth: 5-16-09	Birth Place: NezPerce, Idaho	Full Name of Mother: Anna Barbara Testerman	Name of Father: Claude Edgar Rowe	
SUPPORTING RECORD 2.	Type of Document: Life Insurance Policy		By whom issued and signed: J. C. Mackey	Date issued: 4-1-44	Date Orig. Entry:
Class B	Date of Birth: 5-16-09	Birth Place: Nez Perce, Idaho	Full Name of Mother: Anna Barbara Testerman	Name of Father: Claude Edgar Rowe	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate		By whom issued and signed: St. Joseph's Hospital	Date issued: 11-23-30	Date Orig. Entry:
Class B	Date of Birth: 5-16-09	Birth Place: Nez Perce, Idaho	Full Name of Mother: Anna Barbara Testerman	Name of Father: Claude Edgar Rowe	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Carol Bennett	11-15-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy paid

NOV 15 1950

663-208-014-331

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE51-0417
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: REBECCA LOIS WOCHNER
2. Date of Birth (month) (day) (year): January 8, 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Nampa

FATHER

6. Full Name of Father: Albert Wochner
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Rose Anna Clark
9. State or Country of Mother's Birth: North Carolina

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rebecca Lois Wochner
11. Present Address of Registrant: Rt. # 2, Meridian, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 3 1951
12. Signature of Notary: Lucile M Collins
13. Notary Commission expires: Jan 27 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Doctor's record	J. H. Murray	1-3-51	1-8-09

Date of Birth	Birth Place	Full Name of Mother	Name of Father
1-8-09	Nampa, Idaho	Rose Anna Clark	Albert Wochner

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's Birth Certificate	R. O. Smith M. D.	12-19-31	12-18-31

Date of Birth	Birth Place	Full Name of Mother	Name of Father
22 Yrs.	Nampa, Idaho	Rose Anna Clark	Albert Wochner

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
I. Benson	Carol Bennett	1-3-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CORRECTED FILE # FROM DE50-417 TO DE51-0417 5/23/2014-LLE

OCT 29 1973
JAN 4 1951

168-107-022-493

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-443
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles William Johnson
2. Date Of Birth: (month) Sept. (day) 7 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Burton

FATHER

6. Full Name of Father: Edwin T. Johnson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Annie S. Mickelsen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles William Johnson
11. Present Address of Registrant: 1322 Klauber, San Diego, California

NOTARY (Seal)

Subscribed and sworn to before me on: Dec. 5 1950
12. Signature of Notary: Geo. L. Barnard
13. Notary Commission expires: 1-4 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Robert A. Leatham	5-31-19	5-31-19

Date of Birth	Birth Place	Full Name of Mother	Name of Father
9-7-09	Burton, Idaho	Annie S. Mickelsen	Edwin T. Johnson

SUPPORTING RECORD 2.

Class A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	Fremont Stake, Church of Jesus Christ of L. D. S.	11-7-1909	11-7-1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 7, 1909	Burton, Idaho	Annie S. Mickelsen	Edwin T. Johnson

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Reeder	1-15-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 15 1951

294-230-030-666

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lemhi
City of Salmon
No. ..... St. .....
(If born in hospital or institution give name.) home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. De51-506
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Gloa Garriet Siner

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Sept 30 1909 (Month, Day, Year)

FATHER

9. Full name James Arthur Siner
10. Residence (usual place of abode) Salmon Idaho (If non-resident, give place and State)
11. Color or race white 12. Age at last birthday 25 (years)
13. Birthplace (city or place) Jum[illegible]ejico (State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper ... miner
15. Industry or business in which work was done, as farm, sawmill, bank ...
16. Date (month and year) last engaged in this work ..... 19.....
17. To[illegible] (years) spent in this work

MOTHER

18. Full maiden name Ethel Vivian Fowler
19. Residence (usual place of abode) Salmon Idaho (If non-resident, give place and State)
20. Color or race white 21. Age at last birthday [illegible] (years)
22. Birthplace (city or place) Emmett Idaho (State or country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
Date (month and year) last engaged in this work ..... 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to p[illegible]ophthalmia Neonatorum? .....
28. Number of children of this mother [illegible]e of this birth and including this child)
([illegible]alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... mont[illegible] or we[illegible] Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFI[illegible] OF ATTENDING PHYSICIAN OR MIDWIFE

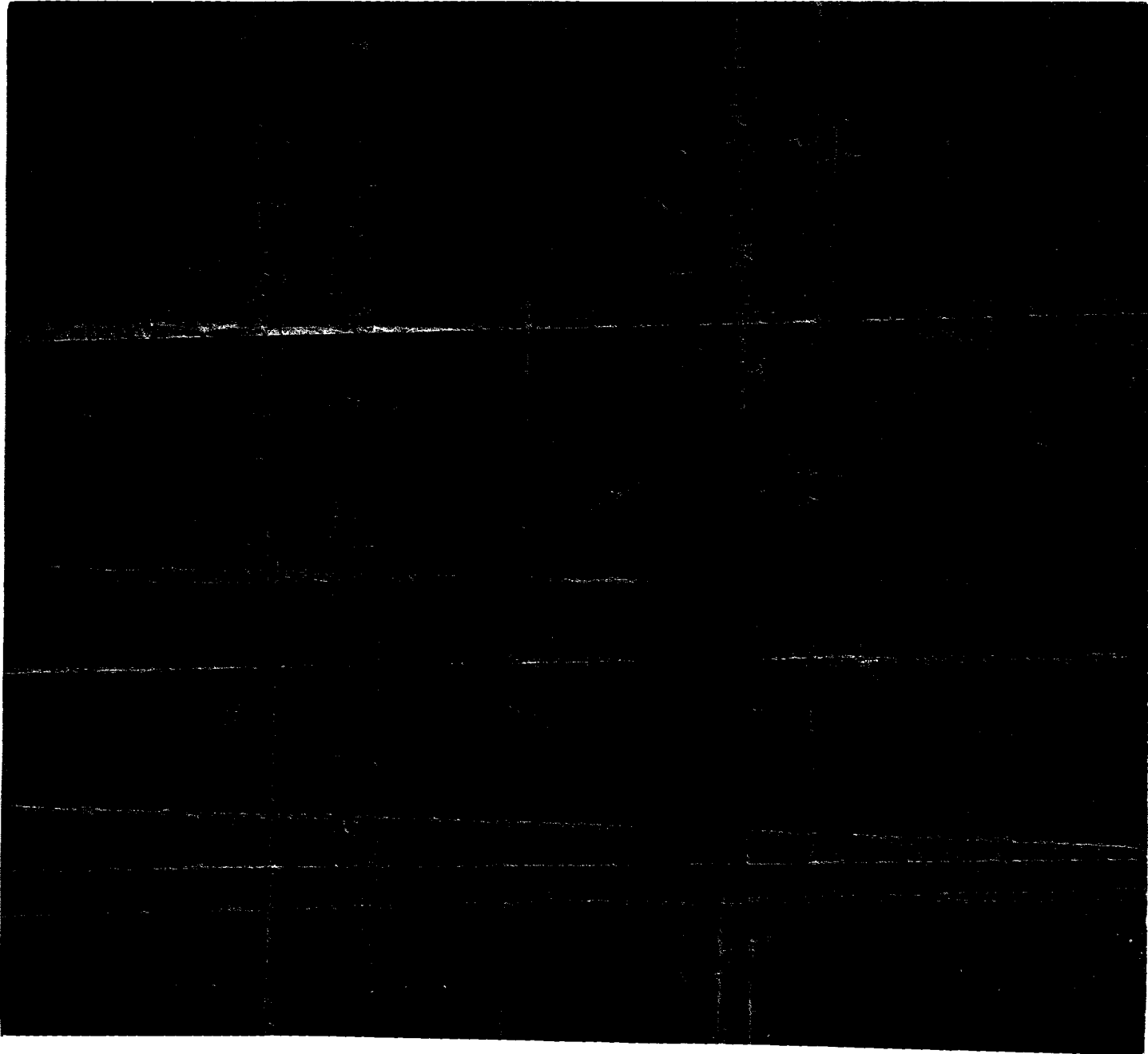
I hereby certify that I attended th[illegible] of this child, who was alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Chas F Hammer, M. D.
or ....., Midwife
Address Salmon, Idaho

Give name added from a supplemental report .....
(Date of)
Filed Feb. 8, 1951, 193... W. W. Benson
Registrar.

..... Registrar.



291-216-016-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-557
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: bone
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Matilda Ann Brackenbury

5. Date of Birth of Child (Month, day, year) 7-16-1909

6. Sex F. 7. Twin or Triplet --- If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnacy reg. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Devalson Brackenbury
11. Color or Race Wh. 12. Age at time of THIS birth 33 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ---

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth M. Camp
17. Color or Race White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Albion, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Attendant was Mrs. Jimmie Green-deceased at this time.

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 41 years, and that Mrs. Jimmie Green (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth M Kamp Brackenbury Dewey Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of February, 19 51

(SEAL) Henry W. Trinkes Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 26, 1951 by W. W. Benson, Registrar.

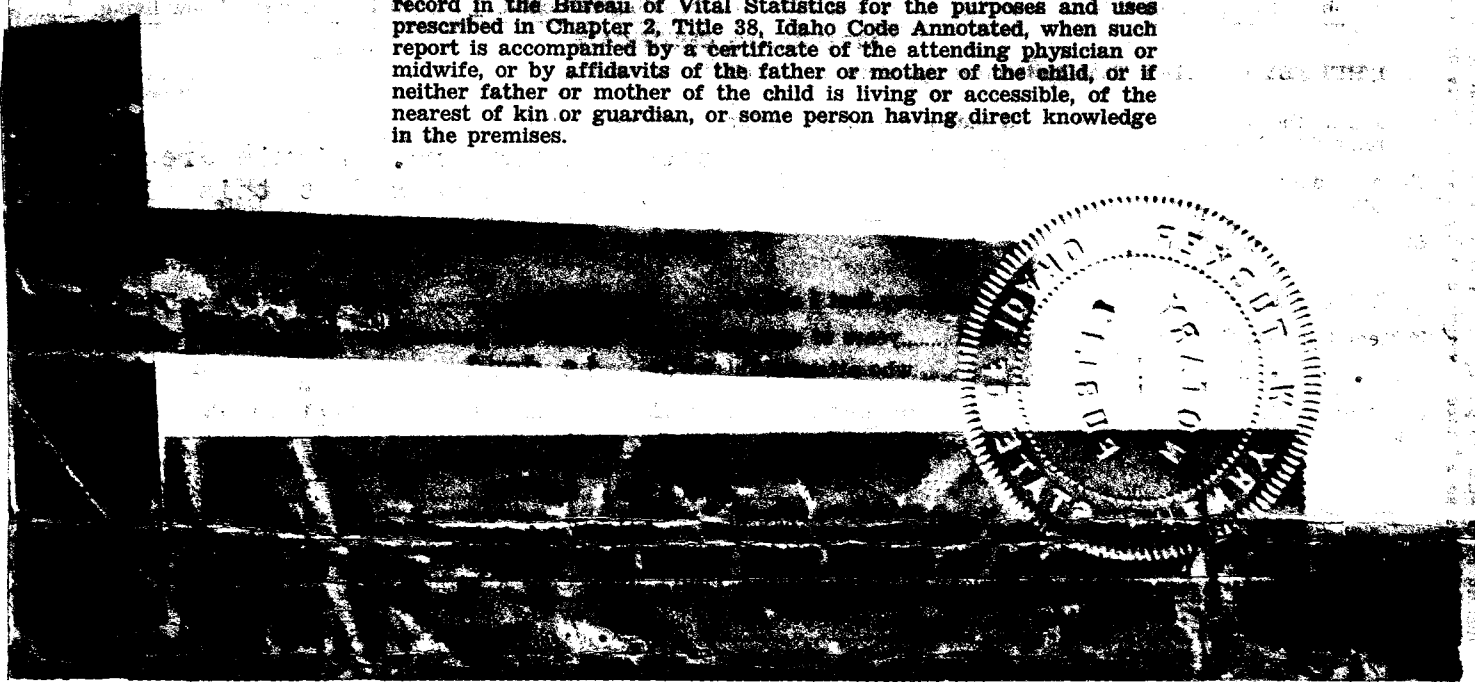
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



FEB 21 1951

CASSIA COUNTY SCHOOLS

JOINT CLASS A SCHOOL DISTRICT NO. 151

IN CASSIA AND TWIN FALLS COUNTIES

Central Office in Burley, Idaho

February 20, 1951

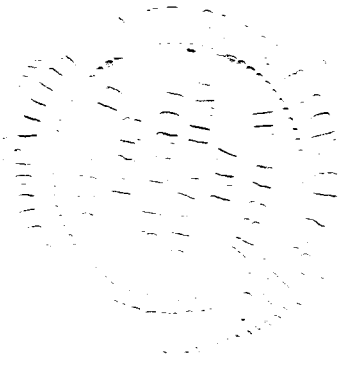
TO WHOM IT MAY CONCERN:

I have this day examined the Census Marshall's Report for the Albion School District No. 3, for the year 1916 and find listed thereon the name of Matilda Brackenbury, age 8 years, birthdate July 16, 1909. This record is in my custody and may be examined at any time.

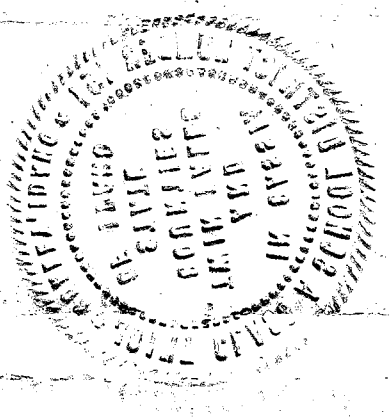
Dated this 20th day of February 1951.

Alton Martindale

ALTON MARTINDALE
Clerk



RECEIVED
FEB 21 1951
DIVISION OF VITA



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

65-9-227-042-815

PLACE OF BIRTH

County of .....

City of Twin Falls

No. ..... St.

.....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. De51-575

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Bernadette Nancy Weiser
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Female					Feb (Month) 27 (Day), 1909 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1st (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Wallace Chas Weiser	FULL MAIDEN NAME Mary Elsie Hansen
Residence (Usual place of abode)	Residence (Usual place of abode) .....
If non-resident, give place and State	If non-resident, give place and State .....
Color or race white Age at last birthday 22 (Years)	Color or race white Age at last birthday 21 (Years)
Birthplace Gunnison Utah (City and State or County)	Birthplace Tooele City Utah (City and State or County)
Occupation Clerk Drug Store	Occupation wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

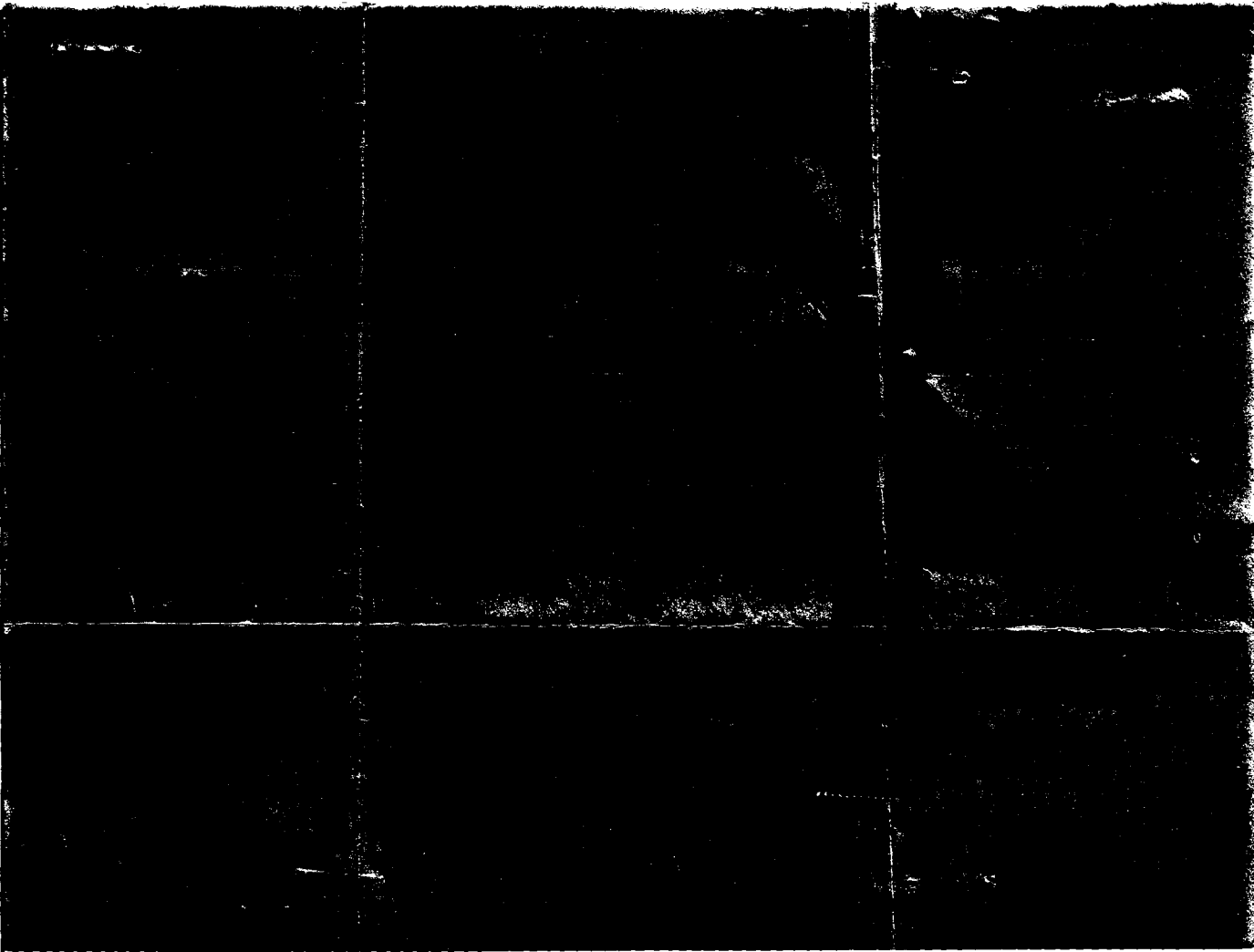
(Signature) .....

Mae Eliza M. Weiser
(~~Physician or~~ midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed 2-28-51 19..... W. W. Benson
Registrar.



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bernadette Nancy Weiser
2. Date Of Birth (month) (day) (year): February 27 1909
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Twin Falls, Idaho
   b. City or Town of Birth: Twin Falls

FATHER

6. Full Name of Father: Wallace Charles Weiser
7. State or Country of Father's Birth: Gunnison, Utah

MOTHER

8. Full Maiden Name of Mother: Mary Elsie Hansen
9. State or Country of Mother's Birth: Tooele City, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bernadette N. W. Jurpen
11. Present Address of Registrant: P.O. Box 552, Bellevue, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on 27th of February 19 50

12. Signature of Notary: [signature]
13. Notary Commission expires: January 5th 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*_____	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class_____	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class_____	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 I C

DELAYED CERTIFICATE OF BIRTH

STATE OF [illegible]

681-128-007-666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-604
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Blaine/now Butte (b) City Arco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 22 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Butte
(c) City Arco
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) Arco - Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Arco, Idaho

4. **FULL NAME OF CHILD** Glenn Franklin Wyatt

5. Date of Birth (Month, day, year) April 28, 1909

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Franklin Wyatt

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Tintic, Utah (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna M. Woodbridge

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Lake County, California (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Anna M. Wyatt (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** E. W. Fox M.D. (D.O., Midwife, etc.)
and address Hailey, Idaho Date 3-27-42

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

MAR 2 1 1951

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

795-228-035-893

(Be sure the information is complete and accurate)

State File No. De51-656

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No. 221

Reg. Dist. No. 157

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF BIRTH

a. COUNTY: Nez Perce

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lenore

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Nez Perce

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lenore

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Edra

b. (Middle): Mary

c. (Last): Green

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) January (Day) 28 (Year) 1909

FATHER OF CHILD

7. FULL NAME

a. (First): William

b. (Middle): J.

c. (Last): Green

8. COLOR OR RACE: White

9. AGE (At time of this birth): 38 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Yates, Kansas

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Martha

b. (Middle): F.

c. (Last): Hill

13. COLOR OR RACE: White

14. AGE (At time of this birth): 37 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Oregon

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs Harry Bacon.

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. M. Lyle M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Lewiston, Idaho

18d. DATE SIGNED: March 22 1951

19. DATE REC'D BY LOCAL REG.: 3-23-51

20. REGISTRAR'S SIGNATURE: Alice Methken

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: 40 WEEKS

22b. WEIGHT AT BIRTH: LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Approximate date:

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum:

Form DPH-48001

MAR 27 1951

513-106-021-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-663
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles Leness Hall
2. Date Of Birth (month) July (day) 6 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Franklin
b. City or Town of Birth: Fairview

FATHER

6. Full Name of Father: William Roy Hall
7. State or Country of Father's Birth: Fairview, Franklin Co., Idaho

MOTHER

8. Full Maiden Name of Mother: Caroline Smith
9. State or Country of Mother's Birth: Richmond, Cache Co., Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: C. L. Hall
11. Present Address of Registrant: Box 152, Carnation, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on April 6, 1951

12. Signature of Notary: A. Q. Smith
13. Notary Commission expires: April 27, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Baptism Certificate	L. D. S. Church	8-4-1918	8-4-1918
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	7-6-1909 / Fairview, Idaho	Caroline Smith	William Roy Hall	
SUPPORTING RECORD 2. Class A	Blessing Certificate	L. D. S. Church	8-1-09	8-1-09
	7-6-09 / Fairview, Idaho	Caroline Smith	William Roy Hall	
SUPPORTING RECORD 3. Class				
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Carol Bennett	3-29-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 16 1951

249-102-032-417

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-875
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Ashton
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years X months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Ashton
(d) Street Address or R.F.D. No. No name or number
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton Idaho

4. FULL NAME OF CHILD Charles Leonard Smith

5. Date of Birth of Child (Month, day, year) Feb 2, 1904

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Frank Smith
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Council Bluff Iowa (City or town) (State or foreign country)
14. Exact Occupation Electrician + store keeper
15. Industry or Business General store.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Cecelia Magnee
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Leadville Colo (City or town) (State or foreign country)
20. Exact Occupation None
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at about 12 P.M. on the date and at the place stated above, and that personal particulars were furnished by Edith C. Smith (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 42 years, and that Dr Hargess (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Edith C. Smith Signature
1722 Hill st. Santa Monica P.O. Address
Calif.

Subscribed and sworn to before me this 25th day of May, 1951

(SEAL) Kenneth D. Grubb Notary Public, residing at 1097 E Exposition Blvd Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Aug. 11, 1953

Received for filing on ..... by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 31 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has~~ occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

396-230-021-615

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-908
Local Reg. No.
Reg. Dist. No. 540

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Annie Laurie Crossley
2. Date Of Birth (month) (day) (year): April 30, 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Franklin
b. City or Town of Birth: Preston

FATHER

6. Full Name of Father: William H. Crossley
7. State or Country of Father's Birth: Whitney, Idaho.

MOTHER

8. Full Maiden Name of Mother: Pauline Wanner
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Annie Laurie Crossley / Annie L. Crossley Taylor
11. Present Address of Registrant: Bicknell, Utah

NOTARY (Seal)

Subscribed and sworn to before me on 26th of May 1951

12. Signature of Notary: Keith Brinkerhoff
13. Notary Commission expires: Jan 6 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Church Record	L. D. S. Church	May 17, 1951	

Class* A

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 30, 1909	Preston, Idaho		

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Child's Birth Certificate	State of Utah	12-21-48	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
39 yrs old,	Idaho		

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry

Class

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freeman	June 7, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 08 2003

JUN 8 1951

559-101-023-414

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-924
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henry Vermillion		2. Date Of Birth (month) Nov. (day) 1st. (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gem, Idaho; b. City or Town of Birth:
FATHER	6. Full Name of Father: James O.Vermillion		7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Della M.Daugherty		9. State or Country of Mother's Birth: Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Henry Vermillion	11. Present Address of Registrant: Gate City,Va.R.F.D.#2
NOTARY (Seal)	Subscribed and sworn to before me on: May 23rd. 19 51	12. Signature of Notary: L.M.Daugherty	13. Notary Commission expires: Jan.26th. 19 54

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record		By whom issued and signed: J. O. Vermillion	Date issued:	Date Orig. Entry: 11-1-1909
Class* A	Date of Birth: Nov. 1, 1909	Birth Place: Gem, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Bible record		By whom issued and signed: family bible record	Date issued:	Date Orig. Entry: 11-1-1909
Class B	Date of Birth: 11-1-1909	Birth Place: Gem, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Geefer	June 8, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 2 1971

JUN 1 1951

455-220-042966

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-959
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No. Rt. 1
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mothers stay BEFORE delivery: In THIS county 5 years 5 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberly
(d) Street Address or R.F.D. No. Rt. 1
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Kimberly Idaho

4. FULL NAME OF CHILD Blanche Carolyn Menke

5. Date of Birth of Child (Month, day, year) 6/20/1909

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Herman Carl Menke
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Etlyn (City or town) Germany (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Melinda Carolyn Rowden
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Springfield (City or town) - Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Merced } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 42 years, and that Leah (First name) Pratt (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs H C Menke Signature
Rt. 2 Box 441 P. O. Address

Subscribed and sworn to before me this 8th day of June, 1951

(SEAL) Herbert F. Rowden, Notary Public, residing at Merced, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires 1/29/54

Received for filing on June 14, 1951 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1981 S 1 NIP

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to ~~such date, such~~ report ~~may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

693-124-016-331

United States
Department of Commerce
Bureau of the Census

JUN 21 1951

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-998
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County CASSIA (b) City OAKLEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years 5 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City OAKLEY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) OAKLEY, IDA.

4. **FULL NAME OF CHILD** MYRON CLARK WILSON
5. Date of Birth of Child (Month, day, year) 5-24-09
6. Sex MALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** DANIEL BLOOD WILSON
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace HARRISVILLE (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY EDITH CLARK
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace OAKLEY (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEWIDE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by DANIEL B. WILSON (First name) (Last name), who is related to this child as FATHER (Mother, etc.)

25. Attendant's **OWN** signature DECEASED M.D. Midwife Address Date

State of UTAH
County of WEBER } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 34 years, and that Dr. Axel F. O. Nielsen (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daniel B Wilson Signature
710 W. Cahoon St. Ogden Ut. P. O. Address

Subscribed and sworn to before me this 5th day of January, 1944

(SEAL) R. Dawson Stetler Notary Public, residing at Ogden, Weber Co., Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 21, 1951 by W. W. Benson, Registrar.

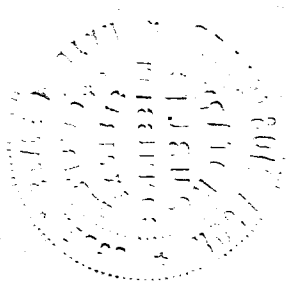
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 22 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

866-212-042 RECEIVED JUL 6 1951 DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Before the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-102h
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Murtaugh
   (d) Street Address or R.F.D. No. Ranch
   (e) How long has **MOTHER** lived in Idaho? 3-3/4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Murtaugh Idaho

4. **FULL NAME OF CHILD** Marjorie Isadore Hooper

5. Date of Birth of Child (Month, day, year) August 12 1909

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin Milton Hooper
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Sabetha (City or town) Kansas (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Blanche Bottorff
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Corydon (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3-4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 41 years, and that Dr. Clouchek (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edwin Milton Hooper Signature

2107 Norwood Street, Los Angeles, California

MALCOLM J. MULLENS
My Commission Expires March 14, 1954

Subscribed and sworn to before me this 28th day of June, 1951

(SEAL) Malcolm J. Mullens, Notary Public, residing at 1472 Virginia, Alhambra, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 5, 1951 by W. W. Benson, Registrar

JUN 14 1971

JUL 6 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

364-131-001-154

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1026
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thomas Randolph Compton		2. Date of Birth (month) (day) (year): May 31 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Boise Idaho Ada b. City or Town of Birth: Boise Idaho
FATHER	6. Full Name of Father: James Randolph Compton		7. State or Country of Father's Birth: Cooper County Missouri
MOTHER	8. Full Maiden Name of Mother: Lillie Clementine Andrews		9. State or Country of Mother's Birth: Parma Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: 1607 Warm Springs Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on July 3 1951	12. Signature of Notary: [signature]	13. Notary Commission expires: Mch 25 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Cradle Roll Certificate	By whom issued and signed: First Presbyterian, Boise	Date Issued: Nov. 7, 1909	Date Orig. Entry
Class* A	Date of Birth / Birth Place: May 31, 1909, Boise, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Equitable Life Insurance Policy	Date Issued: May 4, 1937	Date Orig. Entry
Class B	Date of Birth / Birth Place: May 31, 1909, Boise, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	July 3, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 25 1971

695-228-024-285

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED AUG 6 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1133
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn Fink	2. Date of Birth (month) (day) (year): November 28, 1909.
	3. Color or Race: Caucasion; 4. Sex: Female; 5. Place of Birth: Gooding, Idaho; a. County: Gooding	b. City or Town of Birth: Gooding, Idaho
FATHER	6. Full Name of Father: Bert Fink	7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Lily Beattrice Byerts	9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn F. Dodrill; 11. Present Address of Registrant: Post Office Box 112 Newberry, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: July 30, 1951 19	12. Signature of Notary: James C. Thomson; 13. Notary Commission expires: My Commission Expires May 23, 1954 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baby Book		By whom issued and signed: Kept by mother	Date issued:	Date Orig. Entry: Nov. 28, 1909
Class* A	Date of Birth: 11-29-1909	Birth Place: Gooding, Idaho	Full Name of Mother: [illegible]attrice Byerts	Name of Father: Bert Fink	
SUPPORTING RECORD 2.	Type of Document: Child's Birth Certificate		By whom issued and signed: [illegible]ith Bureau of Vital [illegible]s, Boise, Idaho	Date issued:	Date Orig. Entry: 10-1-1940
Class B	Date of Birth: 11-28-1909	Birth Place: Gooding, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Eeles	8-10-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 10 1961

1193-124-003-1

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 23 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1169
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Name at Birth: Lake, Roy Arthur
2. Date of Birth (month) January (day) 24, (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Downey, Idaho Bannock
b. City or Town of Birth: Downey, Idaho

FATHER

6. Full Name of Father: Lake, James Robert
7. State or Country of Father's Birth: Clarkston, Utah, Cache Cty.

MOTHER

8. Full Maiden Name of Mother: Rosdahl, Elnora Johana
9. State or Country of Mother's Birth: Millville, Utah, Cache Cty.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Roy A Lake
11. Present Address of Registrant: 1208 South 3rd East Idaho

NOTARY (Seal)

Subscribed and sworn to before me on August 8. 1951

12. Signature of Notary: R. H. Carlson
13. Notary Commission expires: June 3 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	L. D. S. Church	7-1-1917	same
Class* B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan. 24, 1909, Downey, Idaho	Rosdahl Elnora Johana	James Robert Lake	
SUPPORTING RECORD 2.	Honorable Discharge	U. S. Army	11-30-45	
Class B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan. 24, 1909, Downey, Idaho			
SUPPORTING RECORD 3.				
Class	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielden	Aug. 27, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

RECEIVED AUG 2 1951 OF VITAL STATISTICS

AUG 27 1951

1. Registrar's Name	2. Date of Birth (day) (year)	
3. Place of Birth	4. Sex	
5. Place of Birth	6. Birth Name of Father	
7. State or Country of Father's Birth		
8. Birth Name of Mother		
9. State or Country of Mother's Birth		
10. Signature of Registrant	11. Present Address of Registrant	
12. Signature of Notary	13. Notary Commission expires	

Roy A. Tobe

Date of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Date of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Date of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father

Hereby certify that no prior birth registrants has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed

113/12 1009-419

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2037
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ernest M Jachetta
2. Date Of Birth (month) Dec. (day) 12 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Priest River Dist. Bonner
b. City or Town of Birth

FATHER

6. Full Name of Father: Frank Jachetta
7. State or Country of Father's Birth: Italy

MOTHER

8. Full Maiden Name of Mother: Josephine Maio
9. State or Country of Mother's Birth: Italy

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ernest M Jachetta
11. Present Address of Registrant: Priest River Idaho

NOTARY (Seal)

Subscribed and sworn to before me on May 22 1951

12. Signature of Notary: [illegible]
13. Notary Commission expires: NOTARY PUBLIC FOR THE STATE OF IDAHO RESIDING AT PRIEST RIVER, IDAHO MY COMMISSION EXPIRES OCT. 16, 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: School Census
By whom issued and signed: Bonner County
Date Issued:
Date Orig. Entry: Sept. 13, 1916
Class* B
Date of Birth: Dec. 12, 1909
Birth Place: Priest River, Idaho
Full Name of Mother: Six years old at that time
Name of Father:

SUPPORTING RECORD 2.

Type of Document: Affidavit by sister
By whom issued and signed: Jennie Clintsman
Date Issued:
Date Orig. Entry: May 29, 1951
Class B
Date of Birth: Dec. 12, 1909
Birth Place: Priest River, Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document: Affidavit by brother
By whom issued and signed: Tony Jachetta
Date Issued:
Date Orig. Entry: May 29, 1951
Class B
Date of Birth: Dec. 12, 1909
Birth Place: Priest River, Idaho
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: [signature]
Date Filed: Sept. 13, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

766-221-C 06-316

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2043
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maurine Myrtle Goff		2. Date of Birth (month) (day) (year): December 21, 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Shelley, Bingham County; b. City or Town of Birth: Shelley, Idaho
FATHER	6. Full Name of Father: Joseph Henry Willard Goff (J.H.W. Goff)		7. State or Country of Father's Birth: West Jordan, Utah
MOTHER	8. Full Maiden Name of Mother: Naomia Eliza Lawrence		9. State or Country of Mother's Birth: West Jordan, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maurine Myrtle Goff	11. Present Address of Registrant: 3660 Clark Ave. Long Beach 8, California
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 13 1951	12. Signature of Notary: Aubrey M. Seymour	13. Notary Commission expires: My Commission expires Apr. 8, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security Record	Social Security Admn.		
Class* B	Date of Birth / Birth Place: Dec. 21, 1909,	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Church Record	L. D. S. Church	9-5-51	Apr. 3, 1910
Class A	Date of Birth / Birth Place: Dec. 21, 1909, Shelley, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Insurance Record	Mutual Life Insurance Co.	9-4-51	1935
Class B	Date of Birth / Birth Place: Dec. 21, 1909, Shelley, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Heed	Sept. 17, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 18 1964

192-213-040-485

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2070
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Audrey Elvira Arbogast			2. Date Of Birth (month) (day) (year): Jan. 13th 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kellogg Shoshone,	b. City or Town of Birth: Kellogg, Idaho
FATHER	6. Full Name of Father: Francis Marion Arbogast			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Della May Myers			9. State or Country of Mother's Birth: Canyon City, Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Audrey Elvira Arbogast Speidel		11. Present Address of Registrant: Moses Lake, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: September 24th 1951	12. Signature of Notary: Leah Spradlin		13. Notary Commission expires: Nov. 20th 1954

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Social Security	By whom issued and signed: Social Security Adm.		Date Issued:	Date Orig. Entry: 1-28-49
Class* B	Date of Birth: 1-13-1909	Birth Place: Kellogg, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Marriage License Application	By whom issued and signed: Okanogan County, Washington		Date Issued:	Date Orig. Entry: 7-10-42
Class B	Date of Birth: 33 years old	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Employee's request for change in Social Security Records	By whom issued and signed:		Date Issued:	Date Orig. Entry: 1-28-1949
Class B	Date of Birth: 1-13-1909	Birth Place: Kellogg, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Heelan	Date Filed: Sept. 26, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 26 1961

493-230-006-575

Department of Public Health
Division of Vital Statistics
Boise, Idaho

OCT 3 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2115
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hazel Marie Mitchell.
2. Date Of Birth (month) January (day) 30, (year) 1909.
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Home. Bingham
b. City or Town of Birth: Shelley

FATHER

6. Full Name of Father: Richard Charles Mitchell
7. State or Country of Father's Birth: Utah.

MOTHER

8. Full Maiden Name of Mother: Sadie Corneilia Van Der Flies
9. State or Country of Mother's Birth: The Netherlands.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hazel Marie Russell
11. Present Address of Registrant: Shelley Idaho. Box 181.

NOTARY (Seal)

Subscribed and sworn to before me on: September 29 1951
12. Signature of Notary: L. Ira Jensen
13. Notary Commission expires: June 16 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	L. D. S. Church		7-10-20
Class* B	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	1-30-1909 / Shelley, Idaho	Sadie Van Der Flies Mitchell	Richard Charles Miller	
SUPPORTING RECORD 2.	Certificate of Blessing	L. D. S. Church		6-6-1909
Class A	Jan. 30, 1909, Shelley, Idaho	Sadie Corneilia Van Der Flies	Richard Chas. Mitchell	
SUPPORTING RECORD 3.				
Class				

QUALIFYING INFORMATION

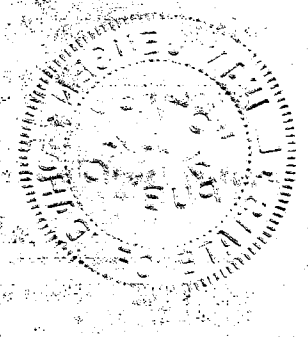
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Mabel Heeler	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



OCT 11 1951

453-217007-212

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED OCT 30 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2173
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alta May Mecham
2. Date Of Birth (month) (day) (year): Aug. 17 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho — Blaine
b. City or Town of Birth: Lost River Valley

FATHER

6. Full Name of Father: Charles Henry Mecham
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Anna Elenor Babbitt
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alta M. Combe
11. Present Address of Registrant: Arco Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 27, 1951
12. Signature of Notary: [signature]
13. Notary Commission expires: Dec. 20 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by mother	Anna Mecham Knudsen	Oct. 27, 1951	

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 17, 1909	Lost River Valley, Idaho		

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit	Salina Noble	Oct. 27, 1951	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 17, 1909	Lost River Valley, Idaho		

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit	Alice Matthews	Oct. 27, 1951	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 17, 1909	Lost River Valley		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Oct. 30, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 31 1980

A F F I D A V I T

Mrs. Alice Matthews, of Arco, Butte County, Idaho, deposes and says as follows:

I was a neighbor of Mr. and Mrs. Charles Mecham when they lived in what was then known as Lost River, a stage station and postoffice, on August 17, 1909.

I know of my own knowledge that a daughter Alta was born to this union on August 17, 1909, and that she is at present Mrs. Alta Mecham-Combe and resides at Arco, idaho, with her husband and children.

(Seal) Mrs. Alice Matthews

State of Idaho)
)ss.
County of Butte)

On this 27th day of October, 1951, before me, C. A. Bottolfsen, a Notary Public in and for said state, personally appeared Mrs. Alice Matthews, of Arco, Idaho, known to me to be the person whose name is subscribed to the foregoing affidavit and acknowledged to me that she executed the same.

OCT 31 1951

In Witness Whereof, I have hereunto set my hand and affixed my official seal the day and year above written.

C. A. Bottolfsen

Notary Public for Idaho, residing at Arco, Butte County, therein.

My Commission Expires 12/20/'52.

LEGALESE

Blah, blah blahbity, ad nauseum, hereby blahdy blah,
dipsosa and stuff as indicated.

I was a delinquent at the end there. Couldn't believe how
many blood vessels you could burst trying to decipher
obscure and pointless, on purpose if you ask me.

Blah, blah and to and therefore blah blah whereas blah
blah, blah and heretofore and whatever.

(Seal) _____

State of Idaho)
)
County of Ada)

A F F I D A V I T

State of Idaho)
)ss.
County of Butte)

Mrs. AnnaMecham-Knudsen, of Blackfoot, Bingham county, Idaho, being first duly sworn deposes and says:

I am the Mother of Mrs. Alta Mecham-Combe, who resides at Arco, Butte county, Idaho.

My daughter Alta was born on August 17, 1909, at what was then known as Lost River, a stage and mail station, situated about five miles West of the presdnt city of Arco, Idaho, which area was then in Blaine county, and is now in Butte county, State of Idaho.

(Signed) Anna Mecham Knudsen

On this 27th day of October, 1951, before me, C. A. Bottolfsen, a Notary Public, persoanlly appeared Mrs. Anna Mecham-Knudsen, known to me as the person who signed the foregoing affidavit and acknowledged to me that she executed the same.

C. A. Bottolfsen

Notary Public for Idaho, residing at Arco, Butte County, therein.

(Seal)

My Commission Expires Dec. 20, 1952.

AFFIDAVIT

State of Idaho }
} ss.
County of Bruce }

Mrs. [illegible], of [illegible], [illegible] county,

[illegible]

I am the mother of Mrs. Alta [illegible], who resides [illegible], [illegible] county, Idaho.

My daughter Alta was born on August 17, 1[illegible], at what was then known as Lost River, a stage and mail station, situated about five miles West of the present city of [illegible], Idaho, which area was then in Blaine county, and is now in [illegible] county, State of Idaho.

On this 27th day of October, 1933, before me, [illegible], a Notary Public, personally appeared Mrs. [illegible], known to me as the person who signed the foregoing affidavit and acknowledged to me that she [illegible] the same.

[illegible]

[illegible] Dec. 20, 1[illegible].

STATE OF IDAHO
PUBLIC

A F F I D A V I T

Mrs. Salina Noble, whose postoffice address is Moore, Butte County, Idaho, deposes and says as follows:

I have been a resident of the territory known as "old" Lost River for many years. It was, before the railroad came, a stage station and postoffice.

I was on August 17, 1909, a neighbor of Mr. and Mrs. Charles Mecham and I know of my personal knowledge that Alta Mecham was born on that date, a daughter of Mr. and Mrs. Mecham; that Alta is now Mrs. Alta Mecham-Combe, and that her Mother is Mrs. Ann Mecham-Knudsen, and is a resident of Blackfoot, Bingham county, Idaho.

(Seal) Salina Noble

State of Idaho,)
)ss.
County of Butte)

On this 27th day of October, 1951, before me, C. A. Bottolfsen, a Notary Public in and for said state, personally appeared Mrs. Salina Noble, of Moore, Butte county, Idaho, known to me to be the person whose name is subscribed to the foregoing affidavit and acknowledged to me that she executed the same.

In witness whereof, I have hereunto set my hand and affixed my official seal the day and year above written.

C. A. Bottolfsen

Notary Public for Idaho, residing at Arco, Butte County, There n.

My Com. Expires Dec. 20, 1952.

AFFIDAVIT

Mrs. Nellie Noble, whose postoffice address is Moore, Butte County, Idaho, deposes and says as follows:

I have been a resident of the territory known as "Old" Lost River for many years. It was, before the railroad came, a stage station and postoffice.

I came on August 17, 1907, a neighbor of Mr. and Mrs. Charles Meeham and I know of my personal knowledge that Alta Meeham was born on that date, the daughter of Mr. and Mrs. Meeham; that Alta is now Mrs. Alta [illegible], and that her mother is Mrs. Ann Meeham-[illegible], and is a resident of Blackfoot, Bingham County, Idaho.

(Seal)

State of Idaho,
County of Butte } ss.

On this 17th day of October, 1911, before me, C. A. Robertson, a Notary Public in and for said State, personally [illegible] Nellie Noble, of Moore, [illegible] known to me to be the person whose name is subscribed to the foregoing affidavit and acknowledged to me that she executed the same.

[illegible]

[illegible] official seal the day and year [illegible].

[illegible]

[illegible]

[illegible]

C. A. ROBERTSON
NOTARY
PUBLIC
BUTTE CO. IDAHO

619-225-041-266

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 5 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2179
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name at Birth: Lar Fairbanks			2. Date of Birth (month) Oct. (day) 25 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Driggs Teton	b. City or Town of Birth: Idaho	
FATHER	6. Full Name of Father: Joseph Roy Fairbanks			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Ada Bowles			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jan Lar Fairbanks Peacock		11. Present Address of Registrant: 522 San Vicente Santa Monica	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 2 1951	12. Signature of Notary: Mabel V. Peterson		13. Notary Commission expires: Jan. 4 1951	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: Aug. 4, 1918
Class* B	Date of Birth / Birth Place: Oct. 25, 1909, Driggs, Idaho	Full Name of Mother: Ada Bowles	Name of Father: Joseph R. Fairbanks	
SUPPORTING RECORD 2.	Type of Document: Application for Nurses Training	By whom issued and signed: L. D. S. Hospital, Idaho Falls	Date Issued:	Date Orig. Entry: 9-2-1928
Class B	Date of Birth / Birth Place: Oct. 25, 1909, Driggs, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued:	Date Orig. Entry: 1920
Class B	Date of Birth / Birth Place: 10 Years old, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel V. Peterson	Date Filed: Nov. 5, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AMENDED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 6 1951

285-207-029-612

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 13 1951
DIVISION OF VITAL

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2202
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Myrl Sheerer		2. Date of Birth (month) Dec. (day) 7 (year) 1909
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Latah; b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Harry Alfred Sheerer		7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Nellie Lee Washburn		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Myrl Hartelroad	11. Present Address of Registrant: 1360 Lincoln Ave. Arcata, Cal
NOTARY (Seal)	Subscribed and sworn to before me on: November 9th, 19 51	12. Signature of Notary: [signature]	13. Notary Commission expires: Sept. 17th, 19 54

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: Family Bible	Date issued:	Date Orig. Entry: Dec. 7, 1909
Class* A	Date of Birth: Dec. 7, 1909	Birth Place: Moscow, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Census Record		By whom issued and signed: Department of Commerce Bureau of the Census	Date issued: 1910	Date Orig. Entry: 1910
Class B	Date of Birth: 4 months old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Nov. 13, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

R

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

1. Registration Full Name of Birth: [illegible] Beemer
2. Date of Birth: Dec. 7 [illegible]
3. Sex: [illegible]
4. Place of Birth: [illegible]
5. Place of Birth: Moscow
6. Name of Father: [illegible] Beemer
7. State or Country of Father's Birth: Washington
8. Name of Mother: [illegible] Lee [illegible]
9. State or Country of Mother's Birth: Iowa
10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible] Lincoln Ave. Arcata, Calif.
12. Signature of Notary: [illegible]
13. Notary Commission Expires: [illegible]

Type of Document: [illegible]
Date of Birth: [illegible]
Date Issued: [illegible]
Date Issued: [illegible]
Date Issued: [illegible]
Date Issued: [illegible]
Date Issued: [illegible]
Date Issued: [illegible]

Type of Document: [illegible]
Date of Birth: [illegible]
Date Issued: [illegible]
Date Issued: [illegible]
Date Issued: [illegible]
Date Issued: [illegible]
Date Issued: [illegible]
Date Issued: [illegible]

I hereby certify that no other birth certificate has been issued by the Division of Vital Statistics for this registrant and that contemporary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]
Date Filed: [illegible]

NOV 14 [illegible]

455-201-029 [illegible]

Department of Public Health
Division of Vital Statistics
Boise, Idaho

NOV 1 0 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2223
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alma Pearl Meneely
2. Date of Birth (month) March (day) 1 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Latah
b. City or Town of Birth: Troy Idaho

FATHER

6. Full Name of Father: John Newton Meneely
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Mary Edith Kirkpatrick
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. J. N. Meneely
11. Present Address of Registrant: 817 S. Jefferson Moscow

NOTARY (Seal)

Subscribed and sworn to before me on Sept 19 1951
12. Signature of Notary: [signature]
13. Notary Commission expires 4/25 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible		March 1, 1909
Class* A	Date of Birth / Birth Place: March 1, 1909, Troy, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit by Attendant	Minnie I. Sly		Oct. 25, 1951
Class A	Date of Birth / Birth Place: March 1, 1909, Troy, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Moscow Public School	School Record		Sept. 7, 1951
Class B	Date of Birth / Birth Place: March 1, 1909, Troy, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

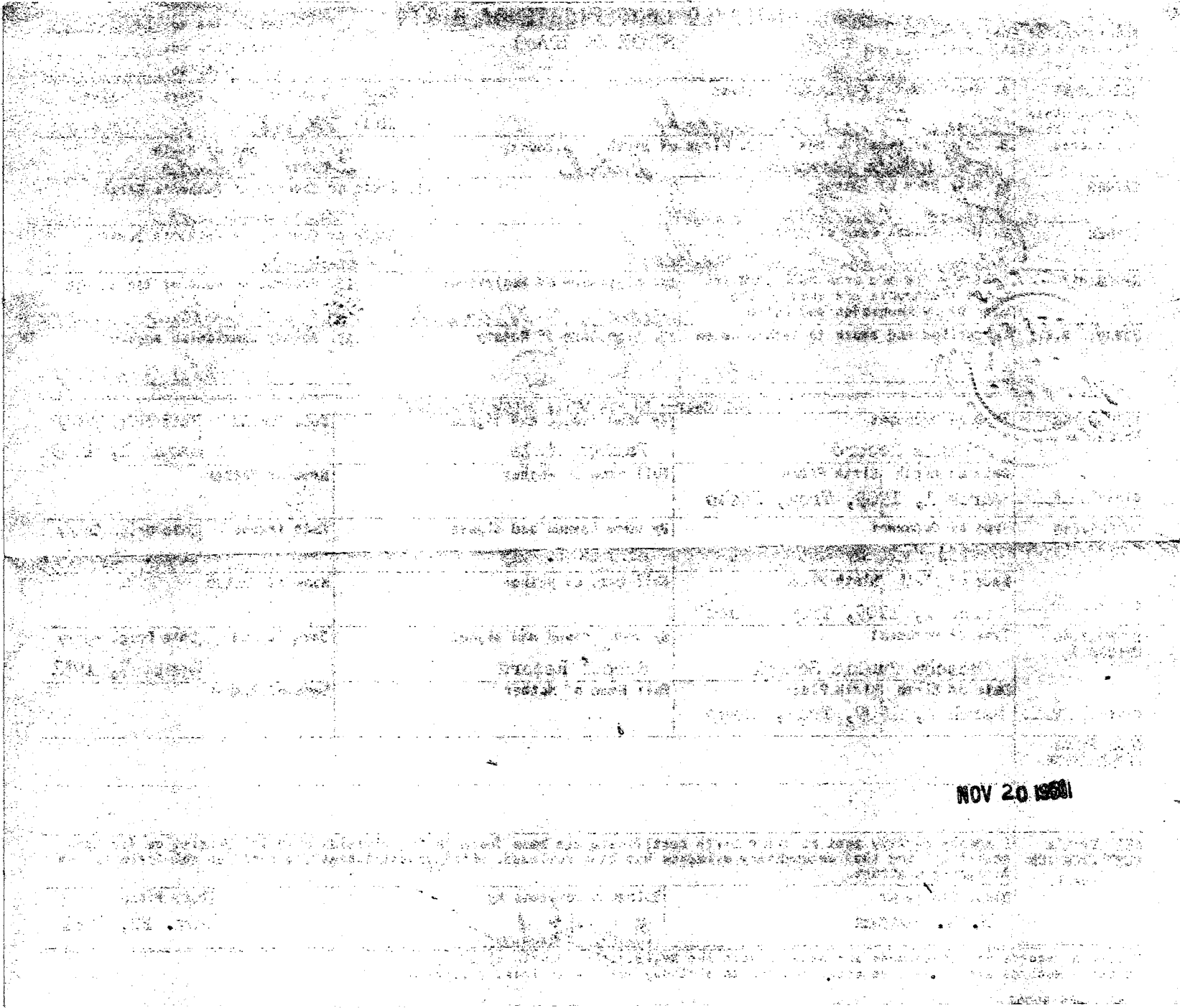
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Heeter	Nov. 20, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



NOV 20 1961

399-121-016-[illegible]

RECEIVED
NOV 28 1951
DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2248
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Idaho

4. FULL NAME OF CHILD Eugene Parks Critchfield

5. Date of Birth of Child (Month, day, year) Nov. 21, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Abraham Augustus Critchfield
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Oakley (City or town) Idaho (State or foreign country)
14. Exact Occupation Gen. Contractor
15. Industry or Business Concrete work

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Margarett McIntosh
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Oakley (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 42 years, and that Ernest P. Oldham, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud Margarett Critchfield Signature
540 W. Garvey Blvd. Monterey Park, Calif. P.O. Address

Subscribed and sworn to before me this 24th day of November, 1951

(SEAL) Mildred J. Stewart Notary Public, residing at Kernville Kern Co. California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 28, 1951 by W. W. Benson, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED
NOV 28 1951

962-10X-914-515

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2317
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FRED ADDISON ROSE
2. Date Of Birth (month) 6 (day) 4 (year) 1909
3. Color or Race: White
4. Sex: MALE
5. Place of Birth a. County: CALDWELL CANYON
b. City or Town of Birth: CALDWELL IDAHO

FATHER

6. Full Name of Father: FRANK LINCOLN ROSE
7. State or Country of Father's Birth: IOWA

MOTHER

8. Full Maiden Name of Mother: GRACE BIRD VANDERBER
9. State or Country of Mother's Birth: IOWA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fred A. Rose
11. Present Address of Registrant: 1607 SAVANAH CALDWELL IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on December 19 1951
12. Signature of Notary: H.A. Tatum
13. Notary Commission expires: July 26 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit (Sister)	Agnes IreneMitchell	December 19, 1951	
Class* B	Date of Birth: 6/4/1909 — Birth Place: Caldwell, Ida.	Full Name of Mother: Grace Bird Vanderber/Addison	Name of Father: Frank Lincoln Rose	
SUPPORTING RECORD 2.	Life Insurance Policy	Occidental Life Insurance	10/1/1942	
Class B	Date of Birth: June 4, 1909 — Birth Place: Caldwell, Ida.	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Driver's License	State of Idaho	7/26/1951	
Class B	Date of Birth: June 4,1909 — Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature]
Evidence reviewed by: Joyce Hoppins
Date Filed: Dec. 19, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Salary Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D651-2311
Local Reg. No.
Reg. Dist. No.

DEC 20 1951

DEC 18 1951

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year) [illegible]
	3. Color or Race: [illegible] Sex: [illegible] Place of Birth: [illegible]	4. Duty or Day: [illegible]
FATHER	5. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible] 11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: December 19 [illegible]	12. Signature of Notary: [illegible] 13. Notary Commission Expires: July 26 1954

SUPPORTING RECORD A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit (Sister)	[illegible] Irene Mitchell	December 19, 1951	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
[illegible]	Grace [illegible]		

SUPPORTING RECORD B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Life Insurance Policy	Occidental Life Insurance	10/1/1942	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
June 4, 1909 Caldwell, Ida.			

SUPPORTING RECORD C

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Driver's License	State of Idaho	7/26/1951	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
June 4, 1909			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Dec. 19, 1951

*Class A Records are those made and dates before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

847107-025-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED JAN 10 1952 DIVISION OF VITAL STATISTICS

State File No. De51-2347
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hughes, Stanley Lewis			2. Date Of Birth (month) Nov. (day) 7 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Kooskia, Idaho	
FATHER	6. Full Name of Father: Hughes, Harry Edward			7. State or Country of Father's Birth: Hamburg Illinois U.S.	
MOTHER	8. Full Maiden Name of Mother: Wilson, Clara			9. State or Country of Mother's Birth: Hamburg Illinois U.S.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold L. Hughes		11. Present Address of Registrant: 1007 E-2nd Port Angeles, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 8 1952	12. Signature of Notary: Maude Montgomery		13. Notary Commission expires: May 25 1954	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Harry Edward Hughes	Date Issued: Oct. 5, 1942	Date Orig. Entry
Class* B	Date of Birth / Birth Place: Nov. 7, 1909, Kooskia, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Employment record	By whom issued and signed: Union Oil Co of Calif.	Date Issued: Apr. 11, 1932	Date Orig. Entry
Class B	Date of Birth / Birth Place: Nov. 7, 1909, Stites, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Washington Dep't of Public Health	Date Issued: 7-24-45	Date Orig. Entry
Class B	Date of Birth / Birth Place: 36 yrs old Kooskia, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Heeden	Date Filed: Jan. 10, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 11 1952

192-203-003-691

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-2370
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 242 So. Garfield
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years 10 months 13 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 242 So. Garfield
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Ida.

4. **FULL NAME OF CHILD** Hattie Louise Kibler

5. Date of Birth of Child (Month, day, year) 11-3-1909

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd none

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Kibler
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Arago, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Railroad Brakeman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Camille Franklin
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Eagle Rock (Now Idaho Falls) (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~Silver~~ Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho, County of Butte } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 42 years, and that Dr. O. B. Stanley (First name) ~~Richards~~ (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mary Camille Kibler Signature

242 South Garfield, Pocatello P. O. Address

Subscribed and sworn to before me this 7th day of January, 19 52.

(SEAL) ..... Notary Public, residing at Arco, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 21, 1952 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 22 195

DELAYED

285 209-009-962

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED JAN 23 1952 DIV. OF VITAL

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De-52-2400
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 711 Forest N.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: 8 months
In Hosp. or Mat. Home 24 days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 711 N Forest
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address 711 Forest Av

3. RESIDENCE of FATHER (city, state) Sandpoint Ida

4. FULL NAME OF CHILD Irene Cecil Sheler

5. Date of Birth (Month, day year) 10-9-1909

6. Sex girl

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Jacob Sheler
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace (City or town) Michigan (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Bldg. Contractor

MOTHER OF CHILD

16. FULL MAIDEN NAME Delta L. Roscoe
17. Color or Race White
18. Age at time of THIS birth 21 yrs
19. Birthplace Amherst (City or town) South Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Jan. 29, 1952 (Date received) (b) W. W. Benson (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of ~~Bonner~~ Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Delta R. Sheler, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Irene Cecil Sheler (Name of person on certificate above) Daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McKinnon (Name of attendant at birth) who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Delta R. Sheler Signature
3427-32 S.W. Seattle Wash. P. O. Address

Subscribed and sworn to before me on this 16 day of August, 1951

(SEAL) [illegible] Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

ELAYED REGISTRATION LAW

37 Session Laws, Chapter 139, Section

rth of a child born prior to the e date of
Session Laws, has not been recorded, in case of
birth, which has occurred subsequent to such
date, such report may be received and filed by the local registrar for
bureau of Vital Statistics for the purposes and uses
apter 2, Title 38, Idaho Code Annotated, when such
panied by a certificate of the attending physician or
affidavits of the father or mother of the child, or if
r mother of the child is living or accessible, of the
r gaurdian, or some person having direct knowledge

JAN 29 1952
DELAYED

243-225-1538-893

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2450
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nona Frances Butcher
2. Date Of Birth (month) Sept. (day) 25 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Payette
b. City or Town of Birth: Payette, Idaho

FATHER

6. Full Name of Father: Francis Herschel Butcher
7. State or Country of Father's Birth: Illoinis

MOTHER

8. Full Maiden Name of Mother: Georgiana Hill
9. State or Country of Mother's Birth: Kentucky

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nona Frances Edwards
11. Present Address of Registrant: 350 North Redervoir St.

NOTARY (Seal)

Subscribed and sworn to before me on: Feb 24 1951
12. Signature of Notary: Ray 2 Love
13. Notary Commission expires: Aug 29 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Application for Social Security
By whom issued and signed: Social Security Administration
Date Issued:
Date Orig. Entry: Feb 27, 1951
Date of Birth: Sept. 25, 1909
Birth Place: Payette, Idaho
Full Name of Mother:
Name of Father:
Class*: B

SUPPORTING RECORD 2.

Type of Document: Census Record
By whom issued and signed: Department of Commerce Bureau of the Census
Date Issued: 1920 Census
Date Orig. Entry:
Date of Birth: Sept. 25, 1909
Birth Place: Idaho
Full Name of Mother: Georgia Butcher
Name of Father: Francis H. Butcher
Class: B

SUPPORTING RECORD 3.

Type of Document: Bible Record
By whom issued and signed: Family Bible
Date Issued:
Date Orig. Entry: Sept. 25, 1909
Date of Birth: Sept. 25, 1909
Birth Place: Payette, Idaho
Full Name of Mother: Georgiana Hill
Name of Father: Francis H. Butcher
Class: A

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel Reed
Date Filed: Feb. 11, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT

1. (Print) (Type) Name at birth: Norma Frances Mosher

2. Date of Birth: (Month) Sept. (Day) 25 (Year) 1908

3. Color or Race: White | 4. Sex: Female | 5. Place of birth (City or County): Payette, Payette

6. Full name of father: Francis Herschel Brotherton

FATHER

7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Georgiana Hill

9. State or Country of Mother's Birth: Kentucky

10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Signature of Registrant

11. Present Address of Registrant: 1850 North Henrietta St.

Subscribed and sworn to before me on [illegible] 19[illegible]

12. Signature of Notary

13. Notary Commission expires [illegible] 19[illegible]

AFFIDAVIT

REGISTRAR - DO NOT WRITE BELOW THIS LINE

Type of Document: Application for Copy of Birth Record

By whom filed and signed

Date of death: Birth Place: Full Name of Mother:

Date Issued: Date Reg. Entry:

Name of Father:

SUPPORTING RECORD

Type of Document: Certificate Record

Date of Birth: Sept. 25, 1908 Birth Place: Payette, Idaho

By whom issued and signed: [illegible]

Full Name of Mother: Georgiana Hill

Date Issued: Date Reg. Entry:

Name of Father: Francis H. Brotherton

SUPPORTING RECORD 2

Type of Document: Bible Record

Date of Birth: Sept. 25, 1908 Birth Place: Payette, Idaho

By whom issued and signed: [illegible]

Full Name of Mother: Georgiana Hill

Date Issued: Date Reg. Entry:

Name of Father: Francis H. Brotherton

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing abstract.

State Registrar: H. O. Gibson

Evidence received by: [illegible]

Date Filed: Feb. 17, 1952

FEB

*Class A Records are those made and dated before the registrant's fifth birthday.
Class B Records are those made after the fifth birthday but are at least 5 years old.

Form DPH 10001

365-209-004-155

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2455
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Ruth Loveland			2. Date of Birth (month) November (day) 9 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Fish Haven	
FATHER	6. Full Name of Father: Chancey Leroy Loveland			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Annie Jensen			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma Ruth Loveland Luta		11. Present Address of Registrant: 208 Center St. Evanston, Wyo.	
NOTARY (Seal)	Subscribed and sworn to before me on: February 9, 1952	12. Signature of ~~Notary~~ County Clerk: Joseph M. Dorbon		13. Notary Commission expires: 1st Mon. January, 1955	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: Feb. 6, 1952	Date Orig. Entry: Feb. 6, 1910
Class* A	Date of Birth / Birth Place: Nov. 9, 1909, Fish Haven, Idaho	Full Name of Mother: Annie Jensen	Name of Father: Chancy L. Loveland	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Annie Jensen Loveland	Date Issued: Feb. 9, 1952	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Nov. 9, 1909, Fish Haven, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Voting Record	By whom issued and signed: Jennie Schofield Deputy County Clerk Uinta County Wyoming	Date Issued:	Date Orig. Entry: Aug. 16, 1938
Class B	Date of Birth / Birth Place: 28 yrs old. Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Hesler	Date Filed: Feb. 12, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

FEB 13 1952

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Ruth Loveland	2. Date of Birth (month) (day) (year): November 9 1909
	3. Color or Color: White	4. Sex: Female
	5. Place of Birth: Fish Haven	6. County: Bear Lake
	7. City or Town of Birth: Fish Haven	
FATHER	8. Full Name of Father: Chancey Leroy Loveland	7. State or Country of Father's Birth: Utah
MOTHER	9. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: [illegible] Center St. Evanston, Wyo	
NOTARY (Seal)	Subscribed and sworn to before me on: February [illegible] 1952	12. Signature of [illegible]: [illegible]
	13. Notary Commission expires: 1st Mon. January, 19 55	

REPLICATE OF NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: [illegible] S. Church	Date Issued: [illegible]	Date Orig. Entry: Feb. [illegible], 1952 Feb. [illegible], 1910
	Date of Birth: Birth Place: Nov. 9, 1909, Fish Haven, Idaho	Full Name of Mother: Annie Jensen	Name of Father: Chancey L. Loveland	
Class A				
SUPPORTING RECORD 2.	Type of Document: Affidavit for mother	By whom issued and signed: Annie Jensen Loveland	Date Issued: Feb. 9, 1952	Date Orig. Entry:
	Date of Birth: Birth Place: Nov. 9, 1909, Fish Haven, Idaho	Full Name of Mother:	Name of Father:	
Class B				
SUPPORTING RECORD 3.	Type of Document: Voting Record	By whom issued and signed: Jennie Schofield Bear Lake County Clerk Bear Lake County Wyoming	Date Issued: Aug. 16, 1938	Date Orig. Entry:
	Date of Birth: Birth Place: 28 yrs old. Idaho	Full Name of Mother:	Name of Father:	
Class				
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Jensen	Evidence reviewed by: [illegible]	Date Filed: Feb. 12, 1952	

*Class A Records are those made and dated before the [illegible] Birthday.
Class B Records are those made after the fourth [illegible] at least [illegible] years old.

Form [illegible]

415-204-001-631

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2460
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D.No. 1515 N. 14th St.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: Home
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 1 years month 15 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D.No. 1515 N. 14th St.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.
   (f) Mother's mailing address Same as above

3. **RESIDENCE of FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Charlotte Helen Davies

5. Date of Birth (Month, day year) 2-4-09

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Gomer Davies
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Doylestown, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Irrigation Engineer
15. Industry or Business United. States Reclamation Serv.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Babcock Flanders
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Wapping, Connecticut (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive approx 5 P.M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Louisa Davies (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Feb. 15, 1952 (Date received) (b) W. W. Benson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Alameda } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louisa F. Davies, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charlotte Helen Davies (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Allen (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Louisa F. Davies. Signature

1709 Bancroft Way Berkeley, Calif. P. O. Address

Subscribed and sworn to before me on this ninth day of February 1952

(SEAL) My Commission Expires Jan. 21, 1955 Walter R. Redgrave Notary Public, residing at Albany Calif.
in and for the County of Alameda State of Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes ~~and uses prescribed in Chapter~~ 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

FEB 15 1952

793706-044-366

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
MAR 17 1952
DIVISION OF VITAL STATISTICS

State File No. De 52-2559
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roland Albert Gilkison	2. Date of Birth (month) July (day) 6 (year) 1909	
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Washington; b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Claude Elliott Gilkison	7. State or Country of Father's Birth: Oregon	
MOTHER	8. Full Maiden Name of Mother: Ethel Emma Cooper	9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roland Albert Gilkison	11. Present Address of Registrant: 415 Trusler St Oakland City, Indiana
NOTARY (Seal)	Subscribed and sworn to before me on: March 14 1952	12. Signature of Notary: Loann Vigh	13. Notary Commission expires: 1/14 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit		By whom issued and signed: Mrs. Ethel E. McClelland mother	Date Issued: Feb.19,1952	Date Orig. Entry:
Class* B	Date of Birth: July 6,1909	Birth Place: Weiser, Idaho	Full Name of Mother: Ethel Emma Cooper Gilkison	Name of Father: Claude Elliott Gilkison	
SUPPORTING RECORD 2.	Type of Document: Affidavit		By whom issued and signed: W. R. Swacker (Uncle)	Date Issued: Feb.23,1952	Date Orig. Entry:
Class B	Date of Birth: July 6,1909	Birth Place: Weiser, Idaho	Full Name of Mother: Ethel Emma Cooper	Name of Father: Claude Elliott Gilkison	
SUPPORTING RECORD 3.	Type of Document: Affidavit		By whom issued and signed: Lillian Swacker (Aunt	Date Issued: Feb. 23,1952	Date Orig. Entry:
Class B	Date of Birth: July 6,1909	Birth Place: Weiser, Idaho	Full Name of Mother: Ethel Emma Cooper	Name of Father: Claude Elliott Gilkison	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W Benson	G Snook	March 18, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

284-201-021-815

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
MAR 27 1952
DIVISION OF VITAL STATISTICS

State File No. De52-2575
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elva Mae Shuldberg
2. Date of Birth: May (month) 1 (day) 1909 (year)
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Franklin; b. City or Town of Birth: Winder

FATHER

6. Full Name of Father: William Anderson Shuldberg
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Sarah Jane Hansen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elva S. Taylor
11. Present Address of Registrant: 7 No. 4th West, Preston

NOTARY (Seal)

Subscribed and sworn to before me on: March 20 1952
12. Signature of Notary: [signature]
13. Notary Commission expires: 12/20/53 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	L. D. S. Church		June 6, 1909
Class* A	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 1, 1909 / Winder, Idaho	Sarah J. Hansen	Wm. A. Shuldberg	
SUPPORTING RECORD 2.	Certificate of Baptism	L. D. S. Church		Aug. 4, 1917
Class B	May 1, 1909 / Winder, Idaho	Sarah J. Hansen	Wm. A. Shuldberg	
SUPPORTING RECORD 3.	Affidavit	Anna Hillstead	Mar. 19, 1952	
Class B	May 1, 1909 / Winder, Idaho	Sarah Jane Hansen	William Anderson Shuldberg	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Benson	Jean Jordan	Mar. 28, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

OCT 1 1973

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	Date of Birth (month) (day) (year): May 1 1909
	2. Color or Race: [illegible] 3. Place of Birth: a. County: [illegible]	b. City or Town of Birth:
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible] 11. Present Address of Registrant: [illegible]
NOTARY	Subscribed and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary: [illegible] 13. Notary Commission expires: [illegible] 19[illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: June 6, 1909
Class A	Date of Birth: May 1, 1909	Birth Place: Winder, Idaho	Full Name of Mother: Sarah J. Hansen	Name of Father: Wm. A. Shuldberg
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: Aug. 4, 1917
Class B	Date of Birth: May 1, 1909	Birth Place: Winder, Idaho	Full Name of Mother: Sarah J. Hansen	Name of Father: Wm. A. Shuldberg
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: Anna Hillstead	Date Issued: Mar. 19, 1952	Date Orig. Entry:
Class	Date of Birth: May 1, 1909	Birth Place: Winder, Idaho	Full Name of Mother: Sarah Jane Hansen	Name of Father: William Anderson Shuldberg
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Mar. 28, 1952

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

814-213-036-415

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

RECEIVED APR 3 1952 DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2597
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
a. COUNTY: Oneida
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Evalyn; b. (Middle); c. (Last) Hamptom

4. SEX: F

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☒ 2ND ☐ 3RD ☐

6. DATE OF BIRTH: (Month) July (Day) 13 (Year) 1909

FATHER OF CHILD

7. FULL NAME: a. (First) Eli; b. (Middle); c. (Last) Hampton

8. COLOR OR RACE: W

9. AGE (At time of this birth): YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Glendale, Utah

11a. USUAL OCCUPATION: farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Ruth; b. (Middle) Matilda; c. (Last) Davis

13. COLOR OR RACE: W

14. AGE (At time of this birth): YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Spanish Fork, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: DC Ray MD

18b. ATTENDANT AT BIRTH: M. D. ☒ MIDWIFE ☐ OTHER (Specify)

18c. ADDRESS: Pocatello, Idaho

18d. DATE SIGNED: April 1, 1952

19. DATE REC'D BY LOCAL REG.: Apr. 3, 1952

20. REGISTRAR'S SIGNATURE: W. W. Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: WEEKS

22b. WEIGHT AT BIRTH: LBS. OZS.

23. Was a standard serological test for syphilis performed? YES ☐ NO ☒

Approximate date:

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum: Ag No3

Form DPH-48001

1 Copy pd.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED APR 2 1952
DIVISION OF VITA

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Evalyn Hampton

2. Date Of Birth: (month) July (day) 13 (year) 1909

3. Color or Race: White | 4. Sex: Female | 5. Place of Birth: a. County: Oneida | b. City or Town of Birth: Malad

FATHER

6. Full Name of Father: Eli Hampton

7. State or Country of Father's Birth: Glendale, Utah

MOTHER

8. Full Maiden Name of Mother: Ruth Matilda Davis

9. State or Country of Mother's Birth: Spanish Fork, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Evalyn H. Barton

11. Present Address of Registrant: Hagerstown, Md. 81 1/2 Virginia Ave

NOTARY (Seal)

Subscribed and sworn to before me on: March 11, 1952

12. Signature of Notary: Carroll M. Haynes

13. Notary Commission expires: May 4, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class*_____

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

SUPPORTING RECORD 2.

Class_____

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

SUPPORTING RECORD 3.

Class_____

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)	
	3. Color or Race 4. Sex 5. Place of Birth (County)	6. City or Town of Birth	
FATHER	8. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	9. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before us on	12. Signature of Notary	13. Notary Commission expires

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Date of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Evidence Reviewed by | Date Filed

*Class 1 Records are those made and dated before the Registrant's Fourth Birthday.
Class 2 Records are those made after the fourth birthday but are of [illegible]

369-114-014-893

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2651
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marcus Lafayette Corn			2. Date Of Birth (month) (day) (year): April 14, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Canyon	b. City or Town of Birth: Middleton
FATHER	6. Full Name of Father: William Francis Corn			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Amanda Selina Hitson			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Marcus Lafayette Corn.	11. Present Address of Registrant: Rt. 2, Nyssa Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: March 29 1952		12. Signature of Notary: E O Michaelson	13. Notary Commission expires: MY COMMISSION EXPIRES OCTOBER 28, 1955 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: Family Bible Record	Date Issued: Apr 14, 1909	Date Orig. Entry: Apr 14, 1909
Class* A	Date of Birth: Apr 14, 1909	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Child's Birth Certificate		By whom issued and signed: Filed in B.V.S.#178864	Date Issued: Feb 24, 1930	Date Orig. Entry: Feb 24, 1930
Class B	Date of Birth: Age 20	Birth Place: Middleton, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Joyce B Foltz	4-15-1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 16 1962

551-217.008-236

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2758
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Van Wyck
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In home
   (e) Mothers stay **BEFORE** delivery: In THIS county 17 years 8 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Van Wyck
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Van Wyck Ida

4. **FULL NAME OF CHILD** Dora Elsie Evans

5. Date of Birth of Child (Month, day, year) June. 17. 1909

6. Sex F

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) no

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Evans
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Hickory Co. Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ara Dora Stockam
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Joplin, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I Was at home attended the birth of this child, who was alive (Born alive, stillborn) at 2.30 a. M. on the date and at the place stated above, and that personal particulars were furnished by Laura De Haas (First name) (Last name) who is related as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Both parents and midwife are deceased. No Dr. attended Date

AFFIDAVIT

State of Idaho } ss.
County of Valley }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 42 years, and that Caroline Matthews (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura De Haas Signature
Cascade Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of May, 1952

(SEAL) [illegible], Notary Public, residing at Cascade, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 6, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 7 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-214-020-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2785
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mayfield
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery:
   In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mayfield
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Elizebeth Brown

5. Date of Birth of Child (Month, day, year) July 14, 1909

6 Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Alexander Brown
11. Color or Race W
12. Age at time of THIS birth 35 yrs.
13. Birthplace Scotland (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Isabella Stewart
17. Color or Race W
18. Age at time of THIS birth 32 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature [signature] M.D. Midwife Address Date May 12, 1952

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 13, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

MAY 14 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-224-035-173

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2806
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel MAY Parsons			2. Date Of Birth (month) April (day) 24 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: PECK - IDAHO ~~LEWIS~~ Nez Perce	b. City or Town of Birth: PECK
FATHER	6. Full Name of Father: LARKIN DAVID PARSONS.			7. State or Country of Father's Birth: ST. LOUIS, MO. U.S.A.
MOTHER	8. Full Maiden Name of Mother: CORA ELLEN AXTELL			9. State or Country of Mother's Birth: PAGE COUNTY IOWA U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel May Parsons Closson		11. Present Address of Registrant: 2055-44th-Longview Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: April 9 1952	12. Signature of Notary: Stewart Elliott		13. Notary Commission expires: June 5 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Cora Ellen Parsons	Date Issued: Apr. 9, 1952	Date Orig. Entry:
Class* B	Date of Birth / Birth Place: Apr. 24, 1909, Peck, Idaho	Full Name of Mother: Cora Ellen Parsons	Name of Father: Larkin David Parsons	
SUPPORTING RECORD 2.	Type of Document: Doctor's record	By whom issued and signed: J. M. Lyle, M. D.	Date Issued: 5-8-52	Date Orig. Entry:
Class A	Date of Birth / Birth Place: Apr. 24, 1909, Peck, Idaho	Full Name of Mother: Cora Ellen Axtell	Name of Father: Larkin David Parsons	
SUPPORTING RECORD 3.	Type of Document: Affidavit by	By whom issued and signed: Rosa B. Baker, present at time of birth	Date Issued: 5-24-1952	Date Orig. Entry:
Class A	Date of Birth / Birth Place: Apr. 24, 1909, Idaho	Full Name of Mother: Cora Parsons	Name of Father: Larkin D. Parsons	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Hedden	May 16, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) April (day) 24 (year) 1949	
	3. Color or Race: [illegible]	4. Sex: F	5. Place of Birth: [illegible] County: [illegible]
			6. City or Town of Birth: [illegible]
FATHER	1. Name of Father: [illegible]	2. Sex: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]		9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary: [illegible]	13. Notary Public [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit [illegible]	By whom issued and signed: [illegible]	Date Issued / Date Orig. Entry: Apr. [illegible] 1952
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Doctor's record	By whom issued and signed: [illegible]	Date Issued / Date Orig. Entry: [illegible]
	Date of Birth / Birth Place: Apr. 24, 1909, [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3.	Type of Document: Affidavit by	By whom issued and signed: [illegible]	Date Issued / Date Orig. Entry: [illegible]
	Date of Birth / Birth Place: Apr. [illegible] 1909, [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFIED INFORMATION			

WHAT'S FOR CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
R. W. Benson	[illegible]	Apr 10, 1952

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 3 years old.

363-105044-731

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO 2 1952

DIVISION OF VITAL STATISTICS

State File No. De52- 2875
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lester Clark Colvin
2. Date of Birth (month) (day) (year): December 5 1909
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: At home Washington; b. City or Town of Birth: Weiser Idaho

FATHER

6. Full Name of Father: Perry Ernest Colvin
7. State or Country of Father's Birth: Washington

MOTHER

8. Full Maiden Name of Mother: Rhoda Nancy Glaspy (deceased)
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lester Clark Colvin
11. Present Address of Registrant: Princeton, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 17 1952
12. Signature of Notary: [signature]
13. Notary Commission expires: Feb 7 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Birth announcement addressed	to Mrs. H. C. Colvin	Dec. 9, 1909	
Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
Dec. 5, 1909, Weiser, Idaho			

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of Marriage Return	Pauline H. Lust, County Auditor, Whitman County, Washington		
Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Exact copy of Application to work for Wash.-Idaho-& Montana Ry.Co.	I. R. Scott, Auditor		
Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	June 4, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

JUN 4 1952

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF MONTANA

Name of Public Hospital
Name of Vital Statistics
Registrar's District

Registration District No.

Primary Registration District No.

Certificate No.

1. Child's Name (If not named, so state)

2. Sex

3. Color or Race

4. Date of Birth (Month, Day, Year)

5. Place of Birth (County)

6. Name of Hospital or Institution

7. If not in Hospital or Institution, give street address or location

8. Name of Father

9. Birthplace of Father

10. Age of Father (Last Birthday)

11. Name of Mother

12. Birthplace of Mother

13. Age of Mother (Last Birthday)

14. Maiden Name of Mother

15. Residence of Parents

16. Occupation of Father

17. Kind of Business or Industry

18. Father's Usual Residence

19. Mother's Occupation

20. Kind of Business or Industry

21. Mother's Usual Residence

22. Number of Children of this Mother

23. Number of Children Living

24. Number of Children Dead

25. Informant's Name and Address

26. Relationship to Child

27. Date Informant Signed

28. Name and Address of Person Preparing Certificate

29. Date Certificate Prepared

30. Attendant

31. Date Attended Birth

32. Date Child Last Seen Alive

33. Was Birth Certified to Local Registrar?

34. Date Certificate Received by Local Registrar

35. Was Birth Registered with Local Registrar?

36. Date Birth Registered by Local Registrar

37. Local Registrar's Signature

38. Local Registration District

39. Local Registrar's Address

40. Amended?

41. Date Amended

42. Reason for Amendment

43. Signature of Informant

44. Address of Informant

45. Relationship to Child

46. Date Signed

47. Witness

48. Address of Witness

49. Relationship to Child

50. Date Signed

51. Remarks

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on _____ 19__

Signature of Notary

Notary Commission expires _____ 19__

Type of Document

Date of Birth, Birth Place

Name of Father

Maiden Name of Mother

Date Issued

Date Orig. Entry

Type of Document Certified Copy of Marriage Return

Date of Birth, Birth Place

Name of Father

Maiden Name of Mother

Date Issued

Date Orig. Entry

Type of Document Exact copy of Application to work for Mrs. Montana Ry. Co.

Birth Birth Place

Name of Father

Maiden Name of Mother

Date Issued

Date Orig. Entry

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the division of vital statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Evidence received by

Date Filed

W. W. Benson

June 4, 1952

713-126-041-695

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2987
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ernest Richard Galloway
2. Date of Birth (month) (day) (year): Nov. 26 1909
3. Color or Race: White
4. Sex: M
5. Place of Birth: Idaho — a. County: Teton — b. City or Town of Birth: Clawson

FATHER

6. Full Name of Father: Richard Galloway
7. State or Country of Father's Birth: Hull (Yorkshire) England

MOTHER

8. Full Maiden Name of Mother: Jacoba Fiet
9. State or Country of Mother's Birth: Antwerpen, Belgem

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ernest Richard Galloway
11. Present Address of Registrant: Bancroft, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on JUL 7 1952 19___

12. Signature of Notary:
13. Notary Commission expires: Jan 28 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Certificate of Blessing	L. D. S. Church		Jan. 23, 1910
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Nov. 26, 1909, Clawson, Idaho	Jacoba Feit	Richard Galloway	
SUPPORTING RECORD 2. Class B	Certificate of Baptism	L. D. S. Church		Aug. 31, 1918
	Nov. 26, 1909, Clawson, Idaho	Jacoba Feit	Richard Galloway	
SUPPORTING RECORD 3. Class___				
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	July 9, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Reg. No. _____

Local Reg. No. _____

State File No. _____

1. Registrant's full name at birth

2. Date of Birth (Month) (Day) (Year)

3. Place of Birth (County) (City)

4. Sex

5. Color or Race

6. Full name of Father

7. Birthplace of Father

8. Full Maiden Name of Mother

9. Birthplace of Mother

10. Name or Description of Informant

11. Present Address of Informant

12. Signature of Informant

13. Notary Commission expires

AFFIDAVIT: I hereby swear that the above statements are true to the best of my knowledge and belief.

NOTARY: Subscribed and sworn to before me on _____ 19__

Boise, Idaho

Jacobs Pilot

Date Issued

Name of Father

Full Name of Mother

Maiden Name

Name of Witness

Date Issued

Name of Witness

Date Issued

Name of Witness

Date Issued

234-101-001-593

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3064
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elmer C Sturgeon		2. Date Of Birth (month) June (day) 1 (year) 1909
	3. Color or Race: am	4. Sex: M	5. Place of Birth a. County: Meridian, Ada b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: Irvin Newton Sturgeon		7. State or Country of Father's Birth: Missouri - U.S.A.
MOTHER	8. Full Maiden Name of Mother: Nellie May Nicks		9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmer C. Sturgeon	11. Present Address of Registrant: Nipomo, San Luis Obispo Co. Cal
NOTARY (Seal)	Subscribed and sworn to before me on 4th day July 1952	12. Signature of Notary: Fred A. Shaffer	13. Notary Commission expires: May 2 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by mother	By whom issued and signed: Nellie Sturgeon	Date Issued: 6/20/52	Date Orig. Entry:
	Date of Birth: June 1, 1909 / Birth Place: Meridian, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class A	Type of Document: Bible record and affidavit by Notary Public	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth: June 1, 1909 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by father	By whom issued and signed: Irvin Newton Sturgeon	Date Issued: 6/20/52	Date Orig. Entry:
	Date of Birth: June 1, 1909 / Birth Place: Meridian, Idaho	Full Name of Mother: Nellie Sturgeon	Name of Father: Irvin Newton Sturgeon	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: July 29, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 16 1964

MAY 8 1974

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 6652-3064

Local Reg. No.

Reg. Dist. No.

1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)	
3. Color or Race	4. Sex	5. Place of Birth
6. Full Name of Father	7. State or Country of Father's Birth	
8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant	
12. Signature of Notary	13. Notary Commission expires	

AFFIDAVIT

NOTARY (Seal)

AFFIDAVIT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by Father	By whom issued and signed: Nellie Sturgeon	Date Issued: 6/20/52
	Date of Birth: Birth Place: June 1, 1909	Full Name of Mother	Name of Father
SUPPORTING RECORD 2	Type of Document: Bible record and affidavit by Notary Public	By whom issued and signed	Date Issued
	Date of Birth: Birth Place: June 1, 1909	Full Name of Mother	Name of Father
SUPPORTING RECORD 3	Type of Document: Affidavit by Father	By whom issued and signed: Irvin Newton Sturgeon	Date Issued: 6/20/52
	Date of Birth: Birth Place: June 1, 1909 Meridian, Idaho	Full Name of Mother: Nellie Sturgeon	Name of Father: Irvin Newton Sturgeon

Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Signature Reviewed by	
R. W. Benson	Edna Hamilton	July 29, 1952

Class A Records are those made and dated before the registrant's fourth birthday.

Class B Records are those made after the [illegible] birthday [illegible]

7,69-125-1028-518

RECEIVED
AUG 9 1952
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52- 3104
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Spirit Lake
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Spirit Lake
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Spirit Lake Ida

4. **FULL NAME OF CHILD** William Wesley Porter

5. Date of Birth of Child (Month, day, year) 10/20/1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hubert J. Porter
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Spirit Lake (City or town) Idaho (State or foreign country)
14. Exact Occupation Log Scaler & Timber Supervisor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Wilma Haynes
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Glaredon (City or town) N.Y. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 A M. on the date and at the place stated above, and that personal particulars were furnished by Martha Converse (First name) (Last name) who is related as mother (Mother, etc.)

25. ~~Attendant's~~ OWN signature Martha Converse M.D. Midwife Address 614 S. Belden St. East Los Angeles Calif. Date July 20 1951

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Los Angeles ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Dr E. E. Pringle (First name) (Last name), who attended this birth Can't be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha E. Converse Signature

P. O. Address

Subscribed and sworn to before me this 4th day of August 1952

(SEAL)

Mail Lewis Notary Public, residing at El Segundo Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on August 12, 1952 by W.W.Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 12

546105-1016-345

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3109
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Gifford Edwards
2. Date of Birth (month) Oct (day) 5 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Cassia
b. City or Town of Birth: Burley

FATHER

6. Full Name of Father: Ben Chase Edwards
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Anna Blake Cunningham
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John Gifford Edwards
11. Present Address of Registrant: Box 541 Troy, Montana

NOTARY (Seal)

Subscribed and sworn to before me on Aug. 2 1952
12. Signature of Notary: V. A Cargell
13. Notary Commission expires: _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census record of 1910	Roy V. Peel	2/7/52	April 15, 1910
Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
7/12 of yr. Idaho	Anna B. Edwards	Ben C. Edwards	

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Membership - National Benefit Insurance	Association, Inc.		Feb. 1, 1935
Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
Oct. 5, 1909 Burley, Idaho			

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application to Rocky Mountain Mutual Life Assn. Boise, Idaho	Rocky Mountain Mutual Life Assn.	1/18/37	Jan. 18, 1937
Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
Oct. 5, 1909 Burley, Idaho		Ben C. Edwards	

QUALIFYING INFORMATION

Also an affidavit from the Cassia County Schools, Joint Class A. School Dist. No. 151 showing birthdate as October 5, 1909 and his father as Ben Edwards. Entrolled in September, 1915.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W.Benson	Edna Hamilton	August 12, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 13 1952

386-227-022-299

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3118
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Thomson
2. Date Of Birth (month) (day) (year): November 27 1909
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Teton City Fremont
b. City or Town of Birth: Teton City, Idaho

FATHER

6. Full Name of Father: John R. Thomson
7. State or Country of Father's Birth: Glasglow Scotland

MOTHER

8. Full Maiden Name of Mother: Mary Ann Deborah Bird, Thomson
9. State or Country of Mother's Birth: Utah Cache, Mendon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Thomson Fenton
11. Present Address of Registrant: St. Anthony, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on August 1952

12. Signature of Notary: [signature]
13. Notary Commission expires: August 17 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church record	L.D.S. Church, by Joseph Fielding Smith	11/30/51	11/2/47
Class* B	Date of Birth / Birth Place: Nov. 27, 1909 Teton City, Idaho	Full Name of Mother: Deborah Bird	Name of Father: John R. Thomson	
SUPPORTING RECORD 2.	Type of Document: Census of 1906 Fremont County, Idaho, Supt. for Schools	By whom issued and signed: of Public Instruction, E. O. Rich, County Supt of	Date Issued: 11/2/51	Date Orig. Entry: Yr of 1923
Class B	Date of Birth / Birth Place: 13 yrs old Nov. 27, 1909	Full Name of Mother	Name of Father: J. R. Thomson	
SUPPORTING RECORD 3.	Type of Document: Geneology of Family signed by father, John R. Thomson and notarized	By whom issued and signed	Date Issued: 10/2/51	Date Orig. Entry
Class B	Date of Birth / Birth Place: No. 27, 1909 Teton City, Idaho	Full Name of Mother: Mary Ann Deborah Bird	Name of Father: John R. Thomspn	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Aug. 13, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 14 1971

AUG 14 1972

1. Registrant's Full Name at Birth: Mary Thompson

2. Date of Birth: November 27 1929

3. Sex: Female

4. Color or Race: White

5. Place of Birth: County: Fremont; City: Teton City

6. Full Name of Father: John R. Thompson

7. State or Country of Father's Birth: Idaho

8. Full Maiden Name of Mother: Mary Ann Deborah Blad

9. State or Country of Mother's Birth: Scotland

10. I hereby declare upon oath that the statements are true to the best of my knowledge and belief.

11. Signature of Registrant: Mary Ann Thompson

12. Subscribed and sworn to before me on: August 1972

13. Signature of Notary: [illegible]

14. Notary Commission expires: August 17 1982

15. Present Address of Registrant: 84 Anthony, Idaho

16. Date Filed: June 15, 1982

17. Evidence Reviewed by: Mona Hamilton

18. State Registrar: W. F. Hanson

Type of Document: Census of 1930 — When Issued and Signed: [illegible] — Date Issued: 11/30/81 — Date Orig. Entry: 11/5/47

Date of Birth: Nov. 27, 1929 Teton City, Idaho — Full Name of Mother: Mary Ann Deborah Blad — Name of Father: John R. Thompson

Type of Document: Census of 1930 — When Issued and Signed: [illegible] Public Instruction, Fremont County, Idaho — Date Issued: 11/9/81 — Date Orig. Entry: Yr of 1929

Date of Birth: 15 yrs old Nov. 27, 1929 — Full Name of Mother: [illegible] — Name of Father: J. R. Thompson

Type of Document: Genealogy of [illegible] — When Issued and Signed: [illegible] — Date Issued: 10/5/81 — Name of Father: [illegible]

Date of Birth: Nov. 27, 1929 Teton City, [illegible] — Full Name of Mother: Mary Ann Deborah Blad — Name of Father: John R. Thompson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. F. Hanson

Evidence Reviewed by: Mona Hamilton

Date Filed: June 15, 1982

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

797-104-001-469

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D52-3149
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elton Neal Pigg	2. Date Of Birth: (month) March (day) 4 (year) 1909	
	3. Color or Race: white; 4. Sex: male; 5. Place of Birth: a. County: Ada	b. City or Town of Birth: Meridian	
FATHER	6. Full Name of Father: James L. Pigg	7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Ella Josephine Morley	9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elton N. Pigg	11. Present Address of Registrant: Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 15 1952	12. Signature of Notary: Rue Grove	13. Notary Commission expires: 6-5 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Bible Record			
	Date of Birth: March 4, 1909 / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class B	Ltr from Pioneer Mutual Life Ins. Co., Fargo, North Dakota, re insurance	W. E. Wright, Secretary	8/4/52	Dec. 21, 1932
	Date of Birth: Mar. 4, 1909 / Birth Place: Meridian, Ida ho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class B	Affidavit by Mother	Mrs. James L. Pigg	Aug.1,1952	
	Date of Birth: Mar. 4, 1909 / Birth Place: Meridian, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	August 19, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. District No.

REGISTRARY

1. Registrant's Full Name at Birth: Alton Neal Pigg
2. Date of Birth: Month: March; Day: 4; Year: 1909
3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: Idaho; Meridian
6. Full Name of Father: James L. Pigg
7. State or Country of Father's Birth: Missouri
8. Full Maiden Name of Mother: Ella Josephine Morley
9. State or Country of Mother's Birth: Missouri

APPLICANT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present Address of Registrant: Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August 15, 1952
12. Signature of Notary
13. Notary Commission expires: 6-5, 1954

SUPPORTING RECORD #

Type of Document: Public Record
Date of Birth: March 4, 1909
Birth Place: Meridian, Idaho
Date Issued: 8/4/52
Date Orig. Entry: Dec. 22, 1952

SUPPORTING RECORD #

Type of Document: Ltr from Pioneer Mutual Life Ins. Co., Fargo, North Dakota, re-insurance
Date of Birth: Mar. 4, 1909
Birth Place: Meridian, Idaho
By whom issued and signed: [illegible], Secretary
Full Name of Mother: [illegible]
Date Issued: Aug. 1, 1952
Date Orig. Entry: [illegible]

SUPPORTING RECORD #

Type of Document: Affidavit by Mother
Date of Birth: Mar. 4, 1909
Birth Place: Meridian, Idaho
By whom issued and signed: Mrs. James L. Pigg
Full Name of Mother: [illegible]
Date Issued: Aug. 1, 1952
Date Orig. Entry: [illegible]

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, and substantiates the facts as set forth in the [illegible] abstract.

State Registrar: W. W. Hanson
Evidence reviewed by: [illegible]
Date Filed: August 19, 1952

[illegible] 1952

Form [illegible]

512 - 212-043-413

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3248
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Famy Wilhelmina Nasi		2. Date Of Birth (month) Feb. (day) 12 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Elo, Idaho a. County: Valley b. City or Town of Birth: Elo, Idaho
FATHER	6. Full Name of Father: Nickolai Nasi		7. State or Country of Father's Birth: Finland
MOTHER	8. Full Maiden Name of Mother: Miina Mattila		9. State or Country of Mother's Birth: Finland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Faye Wirth	11. Present Address of Registrant: McCall Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: SEPT 10TH 1952	12. Signature of Notary: H. E. [illegible]	13. Notary Commission expires: Jan 27TH 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal record		By whom issued and signed: Ev. Luthern, Pastor	Date issued:	Date Orig. Entry: Baptized on March 28, 1909
Class* A	Date of Birth: Feb. 12, 1909	Birth Place: Elo, Idaho	Full Name of Mother: Miina	Name of Father: Nickolai Nasi	
SUPPORTING RECORD 2.	Type of Document: Affidavit by		By whom issued and signed: Sima Nasi,	Date issued: 9/10/52	Date Orig. Entry:
Class B	Date of Birth: Feb. 12, 1909	Birth Place: Elo, Idaho	Full Name of Mother: Miina Mattila Nasi	Name of Father: Nikola Nasi	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

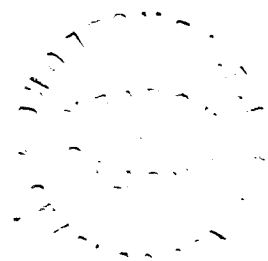
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Septe. 17, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



▲8 1952

967-226-035-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52- 3270
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Spalding
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years x months x days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Spalding
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Spalding, Idah

4. **FULL NAME OF CHILD** Geneva Irene Rogers

5. Date of Birth of Child (Month, day, year) July 26th, 1909

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd xx

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lewis C. Rogers
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Dayton (City or town) Washington (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Belle Wilson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Maryville (City or town) Tennessee (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum xx
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Nez Perce }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that Phoebe Rogers (midwife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora B. Rogers. Signature

Lapwai, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of July, 19 52

(SEAL) ____, Notary Public, residing at Lapwai, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on September 22, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

755-103-022-695

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3292
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Golden Elmo Gee		2. Date Of Birth (month) (day) (year): September 3 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Fremont, now Madison; b. City or Town of Birth: Rexburg,
FATHER	6. Full Name of Father: John Gee		7. State or Country of Father's Birth: Tooele City, Utah
MOTHER	8. Full Maiden Name of Mother: Olive Caroline Winn		9. State or Country of Mother's Birth: Richfield, Severe Co. Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Golden Elmo Gee	11. Present Address of Registrant: 2623 Hollister Terrace, Glendale, California
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 19, 1952	12. Signature of Notary: [illegible]	13. Notary Commission expires: 1-24- 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D. S. Church, Chas. Thomason, Bishop Orson P. Heileson, Clerk	Date Issued: 7/20/19	Date Orig. Entry: Baptized 7/6/19
	Date of Birth / Birth Place: Sept. 3, 1909 Rexburg, Idaho.	Full Name of Mother: Olive Winn	Name of Father: John Gee	
SUPPORTING RECORD 2. Class B	Type of Document: Membership record	By whom issued and signed: L.D.S. Church Joseph Fielding Smith	Date Issued: 8/8/52	Date Orig. Entry: July 6, 1919
	Date of Birth / Birth Place: Sept. 3, 1909 Rexburg, Idaho	Full Name of Mother: Olive C. Winn	Name of Father: John Gee	
SUPPORTING RECORD 3. Class B	Type of Document: Family Record	By whom issued and signed:	Date Issued:	Date Orig. Entry: Sept. 3, 1909
	Date of Birth / Birth Place: Sept. 3, 1909 Rexburg, Idaho	Full Name of Mother: Olive Caroline Winn	Name of Father: John Gee	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 30, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No. _____

State File No. 632-

FEB 4 63

CHILD—START

1. Name of Child (Type or print)

2. Color or Race

White

3. Place of Birth

County

4. Sex

Male

PARENTS

5. Full Name of Father

John [illegible]

6. Birthplace of Father (State or foreign country)

Utah

7. Age of Father at Time of Birth

[illegible]

8. Full Maiden Name of Mother

[illegible]

9. Birthplace of Mother (State or foreign country)

Utah

10. Age of Mother at Time of Birth

[illegible]

MOTHER

11. Full Maiden Name of Mother

[illegible]

12. Birthplace of Mother

Utah

13. Age of Mother at Time of Birth

[illegible]

I hereby swear that the above certificate of birth is true and correct to the best of my knowledge and belief.

14. Signature of Applicant

15. Relationship to Child

16. Address of Applicant

17. Date Signed

SUBSCRIBED AND SWORN TO before me on

18. Signature of Notary

19. Notary Commission Expires

ATTESTED

20. Date Received by Local Registrar

21. Local Registrar

22. Date Filed by State Registrar

23. State Registrar

CERTIFICATION

I hereby certify that the certificate of birth of the person named herein was duly registered with this office and that the foregoing is a true copy of the record on file.

Witness my official signature this _____ day of _____, 19_____.

(Seal)

State Registrar

Date Issued

Please type or print all items. Please answer all questions. If any item is unknown or not applicable, write in the word "unknown" or "not applicable."

Please fill in all blanks. Please answer all questions. If any item is unknown or not applicable, write in the word "unknown" or "not applicable."

CHILD—START

1. Name of Child (Type or print)

2. Color or Race

White

3. Place of Birth

[illegible] County

4. Sex

Male

PARENTS

5. Full Name of Father

John [illegible]

6. Birthplace of Father (State or foreign country)

Utah

7. Age of Father at Time of Birth

[illegible]

8. Full Maiden Name of Mother

[illegible]

9. Birthplace of Mother (State or foreign country)

Utah

10. Age of Mother at Time of Birth

[illegible]

MOTHER

11. Full Maiden Name of Mother

[illegible]

12. Birthplace of Mother

Utah

13. Age of Mother at Time of Birth

[illegible]

I hereby swear that the above certificate of birth is true and correct to the best of my knowledge and belief.

14. Signature of Applicant

15. Relationship to Child

16. Address of Applicant

17. Date Signed

SUBSCRIBED AND SWORN TO before me on

18. Signature of Notary

19. Notary Commission Expires

ATTESTED

20. Date Received by Local Registrar

21. Local Registrar

22. Date Filed by State Registrar

23. State Registrar

CERTIFICATION

I hereby certify that the certificate of birth of the person named herein was duly registered with this office and that the foregoing is a true copy of the record on file.

Witness my official signature this _____ day of _____, 19_____.

(Seal)

State Registrar

Date Issued

143-226-040-253

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3295
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Iris Enid Julian	2. Date Of Birth (month) (day) (year): May 26 1909
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Wardner Idaho; a. County: Shoshone Co.; b. City or Town of Birth: Cornwall England	
FATHER	6. Full Name of Father: Rowland Julian	7. State or Country of Father's Birth: Cornwall England
MOTHER	8. Full Maiden Name of Mother: Carrie Caroline Kent	9. State or Country of Mother's Birth: 719 So. Temple Compton Calif.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Iris Enid Denning; 11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 26 1952	12. Signature of Notary: Iris Enid; 13. Notary Commission expires: My Commission Expires Dec. 4, 1952 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record of Baptism		By whom issued and signed: Emmanuel Episcopal Church Rev. Thomas W. Howarth, Rector	Date issued: 9/10/52	Date Orig. Entry: Baptized on Dec. 3, 1913
Class* A	Date of Birth: May 26, 1909	Birth Place: Warndern Idaho.	Full Name of Mother: Caroline Julian	Name of Father: Rowland Julian	
SUPPORTING RECORD 2.	Type of Document: Birth Certificate of Son		By whom issued and signed: Department of Public Health Vital Statistics, California	Date issued: 6/27/27	Date Orig. Entry: Birth of Child June 26, 1927
Class B	Date of Birth: 18 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 30, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 10 1969

142-763-014-623

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3311
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Lloyd Austin
2. Date of Birth (month) October (day) 3rd (year) 1909
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Payette, Idaho.

FATHER

6. Full Name of Father: James Gilbert Austin
7. State or Country of Father's Birth: Payson Utah

MOTHER

8. Full Maiden Name of Mother: Mildred Irean Ostler
9. State or Country of Mother's Birth: Springvell Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant:
11. Present Address of Registrant: 13626 Military Road Seattle 88, Washington

NOTARY (Seal)

Subscribed and sworn to before me on Sept. 29, 1952

12. Signature of Notary: Jeanette Dickman

13. Notary Commission expires: Feb 26 1956

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	L. D. S. Church By John W. Talford	1/2/10	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 3, 1909	Payette, Idaho	Irene Ostler	Gilbert Austin

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	L. D. S. Church, by Albert Brynes, Bishop	5/9/20	Baptized on May 9, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 3, 1909	Payette, Idaho	Mildred Irene Ostler	James Gilbert Asutin

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 6, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State File No. [illegible] 3311

Local Reg. No.

Reg. District

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name at Birth: George Lloyd Austin	2. Date of Birth: Month, Day, Year: October 3 1909
	3. Color or Race: White	4. Place of Birth: Canyon
	5. Place of Birth: Bingham	6. Place of Birth: Payette, Idaho
FATHER	6. Full Name of Father: James Gilbert Austin	7. State or Country of Father's Birth: Kansas Utah
MOTHER	8. Full Maiden Name of Mother: Mildred Irene Ostler	9. State or Country of Mother's Birth: Springvell Utah
APPLICANT	10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant
	12. Signature of Notary	13. Present Address of Registrant: 13620 Mildred Road, Payette, Idaho
	14. Notary Commission expires	

OCT 6 1952

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church, by John T. Talford	Date Issued: 1/2/20	Date Orig. Entry: [illegible]
Class A	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
	[illegible] 1909 [illegible]	[illegible]	[illegible]	
SUPPORTING RECORD 2	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church, by Albert Frazer, Bishop	Date Issued: 5/9/20	Date Orig. Entry: Serialized on May 9, 1920
Class B	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
	[illegible] Payette, Idaho	Mildred Irene Ostler	James Gilbert Austin	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[illegible]	Oct. 6, 1952

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

293-204-010-296

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3344
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leora Hattie Killian
2. Date of Birth (month) (day) (year): Sept 4th I909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Poplar

FATHER

6. Full Name of Father: George Sidney Killian
7. State or Country of Father's Birth: Salem Utah

MOTHER

8. Full Maiden Name of Mother: Hattie Brown
9. State or Country of Mother's Birth: Payson Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Married Name Leora R. Morgan.
11. Present Address of Registrant: 235 S Snd West Rigby, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on: October IIth 19 52
12. Signature of Notary: Leroy Groom
13. Notary Commission expires: Feb 26, 19 55

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	L. D. S. Church, John Bishop Benson	/	Blessed on Nov. 7, 1909
Class* A	Date of Birth / Birth Place: Sept. 4, 1909 Poplar, Idaho	Full Name of Mother: Hattie Eliza Brown	Name of Father: George Sidney Killian	
SUPPORTING RECORD 2.	Church record	L. D. S. Church, by Joseph Fielding Smith	10/9/52	Nov. 7, 1909
Class A	Sept. 4, 1909 Poplar, Idaho	Hattie Aliza Brown	George Sidney Killian	
SUPPORTING RECORD 3.	Letter re Baptismal record	L. D. S. Church, by Edwin H. Lee, Bishop	9/25/52	Baptized on May 1, 1920
Class B	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 13, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

CHILD	1. Registrar's Full Name at Birth: Joyce Bettia Gilliam
	2. Date of Birth: Sept 4th 1909
	3. Color or Race: [illegible] 4. Place of Birth: [illegible] County, Idaho
	5. City or Town of Birth: Paul
FATHER	6. Full Name of Father: Boyce William Taylor
	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Bertha Stoney Gillis
	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
	10. Signature of Applicant: Joyce Bettia Taylor
	11. Present Address of Applicant: Burley, Idaho.
NOTARY	Subscribed and sworn to before me on September 11th, 19 09
	12. Signature of Notary: [illegible]
	13. Notary Commission Expires: Jan 20, 19 33

OCT 1 [illegible]

FOR DEPARTMENTAL USE ONLY — DO NOT WRITE ABOVE THIS LINE

SUPPORTING PROOF A	Type of Document: Records of Issuing [illegible]	Full Name of Child at Birth: Joyce Bettia Taylor	By whom Issued and Signed: Rev. C. E. Church, Idaho Falls, Idaho	Date Issued: Nov. 7, 1929
Class A	Date of Birth: Sept. 4, 1909	Place of Birth: Paul, Idaho	Full Name of Mother: Bertha Stoney Gillis	Name of Father: Boyce William Taylor
SUPPORTING PROOF B	Type of Document: Letter re Baptismal Records	Full Name of Child at Birth: Joyce Bettia Taylor	By whom Issued and Signed: Rev. C. E. Church, Idaho Falls, Idaho	Date Issued: Nov. 7, 1929
Class B	Date of Birth: Sept. 4, 1909	Place of Birth: Paul, Idaho	Full Name of Mother: Bertha Stoney Gillis	Name of Father: Boyce William Taylor

CERTIFICATION OF REGISTRAR	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.	
	Registrar: R. E. Keene	Evidence Reviewed by: Chas. Millen
		Date Filed: Oct. 19, 1932

Do not fold. Do not write above the Registrarial Circle (Circle).

963-225-033-764

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3393
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MINNIE MAY ROCK			2. Date of Birth (month) (day) (year): Feb 25th 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: HIBBARD MADISON	b. City or Town of Birth: Hibbard, Idaho	
FATHER	6. Full Name of Father: JARED ROCK			7. State or Country of Father's Birth: MORGAN UTAH	
MOTHER	8. Full Maiden Name of Mother: ELIZA GIRALDA GODFREY			9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: May Loser		11. Present Address of Registrant: 3687 Platt Ave Lynwood Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: August 11 1952	12. Signature of Notary: Elsie Hilton		13. Notary Commission expires: June 8 1955	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance Co.	Date Issued:	Date Orig. Entry: Oct. 1, 1929
Class* B	Date of Birth: 21 yrs old / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Sup't of Public Instruction Madison County	Date Issued:	Date Orig. Entry: Sept. 15, 1914
Class B	Date of Birth: 6 yrs old / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: Blessed	Date Orig. Entry: 3-6-10
Class A	Date of Birth: Feb. 25, 1909 / Birth Place: Hibbard, Idaho	Full Name of Mother: Eliza Giralda Godfrey	Name of Father: Jared Rock	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Nelson	Oct. 24, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: [illegible] Rock	2. Date of Birth (month) (day) (year): [illegible] 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Madison; b. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible] Rock	7. State or Country of Father's Birth: Norman Utah	
MOTHER	8. Full Maiden Name of Mother: Eliza Ciraica Godfrey	9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19 [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible] 19 [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: Oct. 1, 1959
Class: B	Date of Birth: 21 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2	Type of Document: School Record	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: Sept. [illegible]
Class: B	Date of Birth: 6 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3	Type of Document: Certificate of Blessing	By whom issued and signed: [illegible]	Date Issued: Blessed	Date Orig. Entry: 3-10

Class: Feb. [illegible], 1909, Rigby, Idaho Eliza Ciraica Godfrey — Jared Rock

QUALIFYING PROPOSITION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Oct. [illegible], 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 9000

851-226-028-85 3

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De52-3434
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Pearl Yearout		2. Date Of Birth (month) May (day) 26 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootney; b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Asner Kirk Yearout		7. State or Country of Father's Birth: madison Kansas
MOTHER	8. Full Maiden Name of Mother: Mary Virginia Heckman		9. State or Country of Mother's Birth: Wirtz, Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna G. Goodman	11. Present Address of Registrant: 1415 Walker St, Seattle Wn
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 7 1952	12. Signature of Notary: [illegible] Berger	13. Notary Commission expires: June 8 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: A. K. Yearout	Date Issued: Oct. 8, 1952	Date Orig. Entry:
Class* B	Date of Birth: May 26, 1909	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Mary Heckman	Name of Father: Asner Kirk Yearout
SUPPORTING RECORD 2.	Type of Document: Registration Division	By whom issued and signed: Voting Record City of Seattle, Precinct 405	Date Issued:	Date Orig. Entry: July 13, 1943
Class B	Date of Birth: 24 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Missouri State Life	Date Issued: Sept. 30, 27	Date Orig. Entry:
Class B	Date of Birth: May 26, 1909	Birth Place: Idaho	Full Name of Mother: Mary Virginia Yearout	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Nov. 10, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: [illegible]
2. Date of Birth (month) (day) (year): May 26 1952
3. Color or Race: [illegible]
4. Place of Birth: County [illegible]
5. Place of Birth: Town of Birth [illegible]

FATHER

6. Full Name of Father: [illegible]
7. State or Country of Father's Birth: [illegible]

MOTHER

8. Full Maiden Name of Mother: [illegible]
9. State or Country of Mother's Birth: [illegible]

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]

NOTARY

Subscribed and sworn to before me on [illegible] 1952

12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible] 1952

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Father	A. [illegible] Yearout	Oct. 6, 1952	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Registration Division	Vo [illegible] Record, Div. of Seattle, Precinct		July 13, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
24 yrs old	Idaho		

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Missouri State Life	Sept. 30, 47	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 26, 1909	Idaho	Mary Virginia Yearout	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
R. R. Hansen	[illegible]	Nov. 10, 1952

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DVH 49067

282-208-010-296

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3541
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DELLA ALLEEN BYBEE			2. Date of Birth: (month) APRIL (day) 8, (year) 1909	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: Idaho Falls, a. County: Bonneville	b. City or Town of Birth: Idaho Falls, Idaho	
FATHER	6. Full Name of Father: Charles Eugene Bybee			7. State or Country of Father's Birth: Weber, Davis County, Utah	
MOTHER	8. Full Maiden Name of Mother: Edna Dean Brown			9. State or Country of Mother's Birth: Harrisville, Weber County, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Della Alleen Bybee Baker	11. Present Address of Registrant: 825 E. Oak St., Porterville, Cal.	
NOTARY (Seal) State of California County of Tulare	Subscribed and sworn to before me on December 4, 19 52		12. Signature of Notary: Earl W. Heck MY COMMISSION EXPIRES FEB. 18, 1954	13. Notary Commission expires 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: L. D. S. Church	Date Issued: Baptised	Date Orig. Entry: July 15, 1917
Class* B	Date of Birth: Apr. 8, 1909	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Edna Dean Browne	Name of Father: Chas. E. Bybee	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: Chas. E. Bybee	Date Issued: 11-29-52	Date Orig. Entry:
Class B	Date of Birth: Apr. 8, 1909	Birth Place: Idaho Falls	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Edna Dean Brown Bybee	Date Issued: 11-29-52	Date Orig. Entry:
Class B	Date of Birth: Apr. 8, 1909	Birth Place: Idaho Falls, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Keeler	Date Filed: Dec. 8, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

RECEIVED CERTIFICATE OF BIRTH

DEC 8 1952

1. PLACE OF BIRTH	2. USUAL RESIDENCE (Place where mother lives)
a. County: Bingham	a. State: Idaho
b. City or village: Blackfoot	b. County: Bingham
c. If not in city or village, give township:	c. City or village: Blackfoot
d. Name of hospital or institution:	d. Street address:
e. If not in hospital or institution, give street address or location:	e. If outside city limits, give township:
	f. Is residence on farm?

3. CHILD'S NAME	4. SEX: Female
	5. THIS BIRTH: Single
	6. DATE OF BIRTH: April 8, 1929
	7. AGE OF MOTHER: 23

8. MOTHER	a. Full name: Charlene Eugene Bybee
	b. Maiden surname: Brown
	c. Color or race: White
	d. Age at last birthday: 23
	e. Birthplace (State or foreign country): Idaho
	f. Usual occupation: Housewife
	g. Kind of business or industry: None
	h. Number of children born alive to this mother, including present birth: 1
	i. Number of other children now living: 0

9. FATHER	a. Full name: Glen Dean Brown
	b. Color or race: White
	c. Age at last birthday: 24
	d. Birthplace (State or foreign country): Idaho
	e. Usual occupation: Farmer
	f. Kind of business or industry: Farming

10. INFORMANT	a. I hereby swear or affirm that the information above set forth is true to the best of my knowledge and belief.
	b. Signature: Glen Dean Brown
	c. Address: Ririe, Idaho

11. PREPARER	a. I certify that I prepared this record from the information supplied by the informant.
	b. Signature:
	c. Address:

12. RECEIVED	a. By:
	b. Date: DEC 8 1952

13. REGISTRATION	a. By:
	b. Date: DEC 8 1952
	c. Registrar's No.:

14. CERTIFICATION OF BIRTH	I hereby certify that the above is a true and correct copy of the certificate of birth filed in this office.
	Issued: DEC 8 1952
	Registrar

15. AMENDMENTS	

234-202-1009-717

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3553
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELLA EDELL STUDEBAKER		2. Date of Birth (month) (day) (year): OCTOBER 2 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: IDAHO BONNER; b. City or Town of Birth: SAGLE
FATHER	6. Full Name of Father: Claude Franklin Studebaker		7. State or Country of Father's Birth: Dunn County, Wisconsin
MOTHER	8. Full Maiden Name of Mother: ELLA VIDA PAGE		9. State or Country of Mother's Birth: WISCONSIN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. E. C. Haynes	11. Present Address of Registrant: 1617 E. Gordon Ave. Spokane Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: December 9 1952	12. Signature of Notary: Ella McNulty	13. Notary Commission expires: May 20 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by	By whom issued and signed: Norah R. Studebaker, present soon after birth	Date Issued: Nov. 26, 1952	Date Orig. Entry:
Class* B	Date of Birth: Oct. 2, 1909; Birth Place: Sagle, Idaho	Full Name of Mother: Vida Studebaker	Name of Father: Calude Studebaker	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Claude Franklin Studebaker	Date Issued: Nov. 26, 1952	Date Orig. Entry:
Class B	Date of Birth: Oct. 2, 1909; Birth Place: Sagle, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: John A. Shaw, Superintendent Spokane Public Schools	Date Issued: Nov. 14, 1952	Date Orig. Entry: 1915-16
Class B	Date of Birth: Oct. 2, 1909; Birth Place:	Full Name of Mother: Vida Studebaker	Name of Father: Claud Studebaker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Keeler	Date Filed: Dec. 11, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Idaho

DEC 1 2 1952

REGISTRANT

1. Registrant's Full Name of Birth

2. Color or Race

3. Place of Birth

4. Date of Birth

FATHER

5. Full Name of Father

6. Date of Birth

7. Place of Birth

8. Country of Father's Birth

MOTHER

9. Maiden Name of Mother

10. State or Country of Mother's Birth

AFFIDAVIT

Sworn declare upon oath that the statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

NOTARY

Signature and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

SUPPORTING RECORD 1

Type of Document

Affidavit

Date of Birth | Birth Place

Oct. 2, 1909, Eagle, Idaho

By whom issued and signed

Norah R. Studebaker, present

Full Name of Mother

Vida Studebaker

Date Issued | Date Orig. Entry

Nov. 26, 1952

Name of Father

Palma Studebaker

SUPPORTING RECORD 2

Type of Document

Affidavit by father

Date of Birth | Birth Place

Oct. 2, 1909, Eagle, Idaho

By whom issued and signed

Claude Franklin Studebaker

Full Name of Mother

Date Issued | Date Orig. Entry

Nov. 26, 1952

Name of Father

SUPPORTING RECORD 3

Type of Document

School Record

Date of Birth | Birth Place

Oct. 2, 1909

By whom issued and signed

John A. Shaw, Superintendent

Boekane Public Schools

Full Name of Mother

Vida Studebaker

Date Issued | Date Orig. Entry

Nov. 14, 1952 -- 1915-20

Name of Father

Claude Studebaker

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Dec. 11, 1952

Class A Records are those made and dated before the [illegible]

Class B Records are those made after the fourth [illegible]

235-223-042-639

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3560
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Parmelia Aline Stewart			2. Date of Birth (month) July (day) 23 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Henry L. Stewart			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Lola Oliver			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Parmelia Aline Stewart		11. Present Address of Registrant: 517 Pine SE Albuquerque, New Mexico
NOTARY (Seal)	Subscribed and sworn to before me on: December 3 1952	12. Signature of Notary: Tracy A. Staley		13. Notary Commission expires: Nov. 24, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible record		By whom issued and signed: Examined by Edward Babcock, Notary Public for Idaho	Date Issued: 11/26/52	Date Orig. Entry
Class* A	Date of Birth: July 23, 1909	Birth Place: Twin Falls, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate		By whom issued and signed: Bureau of Vital Statistics Boise, Idaho, #175157	Date Issued	Date Orig. Entry: Aug. 29, 1929
Class B	Date of Birth: 20 yrs old	Birth Place: Twin Falls, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel H. Felder	Dec. 15, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: [illegible]		2. Date of Birth (month) (day) (year): July 23 1952
	3. Color or Race: White	4. Sex: F	5. Place of Birth (a County): Twin Falls; b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: [illegible]		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: [illegible]		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the items of statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: December 5, 1952	12. Signature of Notary: [illegible]	13. Notary Commission expires: Apr. 24, 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible record	By whom issued and signed: Examined by Edward [illegible], Notary Public, Ida.	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: [illegible]	Birth Place: Twin Falls, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics, Boise, Idaho, [illegible]	Date Issued: Aug. 29, [illegible]	Date Orig. Entry:
	Date of Birth: 20 yrs old	Birth Place: Twin Falls, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[illegible]	Dec. 15, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least a year old.

Form DEN-[illegible]

281-126-035-245

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-9
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Theodore Kuns SHARP
2. Date of Birth (month) Sept. (day) 26 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: At home Ft. Lapwai Nez Perce; b. City or Town of Birth: Ft. Lapwai, Idaho

FATHER

6. Full Name of Father: Theodore S. Sharp
7. State or Country of Father's Birth: Tennessee

MOTHER

8. Full Maiden Name of Mother: Margaret Effa Kuns
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Theodore K. Sharp
11. Present Address of Registrant: 1935 Hudson Blvd. Topeka, Kansas.

NOTARY (Seal)

Subscribed and sworn to before me on Jan 5 1953

12. Signature of Notary: R. L. Barkley
13. Notary Commission expires: Jan 17 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Doctor's record
By whom issued and signed: John N. Alley, M. D.
Date issued:
Date Orig. Entry: Sept. 26, 1909
Class* A
Date of Birth: Sept. 26, 1909
Birth Place: Ft. Lapwai, Idaho
Full Name of Mother: Margaret Effa Kuns
Name of Father: Theodore S. Sharp

SUPPORTING RECORD 2.

Type of Document: School Record
By whom issued and signed: University of Kansas
Date issued:
Date Orig. Entry: Sept. 11, 1926
Class B
Date of Birth: Sept. 26, 1909
Birth Place: Lapwai, Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document: Insurance Policy
By whom issued and signed: John Hancock Mutual Insurance Co.
Date issued:
Date Orig. Entry: 3-6-1943
Class B
Date of Birth: Sept. 26, 1909
Birth Place: Lapwai, Idaho
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel Keeler
Date Filed: Jan. 7, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

FILED BY [illegible]

1. Name of child — First: [illegible] Middle: [illegible] Last: [illegible]

2. Date of birth — Month: Sept. Day: 25 Year: 1908

3. Place of birth — City or town: [illegible] County: [illegible] State: Illinois

4. Sex: [illegible]

5. Color or race: [illegible]

6. Name of father: Frederick E. Sibley

7. Birthplace of father — State or country: Illinois

8. Maiden name of mother: Margaret Sofia Ludd

9. Birthplace of mother — State or country: Illinois

10. Occupation of father: [illegible]

11. Age of father at last birthday: [illegible]

12. Number of previous children born to this mother: [illegible]

13. Number of previous children now living: [illegible]

14. Informant: [illegible]

15. Address of informant: [illegible]

16. Relationship of informant to child: [illegible]

17. Date certificate filed: [illegible]

18. Signature of local registrar: [illegible]

19. Address of local registrar: [illegible]

20. Date local registrar signed: [illegible]

21. Remarks: [illegible]

22. Physician or midwife in attendance at birth: [illegible]

23. Address of physician or midwife: [illegible]

24. Date physician or midwife signed: [illegible]

25. Remarks: [illegible]

26. Name of person who supplied information: [illegible]

27. Address of person who supplied information: [illegible]

28. Date person who supplied information signed: [illegible]

29. Remarks: [illegible]

30. Name of person who prepared abstract: [illegible]

31. Address of person who prepared abstract: [illegible]

32. Date abstract prepared: [illegible]

33. Remarks: [illegible]

34. Name of person who filed abstract: [illegible]

35. Address of person who filed abstract: [illegible]

36. Date abstract filed: [illegible]

37. Remarks: [illegible]

38. Name of person who filed certificate: [illegible]

39. Address of person who filed certificate: [illegible]

40. Date certificate filed: [illegible]

41. Remarks: [illegible]

42. Name of person who prepared certificate: [illegible]

43. Address of person who prepared certificate: [illegible]

44. Date certificate prepared: [illegible]

45. Remarks: [illegible]

46. Name of person who signed certificate: [illegible]

47. Address of person who signed certificate: [illegible]

48. Date certificate signed: [illegible]

49. Remarks: [illegible]

50. Name of person who filed certificate: [illegible]

51. Address of person who filed certificate: [illegible]

52. Date certificate filed: [illegible]

53. Remarks: [illegible]

54. Name of person who prepared certificate: [illegible]

55. Address of person who prepared certificate: [illegible]

56. Date certificate prepared: [illegible]

57. Remarks: [illegible]

58. Name of person who signed certificate: [illegible]

59. Address of person who signed certificate: [illegible]

60. Date certificate signed: [illegible]

61. Remarks: [illegible]

62. Name of person who filed certificate: [illegible]

63. Address of person who filed certificate: [illegible]

64. Date certificate filed: [illegible]

65. Remarks: [illegible]

66. Name of person who prepared certificate: [illegible]

67. Address of person who prepared certificate: [illegible]

68. Date certificate prepared: [illegible]

69. Remarks: [illegible]

70. Name of person who signed certificate: [illegible]

71. Address of person who signed certificate: [illegible]

72. Date certificate signed: [illegible]

73. Remarks: [illegible]

74. Name of person who filed certificate: [illegible]

75. Address of person who filed certificate: [illegible]

76. Date certificate filed: [illegible]

77. Remarks: [illegible]

78. Name of person who prepared certificate: [illegible]

79. Address of person who prepared certificate: [illegible]

80. Date certificate prepared: [illegible]

81. Remarks: [illegible]

82. Name of person who signed certificate: [illegible]

83. Address of person who signed certificate: [illegible]

84. Date certificate signed: [illegible]

85. Remarks: [illegible]

86. Name of person who filed certificate: [illegible]

87. Address of person who filed certificate: [illegible]

88. Date certificate filed: [illegible]

89. Remarks: [illegible]

90. Name of person who prepared certificate: [illegible]

91. Address of person who prepared certificate: [illegible]

92. Date certificate prepared: [illegible]

93. Remarks: [illegible]

94. Name of person who signed certificate: [illegible]

95. Address of person who signed certificate: [illegible]

96. Date certificate signed: [illegible]

97. Remarks: [illegible]

98. Name of person who filed certificate: [illegible]

99. Address of person who filed certificate: [illegible]

100. Date certificate filed: [illegible]

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Ft. Lapwai
   (c) Street Address or R.F.D. No. Indian Agency
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Ft. Lapwai (Indian Agency)
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Ft. Lapwai, Idaho

4. **FULL NAME OF CHILD** Theodore Kuns SHARP

5. Date of Birth of Child (Month, day, year) Sept. 26, 1909

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Theodore S. SHARP
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Marysville (City or town) Tennessee (State or foreign country)
14. Exact Occupation Superintendent of Indian Agency
15. Industry or Business U. S. Government

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Effa KUNS
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Cerro Gordo (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Effa Kuns SHARP (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature John M. Alley M.D. ~~Midwife~~ Address 1303-3rd Street, Lewiston, Idaho. Date 9-8-51

AFFIDAVIT

State of.....
County of..... } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the .....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that .....(First name) .....(Last name), who attended this birth.....(Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) ....., Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... by....., Registrar

Form DPH-51130

JAN 8 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-103-028-696

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-65
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leonard William Turner
2. Date of Birth (month) (day) (year): March 3 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: 1133-6th St Kootenai
b. City or Town of Birth: Coeur d'Alene

FATHER

6. Full Name of Father: William Absolam Turner
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Edith Alice Jerond
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leonard W Turner
11. Present Address of Registrant: 520-5-16th

NOTARY (Seal)

Subscribed and sworn to before me on: 16th January 1953
12. Signature of Notary: William P. Edwards
13. Notary Commission expires: Aug 27, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Doctor's Record	John T. Wood, M. D.	8-13-44	
Class* A	Date of Birth / Birth Place: Mch. 3, 1909 Coeur D'Alene, Idaho	Full Name of Mother: Edith Alice Turner	Name of Father: William A. Turner	
SUPPORTING RECORD 2.	School Census	County Board of Education Kootenai County	census	Sept. 1923
Class B	Date of Birth / Birth Place: 14 yrs old	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Insurance Policy	New York Life	7-7-27	
Class B	Date of Birth / Birth Place: Mch. 3, 1909, Coeur d'Alene, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freeden	1-21-53

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho

1. PLACE OF BIRTH: (a) County [illegible] City [illegible]
(c) Street Address or R.F.D. No. [illegible]
(d) Name of Hospital or Maternity Home: [illegible]
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home [illegible] days
In THIS county [illegible] years [illegible] months [illegible] days.

2. USUAL RESIDENCE OF MOTHER: (Always fill in these) (a) State [illegible] (b) County [illegible]
(d) Street Address or R.F.D. No.
How long has MOTHER lived in Idaho? [illegible] yrs.
(f) Mother's mailing address (For registration notice): [illegible]
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) [illegible]

4. PRINT NAME OF CHILD [illegible]

5. Date of Birth (month, day, year) 3/3/1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME [illegible]

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace [illegible] (City or Town) [illegible] (State or foreign country)

14. Exact Occupation Workman

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME [illegible]

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Greenwich England (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was [illegible] (born alive, stillborn) at [illegible] M. on the date and at the place stated above, and that personal particulars were furnished by [illegible] (First name) (Last name), who is related to this child as [illegible] (Mother, etc.)

(a) [illegible] (Date received) (b) [illegible] (Registrar's signature)

If given name added [illegible] by [illegible] (Registrar's Signature)

25. Attendant's OWN signature John O. Ward M.D. (D.O., Midwife, etc.)
and address [illegible] Date Aug 13-49

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

JAN 22 1953

SEC. 38-213. All births [illegible] the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIAN AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, duly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of the birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar within 10 days after the birth, of the fact of such birth having occurred. It shall then be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, no certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances and regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * Any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the manner required in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth within the time prescribed by this article required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction [illegible] $100.

[illegible] REPORT
(Not for certified copies)

(a) Pregnancy: Complications of:

(b) Labor: Complications:

Induced?

(c) Was there an operation for delivery?

State all operations:

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

(4) Signature of Physician:

617-209-006-213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-74
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Fern Alice Wadsworth
2. Date Of Birth (month) June (day) 9 (year) 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth: Idaho, a. County: Bingham; b. City or Town of Birth: Shelley

FATHER

6. Full Name of Father: Charles Ira Wadsworth
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Alice Myrtle Bates
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fern Alice Wadsworth
11. Present Address of Registrant: 772 Hilton Road, Walnut Creek, California

NOTARY (Seal)
STATE OF CALIFORNIA
COUNTY OF ALAMEDA

Subscribed and sworn to before me on November 13, 1952

12. Signature of Notary: Virginia M. Harness
13. Notary Commission expires: April 12 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church record	L. D. S. Church, Walnut Creek Ward, Walnut Creek, Calif.	10/12/52	
Class* B	Date of Birth / Birth Place: June 9, 1909 Shelley, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit by father	Charles I. Wadsworth	8/4/52	
Class B	June 9, 1909 Shelley, Idaho	Alice Myrtle Bates	Charles Ira Wadsworth	
SUPPORTING RECORD 3.	Child's Birth Certificate	L. D. S. Hospital, Salt Lake City, Utah	3-14-37	
Class B	June 9, 1909, Shelley, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freeman	1-26-53

*Class A Records are those made and dated before the Registrants fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT — Person whose birth is being registered

1. Registrant's Full Name of Birth: Fern Alice Wadsworth
2. Date of Birth: June 9, 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth: Idaho, County: Bingham
6. City or Town of Birth: Shelley

FATHER

7. Full Name of Father: Charles Ira Wadsworth
8. State or Country of Father's Birth: Utah

MOTHER

9. Full Maiden Name of Mother: Alice Myrtle Bates
10. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: 772 Hilton Road, Walnut Creek, California

NOTARY

Subscribed and sworn to before me on [illegible] 19[illegible]

12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible] 19[illegible]

SUPPORTING RECORD 1

Type of Document: Church record
Date of Birth: [illegible]
Birth Place: [illegible]
Class: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

By whom issued and signed: L. D. S. Church, Walnut Creek Ward, Walnut Creek, Calif.
Full Name of Mother:
Date Issued: 10/12/52
Date Orig. Entry:
Name of Father:

SUPPORTING RECORD 2

Type of Document: Affidavit by Father
Date of Birth: June 9, 1909
Birth Place: Shelley, Idaho
Class: B

By whom issued and signed: Charles I. Wadsworth
Full Name of Mother: Alice Myrtle Bates
Date Issued: [illegible]/52
Date Orig. Entry:
Name of Father: Charles Ira Wadsworth

SUPPORTING RECORD 3

Type of Document: Child's Birth Certificate
Date of Birth: June 9, 1909
Birth Place: Shelley, Idaho
Class: B

By whom issued and signed: [illegible]
Full Name of Mother:
Date Issued: [illegible]
Date Orig. Entry:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. [illegible]
Evidence reviewed by: [illegible]
Date Filed: 1-25-53

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DRH [illegible]

613-205-035-645

ent of Public Health
of Vital Statistics
Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-78
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Estella Ruth Waldron			2. Date of Birth (month) Jan. (day) 8 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Melrose, NezPerce	b. City or Town of Birth: Melrose
FATHER	6. Full Name of Father: Robert William Waldron			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Luella ODekirk			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Estella R. Hussey		11. Present Address of Registrant: 15763 Cobalt St. San Fernando, California
NOTARY (Seal)	Subscribed and sworn to before me on: December 5 1952	12. Signature of Notary: H. Joseph Kellner		13. Notary Commission expires: Sept 30 1954

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Family		Date Issued:	Date Orig. Entry: at birth
Class* A	Date of Birth: 1/8/09	Birth Place: Idaho	Full Name of Mother: Luella Dekirk Waldron	Name of Father: Robt Wm Waldron	
SUPPORTING RECORD 2.	Type of Document: Baptismal Record	By whom issued and signed: Joseph Gunn, Rector		Date Issued: 12/16/23	Date Orig. Entry: 12/16/23
Class B.	Date of Birth: 1/8/09	Birth Place: Melrose, Idaho	Full Name of Mother: Luella Waldron	Name of Father: Robert W. Waldron	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Luella Waldron		Date Issued: 1-14-53	Date Orig. Entry:
Class B	Date of Birth: Jan. 8, 1909	Birth Place: Melrose, Idaho	Full Name of Mother: Luella Waldron	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	1-26-53

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

JAN 2 6 1953

CERTIFICATE (Person whose Birth is being registered)	1. Registrant's Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): Jan. 8 1909
	3. Color or Race: [illegible] 4. Sex: [illegible] 5. Place of Birth: [illegible] 6. County: [illegible]	7. City or Town of Birth: [illegible]
FATHER	8. Full Name of Father: [illegible]	9. State or Country of Father's Birth: Kansas
	10. Full Maiden Name of Mother: [illegible]	11. State or Country of Mother's Birth: [illegible]
	12. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	13. Signature of Registrant: [illegible]
	14. Described and sworn to before me on: [illegible]	15. Signature of Notary: [illegible]
	16. Present Address of Registrant: [illegible]	17. Notary Commission expires: Sept 30 1954

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3	Type of Document: Affidavit by mother	By whom issued and signed: [illegible]	Date Issued: 1-11-53	Date Orig. Entry:
	Date of Birth: Jan. 8, 1909 Birth Place: Moirone, Grand [illegible]	Full Name of Mother: [illegible]	Name of Father:	
QUALIFYING INFORMATION				

RESIDENCE CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible] Benson	[illegible]	1-26-53

Class A Records are those made and [illegible] before the Registrant's fourth birthday.
Class B Records are those made [illegible] the fourth birthday but are at least [illegible] years old.

Form DRH [illegible]

219-126-035-258

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 145
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles Newton Barbor
2. Date Of Birth (month) (day) (year): April 26 1909
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Nezperce
b. City or Town of Birth: Lewiston, Idaho

FATHER

6. Full Name of Father: Benjamin Corwin Barbor
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Laura Iola Snyder
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles Newton Barbor
11. Present Address of Registrant: 829-10 Ave. Lewiston, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on 3/1/52 19___
12. Signature of Notary: J. K. Hammell
13. Notary Commission expires: 8/13 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Hospital record of birth	St. Joseph's Hospital	2/12/53	April 26, 1909
Class* A	Date of Birth / Birth Place: Apr. 26, 1909 Lewiston, Idaho.	Full Name of Mother: Mrs. B. C. Barbor	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Newspaper ammouncement of birth	By whom issued and signed: Thursday, April 29, 1909 issue The Lewiston Morning Tribune	Date Issued: 2/13/53	Date Orig. Entry: Published on April 29, 1909
Class A	Date of Birth / Birth Place: Apr 26, 1909 Lewiston, Idaho	Full Name of Mother: Mrs. B. C. Barbor	Name of Father: Mr. B. C. Barbor	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued: 8/3/46	Date Orig. Entry: Aug/ 3. 1946
Class B	Date of Birth / Birth Place: Apr. 26, 1909 Lewiston, Idaho.	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Feb. 11, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Charles Newton Barber
2. Date of Birth: April 26 1909 (month) (day) (year)
3. Color or Race: White
4. Sex: [illegible]
5. Place of Birth: Nezperce
6. Birth or Town of Birth: Lewiston, Idaho

FATHER

7. Full Name of Father: Benjamin Corwin Barber
8. State or Country of Father's Birth: Pennsylvania

MOTHER

9. Full Maiden Name of Mother: Laura Iola Snyder
10. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: 829-10 Ave. Lewiston, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on 19

12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible]

APPLICATION OF BOY WRITE BELOW THIS LINE

SUPPORTING RECORD

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital record of birth	St. Joseph's Hospital	2/13/53	April 26, 1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 26, 1909	Lewiston, Idaho	[illegible]	

SUPPORTING RECORD

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Announcement of birth	Thursday, April 29, 1909 Issue, The Lewiston Morning Tribune	2/13/53	published on April 26, 1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 26, 1909	Lewiston, Idaho	[illegible]	Mr. B. C. Barber

SUPPORTING RECORD

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable discharge	Army of the United States	9/3/46	Aug. 3, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 26, 1909	Lewiston, Idaho		

QUALIFYING INFORMATION

REGISTRATION CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name of Registrar	Evidence Reviewed by	Date Filed
[illegible]	Nona Hamilton	Feb. 11, 1953

Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the [illegible] but are at least 6 years old.

Form [illegible]

-769-219-028-693-

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-162
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENAI (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County KOOTENAI
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. MARINE Route
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kootenai Co, Ida

4. **FULL NAME OF CHILD** ALTA MINNIE GORDON

5. Date of Birth of Child (Month, day, year) Feb. 19 - 1909

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** MANCIL GORDON
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace MILTON (City or town) OREGON (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EVALINE WILDER
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace PUTNAM County - MISSOURI (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by Mancil Gordon (First name) (Last name) who is related as father (Mother, etc.)

25. Attendant's **OWN** signature John D Wood M.D. ~~Midwife~~ Address Dec. 23, Coeur d'Alene, Ida. Date 1952

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on February 16, 1953 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

FEB 17 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

659-223-018-293

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 183
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Veta May Ferguson
2. Date of Birth (month) (day) (year): December, 23, 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Clearwater
b. City or Town of Birth: Ahsahka, Idaho

FATHER

6. Full Name of Father: George William Ferguson
7. State or Country of Father's Birth: Berksfalls, Ontario, Canada.

MOTHER

8. Full Maiden Name of Mother: Bertha May Billups
9. State or Country of Mother's Birth: Dayton, Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Veta M Rude
11. Present Address of Registrant: Cordova, Alaska

NOTARY (Seal)

Subscribed and sworn to before me on: February 17 1953
12. Signature of Notary: Jack H. Hodges
13. Notary Commission expires: May 10 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: School Census Record
By whom issued and signed: Board of Education, Clearwater County, Edith E. Crowley
Date Issued: 12/16/52
Date Orig. Entry: Census Report of 1918
Class*: B
Date of Birth: 8 yrs old
Birth Place: Idaho
Full Name of Mother:
Name of Father: George Ferguson

SUPPORTING RECORD 2.

Type of Document: Affidavit by older sister
By whom issued and signed: Ardis Millard
Date Issued: 2/9/53
Date Orig. Entry:
Class: B
Date of Birth: Dec. 23, 1909
Birth Place: Ahsahka, Idaho
Full Name of Mother: Bertha May Billups
Name of Father: George William Ferguson

SUPPORTING RECORD 3.

Type of Document: Censys Marshall's Report
By whom issued and signed: Board of Education, Orofino, Edith E. Crowley, Co. Supt.
Date Issued: Dec. 16, 1952
Date Orig. Entry: School Census of Oct., 1923
Class: B
Date of Birth: 13 yrs old
Birth Place: Ahsahka, Idaho
Full Name of Mother:
Name of Father: George Ferguson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Edna Hamilton
Date Filed: Feb. 23, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 24 1953

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Registrar's Office Number: [illegible]

Division of Vital Statistics

Boise, Idaho

Registrar's Office Number: [illegible]

Local Reg. No.

Acc. Stat. No.

REGISTRAR: 1. Registrar's Office Name of Birth

2. Date of Birth: (month) (day) (year) December, 23, 1952

(Person whose Statements being registered) 3. Color or Race: [illegible] 4. Sex: [illegible] 5. Place of Birth: [illegible] 6. City or Town of Birth: [illegible]

FATHER: 6. Full Name of Father: [illegible] 7. State or Country of Father's Birth: [illegible], Canada.

MOTHER: 8. Full Name of Mother: [illegible] 9. State or Country of Mother's Birth: [illegible]

AFFIDAVIT: I hereby certify upon oath that the [illegible] are true to the best of my knowledge and belief. 10. Signature of Registrant: [illegible] 11. Present Address of Registrant: Canada, Alaska

NOTARY: Subscribed and sworn to before me on [illegible] 12. Signature of Notary: [illegible] 13. Notary Commission expires: [illegible]

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD #: Type of Document: Delayed Census Record | By whom issued and signed: Board of Education, Clearwater County, Edith E. Crowley | Date Issued: 12/16/52 | Date Orig. Entry: Census Report of 1919

Date of Birth: 8 Mar 1919 | Full Name of Mother: | Name of Father: George Ferguson

Class: B | Type of Document: Affidavit by older sister | By whom issued and signed: Ardis Willard | Date Issued: 5/5/53 | Date Orig. Entry:

Date of Birth: Dec. 28, 1919 | Birth Place: Ahsahka, Idaho | Full Name of Mother: Bertha May Filipps | Name of Father: George William Ferguson

SUPPORTING RECORD #: Type of Document: Census Marshwille Report | By whom issued and signed: Board of Education, Edith E. Crowley, Co. Supt. | Date Issued: Dec. 16, 1952 | Date Orig. Entry: School Census of Oct., 1923

Class: E | Date of Birth: [illegible] Mar 1919 | Birth Place: Ahsahka, Idaho | Full Name of Mother: | Name of Father: George Ferguson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and the documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Filed: Feb. 23, 1953

Signature of Registrar: [illegible] Signature Examined by: Zona Hamilton

Form [illegible]

691-129-029-744

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-248
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. R.F.D. #5
   (d) Name of Hospital or Maternity Home: At home (above)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. R.F.D. #5
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Chester Orland Frazier

5. Date of Birth of Child (Month, day, year) January 29, 1909

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9 Mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Franklin Frazier
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Moscow, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Gummere
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Haysprings, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Latah } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 44 years, and that Dr. Hatfield (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma M. Draper Signature
711 South Jefferson, Moscow, Ida. P. O. Address

Subscribed and sworn to before me this 7th day of March, 1953.

(SEAL) Dan S. Crimmins, Notary Public, residing at Moscow, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
My commission expires 9-15-53

Received for filing on March 11, 1953 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130 1 cc pd

MAR 1 1 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

19321-001-133

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-255
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Russell Harold Pickard
2. Date of Birth (month) August (day) 21 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Star

FATHER

6. Full Name of Father: Hugh B. Pickard
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Ida M. Allerdice
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Russell Harold Pickard
11. Present Address of Registrant: 412 N.5TH Place, Sturgeon Bay, Wis.

NOTARY (Seal)

Subscribed and sworn to before me on March 5 1953
12. Signature of Notary: Ralph D. Alexander
13. Notary Commission expires: October 2, 1955.

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Marriage	Milwaukee, Wisconsin	July 26, 1935	
Class* B	Date of Birth: 25 yrs old / Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Child's birth certificate	State of Wisconsin		July 26, 1938
Class B	Date of Birth: 28 yrs old / Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Affidavit by parents	Hugh B. Pickard Ida M Pickard	Feb. 21, 1953	
Class B	Date of Birth: Aug. 21, 1909 / Birth Place: Ada County, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Hedges	3-13-53

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

MAR 13 1953

REGISTRAR (Person whose birth is being registered)	1. Registrant's full name of Birth: Russell Harold Pickard	2. Date of Birth: August 21, 1909
	3. Color or Race: White	4. Sex: Male
	5. Place of Birth: Star	6. County: Ada
		7. City or Town of Birth: Star
FATHER	8. Full Name of Father: Hugh B. Pickard	9. State or Country of Father's Birth: Iowa
	10. Full Maiden Name of Mother: Ida M. Allerdice	11. State or Country of Mother's Birth: Iowa
CERTIFICATE	12. Signature of Registrant: [illegible]	13. Present Address of Registrant: 112 N. 5th Place, Sturgeon Bay, Wis.
OATH (Seal)	14. Subscribed and sworn to before me on March 5, 1953	15. Signature of Notary: [illegible]
		16. Notary Commission expires: October 2, 1955.

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Marriage	By whom issued and signed: Milwaukee, Wisconsin	Date Issued: July 26, 1935
	Date of Birth: 28 yrs old	Birth Place: Idaho	Full Name of Mother:
Class: B			Name of Father:
SUPPORTING RECORD 2.	Type of Document: Child's Birth Certificate	By whom issued and signed: State of Wisconsin	Date Issued: July 26, 1938
	Date of Birth: 28 yrs old	Birth Place: Idaho	Full Name of Mother:
Class: B			Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by parents	By whom issued and signed: Hugh B. Pickard, Ida M. Pickard	Date Issued: Feb. 21, 1953
	Date of Birth: Aug. 21, 1909	Birth Place: Ada County, Idaho	Full Name of Mother:
Class: B			Name of Father:
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (seal)

Certify certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that the secondary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
W. H. Henson	[illegible]	3-13-53

*Class A Records are those made and rated before the registrant's birthday.
Class B Records are those made after the fourth birthday but [illegible] [illegible]

283-129-028-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-273
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
Born on a timber ranch 1½ miles East of Hayden Lake
(e) Mothers stay BEFORE delivery:
In THIS county 5 years 3 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City near Coeur d'Alene and Rathdrum
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Same as mother

4. FULL NAME OF CHILD Edwin Vernon Sylvester

5. Date of Birth of Child (Month, day, year) April 29-1909

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James W. Sylvester
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace near Greenville Illinois (City or town) (State or foreign country)
14. Exact Occupation Railroad fireman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Schumacher
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace near Edwardsville, Ill (City or town) (State or foreign country)
20. Exact Occupation House maid
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the - Uncle - (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 44 years, and that Amanda L. Sylvester, midwife (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George S. Sylvester Signature
S1003 Lincoln St Spokane Wash. P. O. Address

Subscribed and sworn to before me this 25th day of February, 1953

(SEAL) [signature], Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 17, 1953 by W. W. Benson, Registrar

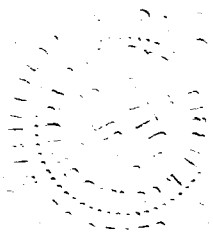
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 18 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

864-208-003-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. .....

File No. De53-294

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Julia Mereta Young
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb. 8, 1909

What bacteriacidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME: Western Randolph Young	FULL MAIDEN NAME: Mattie C. Bellamy
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Rome, Kentucky	BIRTHPLACE: Kansas
OCCUPATION: Engineer, Union Pacific R. R.	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

(Signature) O. B. Steeley, M. D.

(Physician or midwife)

Address Pocatello, Idaho

Filed March 24, 1953 W. W. Benson
Registrar.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OFFICIAL

MAR 24 1909

DELIVERED

DUP OF 1909-340651

614-131-003-352

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 312
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Boyd Faulkner		2. Date of Birth (month) March (day) 31 (year) 1909
	3. Color or Race: Amer. Indian	4. Sex: Male	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Fort Hall, Idaho
FATHER	6. Full Name of Father: Hiram Faulkner		7. State or Country of Father's Birth: Wyoming
MOTHER	8. Full Maiden Name of Mother: Lillian LeSieur		9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Boyd Faulkner	11. Present Address of Registrant: 1102-12th. St. N. W. Minot, North Dakota
NOTARY (Seal)	Subscribed and sworn to before me on: March 24 1953	12. Signature of Notary: Edna Jones	13. Notary Commission expires: March 10 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit of Mother	Lillian LeSieur Caire	Mar. 16, 1953	
Class* B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar. 31, 1909 Fort Hall, Idaho			
SUPPORTING RECORD 2.	Type of Document: University of Idaho record	By whom issued and signed: Ella L. Olesen, Registrar	Date Issued: June 24, 1931	Date Orig. Entry
Class B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar. 31, 1909 Fort Hall, Idaho		Hiram Faulkner	
SUPPORTING RECORD 3.	Type of Document: Application for insurance	By whom issued and signed: Northwestern National Life Insurance Co.	Date Issued: May 24, 1931	Date Orig. Entry
Class B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar. 31, 1909 Fort Hall, Idaho			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: March 27, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible] 312

Local Reg. No.

Reg. Dist. No.

MAR 27 1953

SEQUENCE	1. Name of Birth: Boyd Faulkner	2. Date of Birth: March 31 1909	
3. Color or Race: Amer. Indian	4. Sex: Male	5. Place of Birth: Fort Hall, Idaho	6. County: Bannock
FATHER	6. Full Name of Father: Hiram Faulkner	7. State or Country of Father's Birth: Wyoming	
MOTHER	8. Full Maiden Name of Mother: Lillian LeSieur	9. State or Country of Mother's Birth: California	
OATH	10. Signature of Registrant	11. Present Address of Registrant: 1102-12th. St. N. W. Minot, North Dakota	
NOTARY (Seal)	12. Signature of Notary	13. Notary Commission Expires: [illegible] 19[illegible]	

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

Type of Document: Affidavit of Mother	By whom issued and signed: Lillian LeSieur Faire	Date Issued: Mar. 16, 1953	Date Orig. Entry
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class B			
Type of Document: Inventory of Idaho record	By whom issued and signed: Ella M. Oleser, Registrar	Date Issued: June 2[illegible], 1931	Date Orig. Entry
Date of Birth / Birth Place	Full Name of Mother	Name of Father: Hiram Faulkner	
Class A			
Type of Document: Application for insurance	By whom issued and signed: Insurance Co. Northwestern National Life	Date Issued: May 2[illegible], 1931	Date Orig. Entry
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class B			

QUALITY INFORMATION

MAR 31 1953

REGISTRAR CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Adna Hamilton	March 27, 1953

*Class A Records are those made and [illegible] strictly fourth birthday.
Class B Records are those made [illegible] but not at least 5 years old.

Form [illegible]

235-124-010-864

(Be sure the information is complete and accurate)

State File No. Da53 315

Local Reg. No.

Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): No Street

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): No Street

3. CHILD'S NAME (Type or print)
a. (First): Leo
b. (Middle): Vernal
c. (Last): Stephens

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): Feb. 24/1909

FATHER OF CHILD

7. FULL NAME
a. (First): Joseph
b. (Middle): M.
c. (Last): Stephens

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Bloomington, Ind.

11a. USUAL OCCUPATION: Carpenter & Painter

11b. KIND OF BUSINESS OR INDUSTRY: Day Laborer

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Sylvia
b. (Middle): Irene
c. (Last): Young

13. COLOR OR RACE: White

14. AGE (At time of this birth): 16 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Cumberland, Iowa.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
0	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs. Joe Stephens (Mother)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Ella Clews

18c. ADDRESS: Idaho Falls, Idaho

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED: Mch 30 - 53

19. DATE REC'D BY LOCAL REG.: March 30, 1953

20. REGISTRAR'S SIGNATURE: W. W. Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: WEEKS

22b. WEIGHT AT BIRTH: LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [X]

Approximate date

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum: 10% Argyrol

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Form DPH-48001

MAR 27 1953

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

MAR 27 1953

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

713-123-042-413

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-378
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LESLIE HERMAN PATE, JR.			2. Date Of Birth (month) March (day) 23 (year) 1909	
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Idaho Twin Falls County	b. City or Town of Birth: Buhl, Idaho	
FATHER	6. Full Name of Father: Leslie Herman Pate			7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Grace Gertrude Malone			9. State or Country of Mother's Birth: DesMoines, Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leslie H Pate		11. Present Address of Registrant: 136 Blaine—Nampa, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 14 1953	12. Signature of Notary: Mabel Nelson		13. Notary Commission expires: May 7 1953	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit of Kathryn C. Wolfe, Supt. of Children's home		By whom issued and signed	Date Issued: 4/14/53	Date Orig. Entry: Aug of 1911
Class* A	Date of Birth: Mar. 23, 1909	Birth Place: Buhl, Idaho	Full Name of Mother: Grace Pate	Name of Father: Leslie H. Pate	
SUPPORTING RECORD 2.	Type of Document: Birth Certificate of Son		By whom issued and signed: Bureau of Vital Statistics State of Idaho #231426	Date Issued: 5/8/35	Date Orig. Entry: 4/9/35
Class B	Date of Birth: 26 yrs old	Birth Place: Buhl, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Eva Karnes	April 14, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

TO WHOM IT MAY CONCERN:

I hereby certify that I, Kathryn C. Wolfe, am the duly appointed, qualified and acting Superintendent of the Children's Home Finding and Aid Society of Idaho; that I have charge of the books, papers, and records of the Corporation and that according to the books and records of the Corporation that Orlo Jacob Samels was born at Buhl, Idaho om March 23, 1909, to Lydia Samels and John Samels, and was legally adopted by Leslie H. Pate and Grace Pate through the Probate Court of Madison County, Idaho, under the name of Leslie H. Pate, August , 1911.

Kathryn C. Wolfe
Superintendent
CHILDREN'S HOME FINDING AND AID SOCIETY
OF IDAHO

Subscribed and sworn to before me this 14th day of April 1953, at Boise, Idaho.

Rose Beemer
Notary Public residing at Boise, Idaho

APR 15 19[illegible]

TO WHOM IT MAY CONCERN:

I hereby certify that I, Kathryn C. Wolfe, am the duly appointed, qualified and acting Superintendent of the Children's Home Finding and Aid Society of Idaho; that I have charge of the books, papers, and records of the Corporation and that according to the books and records of the Corporation that Orlo Jacob Samela was born at Buhl, Idaho on March 27, 1909, to Lydia Samela and John Samela, and was legally adopted by Leslie E. Pate and Grace Pate through the Probate Court of Madison County, Idaho, under the name of Leslie H. Pate, August , 1911.

Superintendent
CHILDREN'S HOME FINDING AND AID SOCIETY
OF IDAHO

Subscribed and sworn to before me this 11th day of April 1951, at Boise, Idaho.

Notary Public residing at Boise, Idaho

My Commission Expires

318-24-014-362

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 390
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Robert Allen Taylor
2. Date of Birth (month) July 24th (day) (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Nampa, Idaho U.S.A. b. City or Town of Birth: Nampa Idaho

FATHER

6. Full Name of Father: JOHN TAYLOR
7. State or Country of Father's Birth: Rochester, New York

MOTHER

8. Full Maiden Name of Mother: DAISY AUGUSTA LOSEE
9. State or Country of Mother's Birth: IOWA U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Robert allen Taylor
11. Present Address of Registrant: Broadwater, Nebraska

NOTARY (Seal)

Subscribed and sworn to before me on February 16th 19 53

12. Signature of Notary: Paul H. Eaton

13. Notary Commission expires: December 19th 19 53

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible viewed by Paul H. Eaton, Notary Public		July 24, 1909
Class* A	Date of Birth / Birth Place: July 24, 1909,	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Application for insurance	By whom issued and signed: By Edward B. New York Life/Williams, Asst. Vice-Pres.	Date Issued	Date Orig. Entry: June 28, 1939
Class B	Date of Birth / Birth Place: July 24, 1909 Nampa, Idaho	Full Name of Mother: Daisy A. Taylor, Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	April 16, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. 5953 [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT
(Person whose birth is being registered)

1. Registrant's Full Name at Birth: Robert Allen Taylor
2. Date of Birth: month July 24th day 1909
3. Color or Race: W. Sex: Male
4. Place of Birth: Nampa, Idaho U.S.A.
5. City or Town of Birth: Nampa Idaho
6. Full Name of Father: JOHN TAYLOR
7. State or Country of Father's Birth: Rochester, New York
8. Full Maiden Name of Mother: CATSY AUBRESTA ROSSE
9. State or Country of Mother's Birth: IOWA U.S.A.

APR 1 [illegible]

AFFIDAVIT
I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: [illegible]
11. Present Address of Registrant: Broadwater, Nebraska
12. Signature of Notary: [illegible]
13. Notary Commission expires: December 19th 19 53

NOTARY
Subscribed and sworn to before me on: February 10th 19 53

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.
Type of Document: Bible Record
By whom issued and signed: [illegible]
Date Issued
Date Orig. Entry
Date of Birth / Birth Place
Full Name of Mother
Name of Father
Class: [illegible]

SUPPORTING RECORD 2.
Type of Document: Application for Insurance
By whom issued and signed: [illegible]
Date Issued: June 23, 19[illegible]
Date of Birth / Birth Place
Full Name of Mother
Name of Father
Class: B

SUPPORTING RECORD 3.
Type of Document
By whom issued and signed
Date Issued
Date Orig. Entry
Date of Birth / Birth Place
Full Name of Mother
Name of Father
Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
I hereby certify that no prior birth certificate was been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the legal abstract.

Signature of Registrar: [illegible]
Evidence reviewed by: [illegible]
Date Filed: April 1[illegible], 1953

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday [illegible] years old.

S27406-029-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-444
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home of Parents near Potlatch Idaho
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City
   (d) Street Address or R.F.D. No. R.F.D.
   (e) How long has **MOTHER** lived in Idaho? Born yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Jessie Wallace Espy

5. Date of Birth of Child (Month, day, year) July 6 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Harry Walter Espy
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Oroville (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Clara Gifford
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Santa Rosa (City or town) California (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Lillie M. Kerns **M.D.** Midwife Address Garfield, Wash. Date March 4/1953

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Nez Perce } ss.
County of Nez Perce }

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 4th day of March 1953

(SEAL) E. O. Johnson, Notary Public, residing at Garfield

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 1, 1953 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 27 1967

MAY 1 - 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692-27-024-815

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De53-473
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lilian Lucile Fike
2. Date Of Birth (month) (day) (year): September 27 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: at home Gooding
b. City or Town of Birth: [redacted] Wendell

FATHER

6. Full Name of Father: Horace Hiram Fike
7. State or Country of Father's Birth: [redacted] California

MOTHER

8. Full Maiden Name of Mother: Violet Ione Hanscom
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. H. G. Miller
11. Present Address of Registrant: Pilot Rock, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: May 7th 1953
12. Signature of Notary: J. M. Gilbert
13. Notary Commission expires: Feb 12 1957

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	Mark B. Osmond, Pastor	Baptized	Mch. 23, 1913
Class* A	Date of Birth / Birth Place: Sept. 27, 1909, Wendell, Idaho	Full Name of Mother: Ione Fike	Name of Father: Horrace H. Fike	
SUPPORTING RECORD 2.	Type of Document: Baptism & Certificate of Confirmation	By whom issued and signed: L. D. S. Church	Date Issued: July 31, 1920	Date Orig. Entry
Class B	Date of Birth / Birth Place: Sept. 27, 1909, Wendell, Idaho	Full Name of Mother: Violet Ione Hanscom	Name of Father: Horace H. Fike	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	May 11, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 12 1959

652-226-014-43 C

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De53-484
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: THELMA JUNE WEBB
2. Date Of Birth (month) 6 (day) 26 (year) 1909
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: IDAHO — b. City or Town of Birth: CANYON — NAMPA, IDAHO

FATHER

6. Full Name of Father: William Eakin Webb
7. State or Country of Father's Birth: KANSAS

MOTHER

8. Full Maiden Name of Mother: Stella Florence McDaniel
9. State or Country of Mother's Birth: KANSAS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs A. C. Denny
11. Present Address of Registrant: 2115 S.E. Portland — PORTLAND, OREGON

NOTARY (Seal)

Subscribed and sworn to before me on: May 12 1953
12. Signature of Notary: Elizabeth M. Maber
13. Notary Commission expires: August 17 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of birth certificate, original record on file in Canyon County,			

Class* A

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 26, 1909	Nampa, Idaho	Stella Florence Webb	Wm. E. Webb; Book 33, Page 290-1 Misc record

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Class

Date of Birth	Birth Place	Full Name of Mother	Name of Father

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Class

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

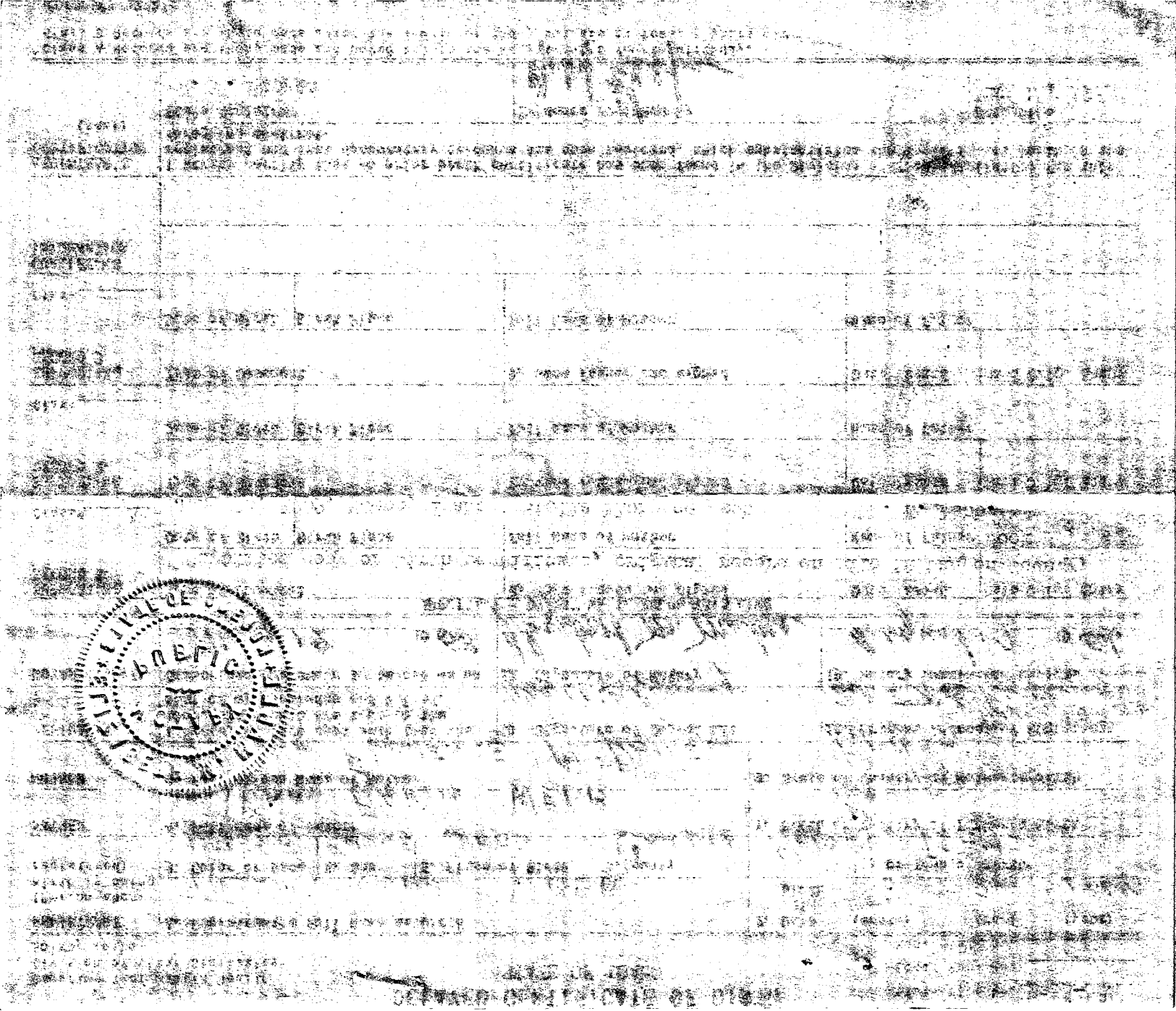
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	May 14, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



REGISTER OF BIRTHS

Page 41 Canyon County, Idaho.

NO.	DATE	PLACE	NAME OF CHILD
902	6-26-09	Nampa	Thelma June Webb (Amended as to names by affidavits recorded Apr. 1, 1953 in Book 33 on pages 290 & 291 of Misc. Records S. S. Foote, Clerk Lavona Sayre, Dep.)

SEX	RACE OR COLOR	NO. IN FAMILY	LIVING OR STILLBORN	PARENTS' NAMES
G	W.	1	L	William Eakin Webb Stella Florence Webb

COLOR	OCCUPATION	BIRTHPLACE	AGE	RESIDENCE	MAIDEN NAME OF MOTHER	IS CHILD LEGITIMATE	REPORTED BY
W	Postal Clerk	Kans.	26	Nampa			
"	H. W.	"	23	"	Stella McDaniel	Yes	Dr. J. H. Murray

State of Idaho
County of Canyon } ss.
I hereby certify that the foregoing instrument is a true and correct copy of the original as the same appears in this office,
DATED
April 6, 1953
S. S. Foote, Clerk of the District Court and Ex Officio Recorder.
By Lavona Sayre
Deputy

MAY 15 1953

REGISTER OF BIRTHS

Page 41 Canyon County, Idaho.

NO.	DATE	PLACE	NAME OF CHILD
902	6-26-09	Nampa	Thelma June Webb

(Amended as to names by affidavit recorded Apr. 1, 1955
in Book 53 on pages 290 & 291 of Miss. Records
S. S. Foote, Clerk
Lavona Sayre, Dep.)

SEX	RACE OR COLOR	NO. IN FAMILY LIVING OR STILLBORN	PARENTS' NAMES
G	W.	L	William Edwin Webb Stella Florence Webb

COLOR	OCCUPATION	BIRTHPLACE	AGE	RESIDENCE	MAIDEN NAME OF MOTHER	IS CHILD LEGITIMATE	REPORTED BY
W	Postal Clerk	Kans.	36	Nampa	Stella McDaniel	Yes	Dr. J. H. Murray
"	H. W.	"	25	"			

State of Idaho
County of Canyon } ss.
I hereby certify that the foregoing instrument
is a true and correct copy of the original as the
same appears in this office.
DATED
April 6, 1973
S. S. Foote, Clerk of the District Court
and Ex Officio Recorder.
By [illegible] Deputy

MAY 1 5 1973

431-222-014-154

(Be sure the information is complete and accurate)

State File No. De53-510
Local Reg. No.
Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho. b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 701 - 6th Ave. N.
d. STREET ADDRESS (If rural, give location): Nampa

3. CHILD'S NAME (Type or print): a. (First) Rita b. (Middle) c. (Last) McArthur

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF BIRTH: (Month) Febr. (Day) 22nd (Year) 1909.

FATHER OF CHILD

7. FULL NAME: a. (First) George b. (Middle) L. c. (Last) McArthur
8. COLOR OR RACE: white
9. AGE (At time of this birth): 43 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Minnesota
11a. USUAL OCCUPATION: Dairyman
11b. KIND OF BUSINESS OR INDUSTRY: Dairyman

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Francis b. (Middle) c. (Last) Anderson
13. COLOR OR RACE: white
14. AGE (At time of this birth): 38 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): Minnesota
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 7
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0
17. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs. Ray T. Moreland. Elder sister

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Geo. A. A. Kellogg M.D.
18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Nampa Idaho
18d. DATE SIGNED: May 22nd, 1909.

19. DATE REC'D BY LOCAL REG.: May 20, 1953
20. REGISTRAR'S SIGNATURE: W. W. Benson
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY WEEKS
22b. WEIGHT AT BIRTH LBS. OZS.
23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]
Approximate date

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Form DPH-48001

LOCAL REGISTRATION OF BIRTHS

MAY 20 1953

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

619-227-005-234

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-551
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elizabeth Melvina Harp
2. Date of Birth (month) Dec (day) 27 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: rural area - Benewah Co.
b. City or Town of Birth: rural area Benewah County

FATHER

6. Full Name of Father: Robert Fred Harp
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: Sarah Sturgill
9. State or Country of Mother's Birth: Kentucky

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elizabeth M Whittaker
11. Present Address of Registrant: N 2203 Kinnea, Opportunity, Wash

NOTARY (Seal)

Subscribed and sworn to before me on June 1 1953
12. Signature of Notary: [illegible]
13. Notary Commission expires 10-14-1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for Insurance	National Union Life Insurance Co.		Jan. 21, 1931
Class* B	**Date of Birth / Birth Place**: Dec. 27, 1909, Idaho	**Full Name of Mother**	**Name of Father**	
SUPPORTING RECORD 2.	Certificate of Registration	City Clerk, City of Spokane		Feb. 21, 1934
Class B	**Date of Birth / Birth Place**: 24 yrs old Idaho	**Full Name of Mother** Washington	**Name of Father**	
SUPPORTING RECORD 3.	Affidavit by father and mother	Robert Fred Harp Sarah Sturgill Harp		May 25, 1953
Class B	**Date of Birth / Birth Place**: Dec. 27, 1909, Benewah County, State of Idaho	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
A. M. Penson	[signature]	June 2, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 3 - 1953

365-214-042-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-561
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie Conover			2. Date of Birth (month) May (day) 14, (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Twin Falls	b. City or Town of Birth: Twin Falls	
FATHER	6. Full Name of Father: Wilber Wallace Conover			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Frances Harrison			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elsie C. Dyer		11. Present Address of Registrant: 2627 Veteran Ave. LA 64, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 29, 1953	12. Signature of Notary: Betty Cushing		13. Notary Commission expires: My Commission Expires December 16, 1955	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church		Date Issued: Baptized	Date Orig. Entry: Mch 2, 1918
Class* B	Date of Birth / Birth Place: May 14, 1909, Twin Falls, Idaho	Full Name of Mother: Frances Harrison		Name of Father: Wilber Wallace Conover	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church		Date Issued: Confirmed	Date Orig. Entry: Mch 2, 1918
Class B	Date of Birth / Birth Place: May 14, 1909, Twin Falls, Idaho	Full Name of Mother:		Name of Father:	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Los Angeles City Board of Education		Date Issued:	Date Orig. Entry: 1922-25 1925-28
Class B	Date of Birth / Birth Place: May 14, 1909, Idaho	Full Name of Mother:		Name of Father: W. W. Conover	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleck	Date Filed: June 4, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT

1. Registrant's Full Name at Birth: Elsie Conover

2. Date of Birth (month) May (day) 14, (year) 1909

3. Color or Race: Female

4. Sex: [illegible]

5. Place of Birth: Twin Falls

6. City or Town of Birth: Twin Falls

FATHER

7. Full Name of Father: Wilber Wallace Conover

8. State or Country of Father's Birth: Utah

MOTHER

9. Full Maiden Name of Mother: Frances Harrison

10. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Present Address of Registrant: 9627 Veteran Ave., LA 6n, Calif.

12. Signature of Notary

13. Notary Commission expires

NOTARY (Seal)

Subscribed and sworn to before me on May 25, 19 53

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Church Record	[illegible]	Baptized	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Church Record	[illegible]	Confirmed	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 14, 1909	[illegible]	[illegible]	[illegible]

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
School Record	[illegible]	[illegible]	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 14, 1909	[illegible]	[illegible]	[illegible]

QUALIFIED SUPPORTING

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Evidence reviewed by

Date Filed

[illegible]

*Class 1 Records are legal made and determined by the Registrant's fourth birthday.
Class 2 Records are [illegible] after the [illegible] birthday not at least 5 years old.

Form [illegible]

633-121-010-133

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 578
Local Reg. No.
Reg. Dist. No.

Ephraim Ray Otteson

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ray Ephraim Otteson			2. Date of Birth (month) (day) (year): June 21st 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lincoln Bonneville	b. City or Town of Birth: Lincoln
FATHER	6. Full Name of Father: Nephi Otteson			7. State or Country of Father's Birth: Provo Utah
MOTHER	8. Full Maiden Name of Mother: Lenore Orinda Allred			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ray E. Otteson		11. Present Address of Registrant: 9125 NE Irving St Port. Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: June 5 1953	12. Signature of Notary: A. D. Clyde		13. Notary Commission expires: June 4 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: Aug. 1, 1909	Date Orig. Entry: Blessed on Aug. 1, 1909
Class* A	Date of Birth: June 21, 1909	Birth Place	Full Name of Mother: Lenore O. Allred	Name of Father: Nephi Otteson
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D.S. Church, Aaron Judy, Bishop	Date Issued: Aug. 5, 1917	Date Orig. Entry: Baptized on Aug. 4, 1917
Class B	Date of Birth: June 21, 1909	Birth Place: Lincoln, Idaho	Full Name of Mother: Orinda Lenore Allred	Name of Father: Nephi Otteson
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: June 8, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED

JUN 1958

156-226-903-493

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-692
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leona Pearl George
2. Date of Birth (month) Feb (day) 26 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Swan Lake
6. County: Bannock
b. City or Town of Birth: Swan Lake Idaho

FATHER

6. Full Name of Father: Jesse George
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Pearl Betsy Millard
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leona Pearl Walker
11. Present Address of Registrant: 8628 Sorby Dale Calif San Miguel

NOTARY (Seal)

Subscribed and sworn to before me on July 11, 1953
12. Signature of Notary: H C Macho
13. Notary Commission expires: My Commission Expires March 19 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	L. D. S. Church	Baptized	June 14, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 26, 1909	Swan Lake, Idaho	Pearl Betsy Millard	Jesse George

SUPPORTING RECORD 2.

Class A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	L. D. S. Church	Blessed	Apr. 4, 1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 26, 1909	Swan Lake, Idaho	Pearl Millard	Jesse George

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Mabel F Fredericksen	July 14, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 14

859-112-043-315

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D53 720
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Laurins Edwin Herrick
2. Date of Birth: (month) May (day) 12 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: Idaho — a. County: Valley — b. City or Town of Birth: Alpha

FATHER

6. Full Name of Father: Laurins Emerson Herrick
7. State or Country of Father's Birth: Ottowa, County Iowa

MOTHER

8. Full Maiden Name of Mother: Essie May Cantrall
9. State or Country of Mother's Birth: Modoc County, Calif.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Laurins Edwin Herrick
11. Present Address of Registrant: McCall, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on May 30 19 53

12. Signature of Notary: Paul T. Hayes
13. Notary Commission expires: Sept. 3. 19 56

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Essie May Herrick	June 30, 1953	
Class* B	Date of Birth / Birth Place: May 12, 1909, Alpha, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit by father	Laurins Emerson Herrick	June 30, 1953	
Class B	Date of Birth / Birth Place: May 12, 1909, Alpha, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Policy No. 7736 Application for Insurance /	By whom issued and signed: Western States Benefit Assn.	Date Issued: Aug. 5, 1943	Date Orig. Entry
Class B	Date of Birth / Birth Place: May 12, 1909 Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Penson	Edna Hamilton	July 27, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. 1959
Local Reg. No.
Reg. Dist. No.

REGISTRATION

1. Name of Person Registered (First, Middle, Last)
Maurine Jeanette Hutton

2. Sex
Female

3. Color or Race
White

4. Date of Birth (Month, Day, Year)
May 29, 1909

5. Place of Birth
a. City or Town
Alpine

b. County
Bonneville

c. State
Idaho

6. Full Name of Father
Lorenzo Dow Hutton

7. Birthplace of Father
a. City or Town
Alpine

b. County
Bonneville

c. State
Idaho

8. Full Maiden Name of Mother
Essie Mae Dartnell

9. Birthplace of Mother
a. City or Town
Alpine

b. County
Bonneville

c. State
Idaho

10. I hereby declare upon oath that the above statement is true to the best of my knowledge and belief.

11. Signature of Registrant:
Maurine Jeanette Hutton

12. Present Address of Registrant
Alpine, Idaho

Subscribed and sworn to before me on
May 29, 1959

13. Signature of Notary

14. Notary Commission expires
Sept. 5, 1959

RECORD

Type of Document
Affidavit for Birth

Date Issued and Signed
May 29, 1959

Date Issued
May 29, 1959

Date of Birth
May 29, 1909

Full Name of Mother
Essie Mae Dartnell

Name of Father
Lorenzo Dow Hutton

Date of Birth
May 29, 1909

Place of Birth
Alpine, Idaho

Name Issued and Signed

Date Issued

Date of Birth

Full Name of Mother

Name of Father

Place of Birth

Name Issued and Signed

Date Issued

Name of Father

Date of Birth

Place of Birth

Name Issued and Signed

Date Issued

Name of Father

Date of Birth

Full Name of Mother

819-206-003-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-758
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Twila Ann Harris	2. Date of Birth (month) (day) (year): October - 6 1909
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Bannock	b. City or Town of Birth: McCammon, Idaho
FATHER	6. Full Name of Father: Oliver William Harris	7. State or Country of Father's Birth: Idaho, Onida, Woodruff
MOTHER	8. Full Maiden Name of Mother: Pearl Eliza Davis	9. State or Country of Mother's Birth: Utah, Cent Portage
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Twila Ann Harris; 11. Present Address of Registrant: 428 McKinley Ave Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 4-28 1953	12. Signature of Notary: Alton M. Alexander; 13. Notary Commission expires: May 14, 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Record of Birth and Blessing	By whom issued and signed: L. D. S. Church, Joseph F. Smith	Date Issued: 3/25/53	Date Orig. Entry: Entered on Record Feb. 6, 1910
	Date of Birth: Oct. 6, 1909	Birth Place: McCammon, Idaho	Full Name of Mother: Pearl Davis	Name of Father: Oliver W. Harris
SUPPORTING RECORD 2. Class A	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Census of 1910	Date Orig. Entry:
	Date of Birth: 8 months old	Birth Place: Idaho	Full Name of Mother: Pearl and	Name of Father: Oliver Harris
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

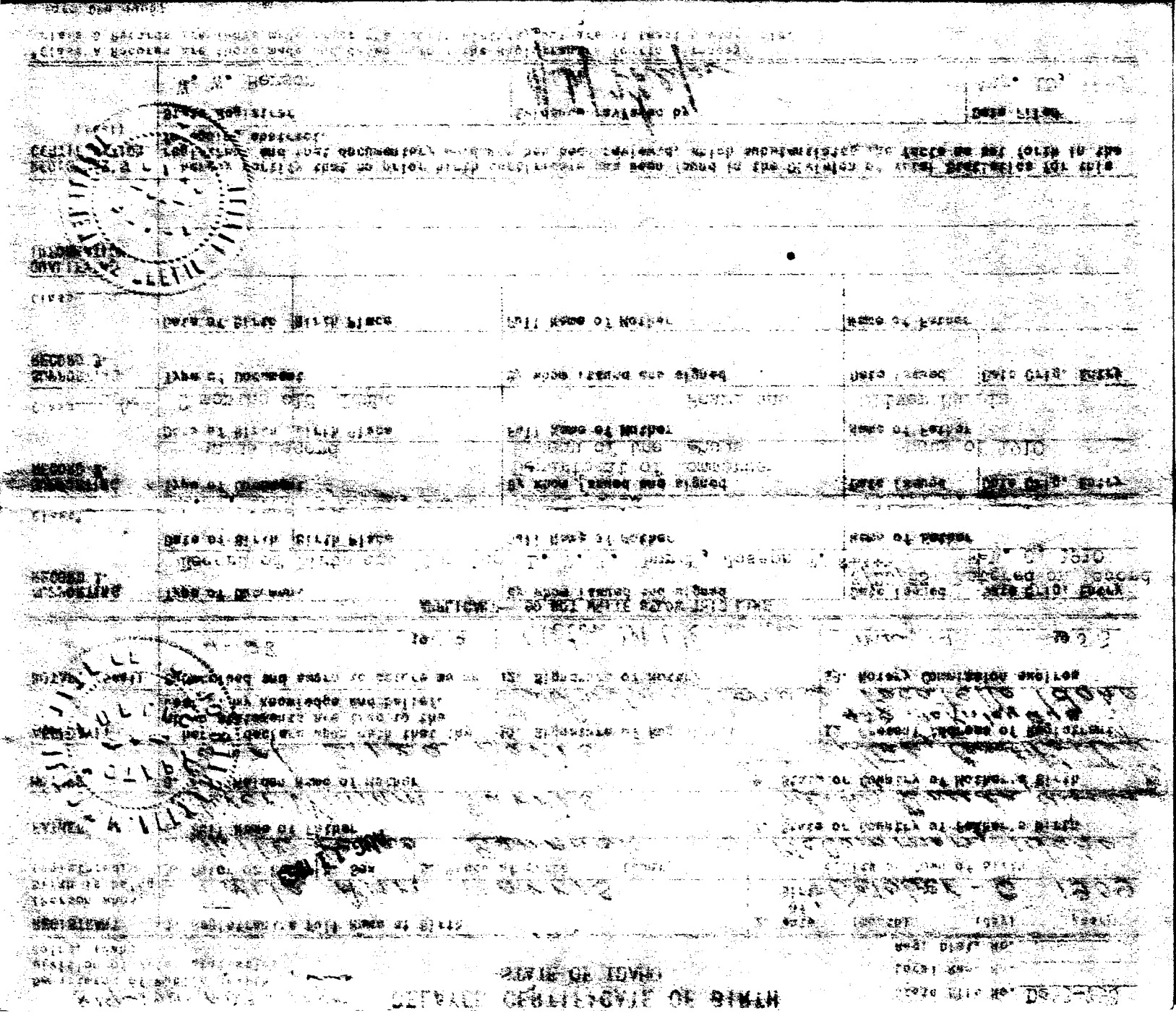
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fields	Aug. 10, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday, but are at least 5 years old.

Form DPH 49067



318-108-044-363

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-759
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Augustus Layton		2. Date of Birth (month) June (day) 8 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington.	b. City or Town of Birth: Salubria - Idaho
FATHER	6. Full Name of Father: Ernest Rufus Layton		7. State or Country of Father's Birth: Oregon	
MOTHER	8. Full Maiden Name of Mother: Carrie Elisa Colson		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth A. Layton	11. Present Address of Registrant: 7205 Blackton Pl. La Mesa, California	
NOTARY (Seal)	Subscribed and sworn to before me on August 5th, 1953	12. Signature of Notary: State of California County of San Diego Rosa B. Hawkins	13. Notary Commission expires: August 25th, 1955	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: United States Navy	Date Issued: enlisted	Date Orig. Entry: Oct. 15, 1937
Class* B	Date of Birth / Birth Place: June 8, 1909, Cambridge, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: United States Navy	Date Issued: enlisted	Date Orig. Entry: Oct. 18, 1930
Class B	Date of Birth / Birth Place: June 8, 1909, Cambridge, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Don C. Layton	Date Issued: May 26, 1953	Date Orig. Entry:
Class B	Date of Birth / Birth Place: June 8, 1909, Salubria, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mary Helen	Date Filed: Aug. 10, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's full name at birth	2. Date of birth (month) (day) (year)	
	3. Color or Race & Sex	4. Place of birth (County)	
FATHER	6. Full name of Father	7. State or Country of Father's birth	
MOTHER	8. Full maiden name of Mother	9. State or Country of Mother's birth	
AFFIDAVIT	I declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present and Complete Mailing Address
NOTARY (Seal)	Subscribed & sworn to before me on _____ 19__	12. Signature of Notary	13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date issued (Date Reg. Entry)
Class*	Date of Birth (Birth Place)	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date issued (Date Reg. Entry)
Class	Date of Birth (Birth Place)	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date issued (Date Reg. Entry)
Class	Date of Birth (Birth Place)	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.	
	Date Registered	Evidence reviewed by	Date Filed

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 8800/

849701-201

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-779
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nathan William Hurt
2. Date of Birth: (month) July (day) 21 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise Idaho

FATHER

6. Full Name of Father: Claud W. Hurt
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Francis Davis
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nate Hurt
11. Present Address of Registrant: 5832 N.E. 36 Portland Oregon

NOTARY (Seal)

Subscribed and sworn to before me on _____ 19____

12. Signature of Notary: F. A. Benson
13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Jan. 30, 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B.	Honorable Discharge	U. S. Navy	Sept. 15, 1931	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	July 21, 1909, Boise, Idaho			
SUPPORTING RECORD 2. Class B	Affidavit	C. W. Hurt	Aug. 15, 1953	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	July 21, 1909, Boise, Idaho			
SUPPORTING RECORD 3. Class B	Child's birth certificate	Bureau of Vital Statistics Boise, Idaho #222411	June 12, 1934	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	24 yrs old Boise, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Helgesen	Aug. 17, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: [illegible]
2. Date of Birth: [illegible] 21 1909
3. Color or Race: [illegible]
4. Sex: [illegible]
5. Place of Birth: [illegible]
6. Full Name of Father: [illegible]
7. State or Country of Father's Birth: [illegible]
8. Full Maiden Name of Mother: [illegible]
9. State or Country of Mother's Birth: [illegible]

AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]

NOTARY: Subscribed and sworn to before me on [illegible]

12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible]

AUG 17 1953

SUPPORTING RECORD 1

Type of Document: Honorable Discharge
Date of Birth: [illegible]
Class: B
By whom issued and signed: U. S. Navy
Full Name of Mother: [illegible]
Date Issued: Sept. 15, 1931
Date Orig. Entry: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD 2

Type of Document: Affidavit
Date of Birth: [illegible]
Class: B
By whom issued and signed: C. M. [illegible]
Full Name of Mother: [illegible]
Date Issued: Aug. 16, 1953
Date Orig. Entry: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD 3

Type of Document: Child's birth certificate
Date of Birth: [illegible]
Class: B
By whom issued and signed: Bureau of Vital Statistics, Boise, Idaho #222411
Full Name of Mother: [illegible]
Date Issued: June 12, 1934
Date Orig. Entry: [illegible]
Name of Father: [illegible]

QUALIFYING INFORMATION

Mrs. Carl Nil
3003 Woody Drive
Boise, Idaho

REGISTRAR'S CERTIFICATION: I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed [illegible] the facts as set forth in the [illegible] abstract.

State Registrar: [illegible]
Evidence reviewed by: [illegible]
Date Filed: Aug. 17, 1953

*Grade A Records are those made [illegible]
Grade B Records are [illegible]

113-229-015-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-789
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Della Mace	2. Date Of Birth (month) August (day) 29 (year) 1909
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Soda Springs Caribou	b. City or Town of Birth: ~~Utah~~ Soda Springs
FATHER	6. Full Name of Father: Lucien Noble Mace	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ethel Lydia Stewart	9. State or Country of Mother's Birth: Utah ~~Box 325 Dixon, Calif~~
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Della Mace Osborn; 11. Present Address of Registrant: Box 325, Dixon, Calif
NOTARY (Seal)	Subscribed and sworn to before me on: 13 August 1953	12. Signature of Notary: W. C. Smith; 13. Notary Commission expires: March 28 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date issued: Blessed	Date Orig. Entry: Dec. 12, 1909
Class* A	Date of Birth: Aug. 29, 1909; Birth Place: Soda Springs,	Full Name of Mother: Idaho Ethel Lydia Stewart	Name of Father: Lucien Noble Mace	
SUPPORTING RECORD 2.	Type of Document: Application for Insurance	By whom issued and signed: New York Life	Date issued: Dec. 16, 1931	Date Orig. Entry:
Class B	Date of Birth: Aug. 29, 1909; Birth Place: Soda Springs,	Full Name of Mother: Idaho	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Aug. 18, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

AUG 1[illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth [illegible]	2. Date of Birth (month) (day) (year) August 28 1909
	3. Color or Race [illegible] 4. Sex [illegible] 5. Place of Birth [illegible] (County) [illegible]	6. City or Town of Birth [illegible]
FATHER	6. Full Name of Father [illegible]	7. State or Country of Father's Birth [illegible]
MOTHER	8. Full Name of Mother [illegible]	9. State or Country of Mother's Birth [illegible]
AFFIDAVIT	10. Sworn and declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant [illegible]
		11. Present Address of Registrant [illegible]
NOTARY (Seal)	Subscribed and sworn to before me 13 August 19 53	12. Signature of Notary [illegible]
		13. Notary commission expires March 26 19 54

AFFIDAVIT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document [illegible]	By whom issued and signed [illegible]	Date Issued [illegible]	Date Orig. Entry Dec. 12, 1909
	Date of Birth / Birth Place [illegible]	Full Name of Mother [illegible]	Name of Father [illegible]	
RECORD 2	[illegible]	By whom issued and signed [illegible]	Date Issued Dec. 16, 1931	Date Orig. Entry
	Date of Birth / Birth Place Aug. 29, 19[illegible]	Full Name of Mother [illegible]	Name of Father	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

QUALIFYING CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the following abstract.		
	Name of Registrar [illegible]	Evidence Reviewed by [illegible]	Date Filed Aug. 1[illegible], 19[illegible]

*Class A Record [illegible] dated before the registrant's fourth birthday.
Class B Record [illegible] after the fourth birthday but are at least 6 years old.

863-222-015-162

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De53-822
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bertha Viola Holden
2. Date of Birth (month) (day) (year): March 22 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Grace, Idho Caribou
b. City or Town of Birth: Grace Idaho

FATHER

6. Full Name of Father: David Thomas Holden
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: ~~Leona~~ Lena Valeria Joseph
9. State or Country of Mother's Birth: Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bertha Viola Holden
11. Present Address of Registrant: Mesilla Park, New Mex

NOTARY (Seal)

Subscribed and sworn to before me on: 11th day of April 1953
12. Signature of Notary: Hazel R. Berkley
13. Notary Commission expires: March 14. 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	L. D. S. Church, by Joseph Fielding Smith	8/20/53	Blessed on May 1, 1909
Class* A	Date of Birth / Birth Place: March 22, 1909 Grace, Idaho	Full Name of Mother: Lena Valeria Joseph	Name of Father: David Holden	
SUPPORTING RECORD 2.	Type of Document: Census record	By whom issued and signed: Bureau of the Census	Date Issued: 7/14/53	Date Orig. Entry: Census of Jan. 1, 1920
Class* B	Date of Birth / Birth Place: 11 yrs old / Idaho	Full Name of Mother: Lena V. Holden	Name of Father: David T. Holden	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	Edna Hamilton	Aug. 27, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 28 1953

53-209-028-353

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-847
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Elizabeth Nelson	2. Date Of Birth (month) Jan. (day) 9 (year) 1909
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Coeur d'Alene; a. County: Idaho	b. City or Town of Birth
FATHER	6. Full Name of Father: Helmer Nelson	7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Minnie Tellefson	9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys E.N. Smith, Minnie Nelson, 8664 Beacon Ave - Seattle Wn
NOTARY (Seal)	Subscribed and sworn to before me on July 22, 1953 July 28, 1953	12. Signature of Notary: [signature] A. W. Dolphin; 13. Notary Commission expires December 8-1953 March 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Cradle Roll Certificate	By whom issued and signed: Hays Park Methodist Church Rev. Walter Air Heart, Pastor	Date issued: Dec. 16, 1911	Date Orig. Entry: 12.16.11
Class* A	Date of Birth: Jan. 9, 1909; Birth Place: Coeur d'Alene	Full Name of Mother: Minnie Nelson	Name of Father: Helmer Nelson	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Metropolitan Life Insurance Co.	Date issued:	Date Orig. Entry: Sept. 22, 1941
Class B	Date of Birth: Jan. 9, 1909; Birth Place: Coeur d'Alene, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Spokane Public Schools	Date issued: Census of	Date Orig. Entry: 1917
Class B	Date of Birth: Jan. 9, 1909; Birth Place: Coeur d'Alene, Idaho	Full Name of Mother:	Name of Father: H. Nelson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Mabel Felder	Sept. 8, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

1. Registrant's Full Name of Birth: Gladys Elizabeth Nelson
2. Date of Birth: Jan. 9, 1909
3. Place of Birth: Coeur d'Alene Idaho
4. Sex of Birth: Female
5. Full Name of Father: Palmer Nelson
6. Full Name of Mother: Minnie Nilsson
7. Place of Country of Father's Birth: Sweden
8. State or Country of Mother's Birth: Minnesota

I hereby declare upon data that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on [illegible]

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: 1918 S. Pacific, Spokane, Wash.
12. Signature of Entrant: [illegible]
13. Notary Commission expires: [illegible]

SUPPORTING RECORD 1.
Type of Document: Cradle Roll Certificate
By whom issued and signed: Hays Park Methodist Church, Rev. Walter Air Heart, Pastor
Date Issued: Dec. 16, 1911
Date Orig. Entry: 12.16.11
Date of Birth: Jan. 9, 1909
Birth Place: Coeur d'Alene
Full Name of Mother: Minnie Nelson
Name of Father: Palmer Nelson

SUPPORTING RECORD 2.
Type of Document: Insurance Application
By whom issued and signed: Metropolitan Life Insurance Co.
Date Issued: Sept. 22, 1911
Date of Birth: Jan. 9, 1909
Birth Place: Coeur d'Alene, Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.
Type of Document: School Record
By whom issued and signed: Spokane Public Schools
Date Issued: Census of 1917
Date Orig. Entry:
Date of Birth: Jan. 9, 1909
Birth Place: Coeur d'Alene, Idaho
Full Name of Mother:
Name of Father: H. Nelson

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible]

Name of Registrar: [illegible]
Date Issued: Sept. [illegible]

749-215-020-814

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-854
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marjorie Purdy		2. Date Of Birth (month) (day) (year): Feb. 15 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Glens Ferry Elmore; b. City or Town of Birth: Glens Ferry Idaho
FATHER	6. Full Name of Father: Frank A. Purdy		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Katherine Hart		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Wayne Newcomb	11. Present Address of Registrant: Declo Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 4 1953	12. Signature of Notary: Leo H Kunau	13. Notary Commission expires: November 11 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Birth Certificate from County		By whom issued and signed: James A. O'Neill, Auditor & Recorder, Elmore County	Date Issued: Page 8 Registrar	Date Orig. Entry: of births Book
Class* A	Date of Birth: Feb. 15, 1909	Birth Place: Glenns Ferry, Idaho	Full Name of Mother: Glenns Ferry Mrs and	Name of Father: Mr. Fred Purdy	
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Nielsen	Sept. 9, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTER OF BIRTHS

NO.	DATE	PLACE	NAME OF CHILD	SEX	RACE OR COLOR	NO. IN FAMILY	LIVING OR STILLBORN	PARENTS NAMES	COLOR	OCCUPATION	BIRTHPLACE
164	Feb.15 1909	G. F.	not named	F	white	3	L	Mr. and Mrs. Fred Purdy	white	Signal Foreman R.R.	America

STATE OF IDAHO)
) SS.
County of Elmore)

I, JAMES A. O'NEILL, Auditor and Recorder in and for the County of Elmore, State of Idaho, do hereby certify that the foregoing is a true and correct copy of the original Birth Record of un-named child of Mr. and Mrs. Fred Purdy, now on file in my office, in Register of Births at page 8

GIVEN UNDER MY HAND and official seal at Mountain Home, Idaho, this, the 21st day of August, A. D. 1953

James A. O'Neill, Auditor & Recorder

By L. Thomas, Deputy.

AUG 21 1953

R OF BIRTHS

RACE OR COLOR	NO. IN FAMILY	LIVING OR STILLBORN	PARENTS NAMES	COLOR	OCCUPATION	BIRTHPLACE	AGE	RESIDENCE	MAIDEN NAME OF MOTHER	IS CHILD LEGITIMATE	REPORT BY
white	3	L	Mr. and Mrs. Fred Purdy	white	Signal Foreman R.R.	America	31	G. F.	not known	L	J. W.

SS.

NEILL, Auditor and Recorder in and for the County of Elmore, State of
rtify that the foregoing is a true and correct copy of the original
amed child of Mr. and Mrs. Fred Purdy, now on file in my office,
s at page 8

HAND and official seal at Mountain Home, Idaho, this, the 21st
1953

James A. O'Neill, Auditor & Recorder

By L. Thomas, Deputy.

NOV 21 1953

363-221-032-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-857
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Effie Ruth Lock
2. Date Of Birth (month) Nov. (day) 21 (year) 1909
3. Color or Race: White
4. Sex: Fm
5. Place of Birth a. County: Lincoln
b. City or Town of Birth: Rupert

FATHER

6. Full Name of Father: Jeptha Wallace Lock
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Susie M. Thomason
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of ~~Registrant~~ Mother: Susie M Lock
11. Present Address of ~~Registrant~~ Mother: Rupert, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 3 19 53
12. Signature of Notary: H. V. Creason
13. Notary Commission expires: Feb. 20 19 54

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible Record	Family Bible viewed by		Nov. 21, 1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 21, 1909		Susie M. Thomason	H. V. Creason Notary Jeptha Wallace Lock

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Minidoka County Schools Dist. 331	Census	1917-1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 21, 1909		Mrs. and Mr.	J. W. Lock

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit of the mother, above, gives place of birth Rupert, Idaho.			

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Hedges	Sept. 9, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT
1. Registrant's Full Name at Birth: [illegible] Beth Lock
2. Date of Birth: Nov. 21 1909
3. Child of Record: [illegible]
4. Sex: [illegible]
5. Place of Birth: [illegible]
6. Full Name of Father: [illegible]
7. State or Country of Father's Birth: Hupert
8. Full Maiden Name of Mother: Jeptha Wallace Lock
9. State or Country of Mother's Birth: Oregon
10. Mother: Lucie M. Thomason
11. Present Address of Registrant: Idaho

AFFIDAVIT
1. Deposit declare upon oath that the [illegible] are true to the best of my knowledge and belief.
2. Signature of Mother: [illegible]
3. Notary Commission expires: Hupert, Idaho

NOTARY
1. Subscribed and sworn to before me on: Sept. [illegible] 19[illegible]
2. Signature of Notary: [illegible]
3. Notary Commission expires: Feb. 20 19[illegible]

SUPPORTING RECORD 1
Type of Document: Birth Record
Date of Birth: Nov. 21, 1909
Class: B
Date Issued: [illegible]
Date Orig. Entry: [illegible]

SUPPORTING RECORD 2
Type of Document: School Record
Date of Birth: Nov. 21, 1909
Class: B
Date Issued: Minidoka County School Dist. [illegible]
Date Orig. Entry: Census 1917-1928
Full Name of Mother: [illegible]
Name of Father: J. W. Lock

SUPPORTING RECORD 3
Type of Document: [illegible] Rotary, above, given place of birth [illegible], Idaho.
Date of Birth: [illegible]
Class: [illegible]
Date Issued: [illegible]
Date Orig. Entry: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]

CLASSIFYING INFORMATION

CERTIFICATION
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.
Signature of Registrar: [illegible] W. Hanson
Date Filed: Sept. 9, 1943

Class A Records are those made [illegible] before the Registrant's fourth birthday.
Class B Records are those made [illegible] fourth birthday but [illegible] least 5 years old.

638-110-001-962

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-896
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond James Flynn	2. Date Of Birth (month) July (day) 10, (year) 1909
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: Emmett, Idaho; a. County: Ada	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: James J. Flynn	7. State or Country of Father's Birth: Colorado, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Della Robinson	9. State or Country of Mother's Birth: Idaho, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]
		11. Present Address of Registrant: Whitepine, Colorado
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 22nd 1953	12. Signature of Notary: [signature]
		13. Notary Commission expires: My Commission Expires Dec. 11, 1955 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Cathedral Roman Catholic Church	Date issued: Baptized	Date Orig. Entry: Sept. 9, 1909
	Date of Birth: July 10, 1909,	Birth Place:	Full Name of Mother: Della Robinson	Name of Father: James Flynn
SUPPORTING RECORD 2. Class B	Type of Document: School Record	By whom issued and signed: University of Idaho	Date issued: Sept. 20, 1929	Date Orig. Entry:
	Date of Birth: July 10, 1909,	Birth Place: Emmett, Idaho	Full Name of Mother:	Name of Father: James J. Flynn
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		Sept. 25, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Date File No. 1953-[illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name of Birth: [illegible]
2. Date of Birth (month) (day) (year): July 10, 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: Bonneville
6. Country: Idaho
7. Place or Country of Father's Birth: [illegible]

FATHER

SEP 25 1953

MOTHER

8. Full Maiden Name of Mother: [illegible]
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]

NOTARY

Subscribed and sworn to before me on [illegible] 19

12. Signature of Notary
13. Notary Commission expires 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Baptism
By whom issued and signed: St. John's Cathedral Roman Catholic Church
Date Issued: Baptized
Date Orig. Entry: Sept. 9, 1909
Date of Birth: July 10, 1909
Birth Place:
Full Name of Mother: Nella Robinson
Name of Father: James Flynn

SUPPORTING RECORD 2.

Type of Document: School Record
By whom issued and signed: University of Idaho
Date Issued: Sept. 20, 1929
Date of Birth: July 10, 1909
Birth Place: Emmett, Idaho
Full Name of Mother:
Name of Father: James J. Flynn

Class

SUPPORTING RECORD 3.

Type of Document
By whom issued and signed
Date Issued
Date Orig. Entry
Date of Birth
Birth Place
Full Name of Mother
Name of Father

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible] Hanson
Evidence reviewed by
Date Filed: Sept. 25, 1953

Class 1 Reports are those made on date before the registrant's fourth birthday
Class 2 Reports are those made after the fourth birthday but are at least [illegible]

415-209-029-68 2

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-915
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elaine Ida Davis
2. Date of Birth (month) Dec (day) 9 (year) 1909
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County Latah; b. City or Town of Birth: Deary Village

FATHER

6. Full Name of Father: Wallace Johnson Davis
7. State or Country of Father's Birth: Texas

MOTHER

8. Full Maiden Name of Mother: Helen Ida Wyborney
9. State or Country of Mother's Birth: Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elaine Ida Davis
11. Present Address of Registrant: 1754 - 141st Ave San Leandro Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: September 25, 1953
12. Signature of Notary: Robert E. Allen
13. Notary Commission expires: November 26 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Helen Wyborney Davis	Sept. 25, 1953	
Class* B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec. 9, 1909, Deary, Idaho	Helen Ida Wyborney	Wallace Johnson Davis	
SUPPORTING RECORD 2.	Census Record	Department of Commerce Bureau of the Census	census of	1920
Class B	10 yrs old Idaho	Helen Davis	Wallace Davis	
SUPPORTING RECORD 3.	School Record	Superintendant of Public Instruction, Latah County	census of	1921
Class B	11 years			

QUALIFYING INFORMATION

Also, school census for the year 1924-1925 gives the age as 14 years old.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	Sept. 29, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 18 1973

Department of Public Health

Vital Statistics Section

State File No. 3-015

Local Reg. No.

Reg. Dist. No.

1. Registrant's full name at birth

2. Date of Birth (Month) (Day) (Year)

3. Color or Race | 4. Sex | 5. Place of birth (County)

FATHER — full name of father

MOTHER — full maiden name of mother

6. State or Country of Father's Birth

7. City or Town of Birth

8. State or Country of Mother's Birth

9. Signature of Registrant

10. Present Address of Registrant

11. I hereby declare upon oath that the statements made by me are true to the best of my knowledge and belief.

12. Signature of Notary

13. Notary Commission expires

SEP 27 1973

Subscribed and sworn to before me on

AFFIDAVIT — BE SURE TO WRITE PLAINLY AND USE INK

Affidavit by mother

Date of Birth | Birth Place

Census Record

Date of Birth | Birth Place

Class 3 — 10 yrs old | Idaho

Type of Document | Full Name of Registrant

School Record

Date of Birth | Birth Place

Class 3 — 10 Years

Full Name of Mother

Helen Davis

By whom issued and signed

Superintendent of Public Instruction, Latah County

Name of Father

Maurice Davis

Date Issued | Date Orig. Entry

Census of 1923

Name of Father

Full Name of Mother

Helen Davis

By whom issued and signed

Superintendent of Public Instruction, Latah County

Name of Father

Maurice Davis

Date Issued | Date Orig. Entry

Census of 1923

Name of Father

Full Name of Mother

Helen Davis

By whom issued and signed

Deputy Attorney Davis

Name of Father

Fuliana Johnson Davis

Date Issued | Date Orig. Entry

Census of 1920

Name of Father

Full Name of Mother

Helen Davis

By whom issued and signed

Deputy Attorney Davis

Name of Father

Fuliana Johnson Davis

Date Issued | Date Orig. Entry

Sept. 25, 1923

Also, school census for the year 1922-1923 gives the age as 11 years old.

CERTIFICATION OF INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been received, which substantiates the facts as set forth in the above affidavit.

Signature of Registrar

Evidence received by

Date Filed

Sept. 29, 1923

Clerk & Recorder — Note made and dated below the Application for Birth Registry.

Class 3 Records — Those made after the Twenty-fifth year at least 1 year old

849-105-028-331

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Da53 976
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Howard Harold Hurt			2. Date Of Birth (month) (day) (year): April Fifth 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Athol Kootenai	b. City or Town of Birth: Athol
FATHER	6. Full Name of Father: Leland Hurt			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Margaret clark			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard H. Hensley		11. Present Address of Registrant: R. F. D. athol
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 12th 1953	12. Signature of Notary: J. H. Wallace		13. Notary Commission expires: Nov. 30, 1956.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by County Recorder re registration of birth in Kootenai Co.	By whom issued and signed: James D. Riggs, County Recorder Kootenai County, Idaho	Date Issued: 10/12/53	Date Orig. Entry: April 5, 1909
Class* A	Date of Birth: April 5, 1909	Birth Place: Athol, Idaho	Full Name of Mother: Maggie Hurt	Name of Father: Leland B. Hurt
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Margaret Hensley	Date Issued: 10/17/53	Date Orig. Entry:
Class B	Date of Birth: April 5, 1909	Birth Place: Athol, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Bible Record of Births	By whom issued and signed: Bible record also examined by L. J. McArthur, Notary Public at Sandpoint	Date Issued: Bible published in 1881	Date Orig. Entry: April 5, 1909
Class A	Date of Birth: April 5, 1909	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Oct. 21, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State Reg. No. 1903 478
Local Reg. No.
Reg. Dist. No.

REGISTRANT
Person whose birth is being registered

1. Registrant's Full Name at Birth: Howard Harold Hurt
2. Date of Birth: April Fifth 1909
3. Sex: Male
4. Place of Birth: Athol
5. County: Kootenai
6. City or Town of Birth: Athol

OCT 22 1953

FATHER
6. Full Name of Father: Leland Hurt
7. State or Country of Father's Birth: Missouri

MOTHER
8. Full Maiden Name of Mother: Margaret Clark
9. State or Country of Mother's Birth: Minnesota

AFFIDAVIT
I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Howard H. Hurt
11. Present Address of Registrant: R.F.D. Athol

NOTARY
Subscribed and sworn to before me on: Oct 19 1953
12. Signature of Notary: [illegible]
13. Notary Commission expires: Nov. 30, 1956

SUPPORTING RECORD 1
Title of Document: Affidavit by County Recorder re registration of birth, Kootenai Co.
Date of Birth: Birth Place
By whom issued and signed: James D. Riggs, County Recorder, Kootenai County, Idaho
Full Name of Mother
Date Issued: 10/12/53
Date Orig. Entry: April 5, 1909
Name of Father: Leland S. Hurt

SUPPORTING RECORD 2
Title of Document: Affidavit by Mother
Date of Birth: Birth Place: April 5, 1909 Athol, Idaho
By whom issued and signed: Margaret Hensley
Full Name of Mother
Date Issued: 10/17/53
Date Orig. Entry
Name of Father

SUPPORTING RECORD 3
Type of Document: Bible Record of Births
Date of Birth: Birth Place: April 5, 1909
By whom issued and signed: Bible record also examined by L. [illegible] Mathur, Notary Public at Sandpoint
Full Name of Mother
Date Issued: Bible [illegible] Mathur
Date Orig. Entry: April 5, 1909
Name of Father

QUALIFYING INFORMATION

CERTIFICATION
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Registrar: J. H. Benson
Evidence reviewed by: Edna Hamilton
Date Filed: Oct. 21, 1953

Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday or are at least 1 years old.

Form OHA 6006

366-223-014-634 OCT 22 1953

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D653 977
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn Mae Toothaker		2. Date Of Birth (month) May (day) 23 (year) 1909
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Nampa Idaho Canyon; b. City or Town of Birth
FATHER	6. Full Name of Father: John Robert Toothaker		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Estella Elizabeth McDonald		9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn Mae Fredrick	11. Present Address of Registrant: 9104 Montgomery Spokane Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: 10-20 1953	12. Signature of Notary: C A Stucker	13. Notary Commission expires: 5-oct- 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Membership record in the Royal Neighbors of America, Rock Island, Ill.	By whom issued and signed: Katharine B. Dunn, Deputy Supreme Recorder	Date Issued: 4/24/53	Date Orig. Entry: Membership on May 31, 1930
Class* B	Date of Birth: May 23, 1909	Birth Place: Nampa, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Mrs. J. R. Toothaker	Date Issued: April 30, 1953	Date Orig. Entry
Class B	Date of Birth: May 23, 1909	Birth Place: Nampa, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Affidavit by Father	By whom issued and signed: J. R. Toothaker	Date Issued: April 30, 1953	Date Orig. Entry
Class B	Date of Birth: May 23, 1909	Birth Place: Nampa, Idaho	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	October 22, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child (If born in hospital or institution, give name of hospital or institution instead of street address)	2. Date of birth (month, day, year)
3. Sex	4. Place of birth (city or town) (county)
5. Full name of father	6. Birthplace of father (state or country)
7. Full maiden name of mother	8. Birthplace of mother (state or country)
9. Name and address of person having custody of child	10. Relationship of person having custody of child

I hereby certify that the above information is true to the best of my knowledge and belief.

11. Signature of person having custody of child

12. Date signed

13. Address of person having custody of child

14. Name and address of physician, midwife, or other person in attendance at birth

15. Date attended born

16. Date last attended mother

17. Was child born dead? (yes or no)

18. Was child born alive? (yes or no)

19. Length of pregnancy

20. Was birth single, twin, triplet, etc.? (state which)

21. Was child legitimate? (yes or no)

22. Usual residence of mother (state, county, city, town, street address)

23. Color or race

24. Age of mother at last birthday (years)

25. Birthplace of mother (state or country)

26. Occupation of mother (kind of work done during most of working life, even if not employed at time of birth)

27. Was mother married, widowed, or divorced? (specify which)

28. Date of marriage

29. Total number children born to this mother, including present birth

30. Number children born to this mother living at present time, including present birth

31. Number children born to this mother now dead

32. Date of death of each child born dead or living and now dead

I hereby certify that I attended the birth of this child at the time stated above.

33. Signature

34. Address

35. Date signed

36. Name and address of informant (other than physician or midwife in attendance at birth)

37. Date received by local registrar

38. Registered number

39. Signature of local registrar

I hereby certify that I have supervised the delivery of the above-named child; that the said child was born alive on the date stated above; and that the said child was born to the mother named above.

40. Signature of attendant

41. Address

42. Date signed

43. Name and address of person who filed certificate of birth

44. Date filed

45. Signature of local registrar

46. Date delayed certificate filed

47. Evidence submitted with application

48. Signature of local registrar

49. Date filed

I hereby certify that the above-named child was born on the date stated above, as shown by the records of this office.

50. Signature of local registrar

51. Date filed

I hereby certify that no birth certificate can be found in the Division of Vital Statistics for this child and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing statement.

52. Signature of registrar

53. Date filed

Given under my hand and seal this 22nd day of October, 1953.

E. W. Benson
State Registrar

Evidence received by
Form Certificate

Date filed
October 22, 1953

Given under my hand and seal this fourth birthday but are at least 3 years old.

365-21-1008-265

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-981
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alice Mary Long
2. Date of Birth (month) (day) (year): October 17, 1909
3. Color or Race: White
4. Sex: female
5. Place of Birth: Idaho — a. County: Boise — b. City or Town of Birth: Roseberry

FATHER

6. Full Name of Father: Otis Amasa Long
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Susan R. Sweaney
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice M. Harider
11. Present Address of Registrant: 2106 Arcadia, Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 22, 1953 19___
12. Signature of Notary: Mabel Helgen
13. Notary Commission expires: May 7, 19 57

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy	Metropolitan Life Insurance Co.	2-11-35	
Class* B	**Date of Birth / Birth Place:** 26 yrs old	**Full Name of Mother:**	**Name of Father:**	
SUPPORTING RECORD 2.	Child's birth certificate	Bureau of Vital Statistics #243765	May 20, 1936	
Class B	**Date of Birth / Birth Place:** 26 yrs old Idaho	**Full Name of Mother:**	**Name of Father:**	
SUPPORTING RECORD 3.	Affidavit by mother	Susan R. Long	Oct. 22, 1953	
Class B	**Date of Birth / Birth Place:** Oct. 17, 1909, Roseberry, Idaho	**Full Name of Mother:** Susan R. Sweaney	**Name of Father:** Otis Amasa Long	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Helgen	Oct. 22, 1909

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

TO WHOM IT MAY CONCERN:

Williams
I, Mrs Susan R. Long,/do swear I am the mother of Alice Mary Long, born in Roseberry, Idaho on Oct. 17, 1909. Father's name, Otis A. Long, mother's maiden name, Susan R. Sweaney.

Susan R Williams

Subscribed and sworn to before me this 22nd day of Oct. 1953.

Notary Public

OCT 23 1953

TO WHOM IT MAY CONCERN:

Williams

I, Mrs Susan R. Long, do swear I am the mother of Alice Mary Long, born in Roseberry, Idaho on Oct. 17, 1909. Father's name, Otis A. Long, mother's maiden name, Susan R. Sweaney.

.....

Subscribed and sworn to before me this 22nd day of Oct. 1934.

.....

DEC 5 1934

847-107-004-546

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 1043
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WARREN LLOYD HUGHES		2. Date Of Birth: (month) March (day) 7 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Bear Lake	b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: David Lloyd Hughes		7. State or Country of Father's Birth: Ottumwa, Iowa	
MOTHER	8. Full Maiden Name of Mother: Sarah Ellen Edwards		9. State or Country of Mother's Birth: Russell Gulch, Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Warren Lloyd Hughes	11. Present Address of Registrant: 706 Stonehurst Dr. Altadena, California	
NOTARY (Seal)	Subscribed and sworn to before me on: November 17 1953	12. Signature of Notary: W. D. Jones NOTARY PUBLIC In and for the County of Los Angeles, State of California	13. Notary Commission expires: March 24 1957	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School enrollment record	By whom issued and signed: Jason Lee Junior High School Harry S. Parker, Principal	Date Issued: Sept.3,1953	Date Orig. Entry: 1924 - 1925	
Class* B	Date of Birth: March 7, 1909	Birth Place: Montpelier, Idaho.	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Honorable discharge	By whom issued and signed: U. S. NAVAL SERVICE	Date Issued: Separation Oct. 4, 1947	Date Orig. Entry: Entered June 14, 1927	192
Class B	Date of Birth: Mar. 7, 1909	Birth Place: Montperlier, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by	By whom issued and signed: Harriet Richardson	Date Issued: Sept. 3, 1953	Date Orig. Entry:	
Class B	Date of Birth: Mar. 7, 1909	Birth Place: Montpelier, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Nov. 16, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Stat. File No. 1045
Local Reg. No.
Reg. Dist. No.

NOV 16 1953

1. Registrant's full name at birth		2. Date of birth (month) March (day) 7 (year) 1909	
3. Color or Race White	4. Sex Male	5. Place of birth Bear Lake	6. City or Town of birth Montpelier
6. Full Name of Father David Lloyd Hughes		7. State or Country of Father's Birth Ottumwa, Iowa	
8. Full Maiden Name of Mother Sarah Ellen Edwards		9. State or Country of Mother's Birth Russell Gulch, Colorado	
10. Signature of Registrant		11. Present Address of Registrant 708 Sonoma Ave. Altadena, Calif.	
12. Signature of Notary		13. Notary Commission expires	

AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

NOTARY (Seal): Subscribed and sworn to before me on 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

RECORD 1

School enrollment record — Harry S. Parker, Principal — Sept. 3, 1923 — June 1923

Date of birth: Birth Place — Full Name of Mother — Name of Father

Class B — March 7, 1909 Montpelier, Idaho.

SUPPORTING RECORD 2

Type of Document: Honorable discharge — By whom issued and signed: U. S. NAVAL SERVICE — Date issued: Sept. 4, 1947 — Date Orig. Entry: June 1927

Date of birth: Birth Place — Full Name of Mother — Name of Father

Class B — Mar. 7, 1909 Montpelier, Idaho

SUPPORTING RECORD 3

Type of Document: Affidavit by — By whom issued and signed: Harriet Richardson — Date issued: Sept. 3, 1953 — Date Orig. Entry

Date of birth: Birth Place — Full Name of Mother — Name of Father

Class B — Mar. 7, 1909 Montpelier, Idaho

QUALIFYING INFORMATION

CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that the [illegible] has been reviewed, which authenticates the facts as set forth in the following abstract.

Registrar — Evidence reviewed by

[illegible] W. Benson — Edna Hamilton — Nov. 16, 1953

[illegible] the Registrant's fourth birthday.
Class S [illegible] birthday [illegible] at least [illegible] years [illegible]

693-111-025-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

NOV 19 1953

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-1052
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Henry Willmore			2. Date Of Birth: (month) May (day) 11 (year) 1909	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: a. County: Preston, Idaho	b. City or Town of Birth: Preston	
FATHER	6. Full Name of Father: Alfred E. Willmore			7. State or Country of Father's Birth: London, England	
MOTHER	8. Full Maiden Name of Mother: Mary E. Williams			9. State or Country of Mother's Birth: Logan, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Henry Willmore		11. Present Address of Registrant: 322 San Anselmo Ave. San Anselmo, California	
NOTARY (Seal)	Subscribed and sworn to before me on: November 17, 1953	12. Signature of Notary: Laura E. Lunning		13. Notary Commission expires: July 27, 1956	

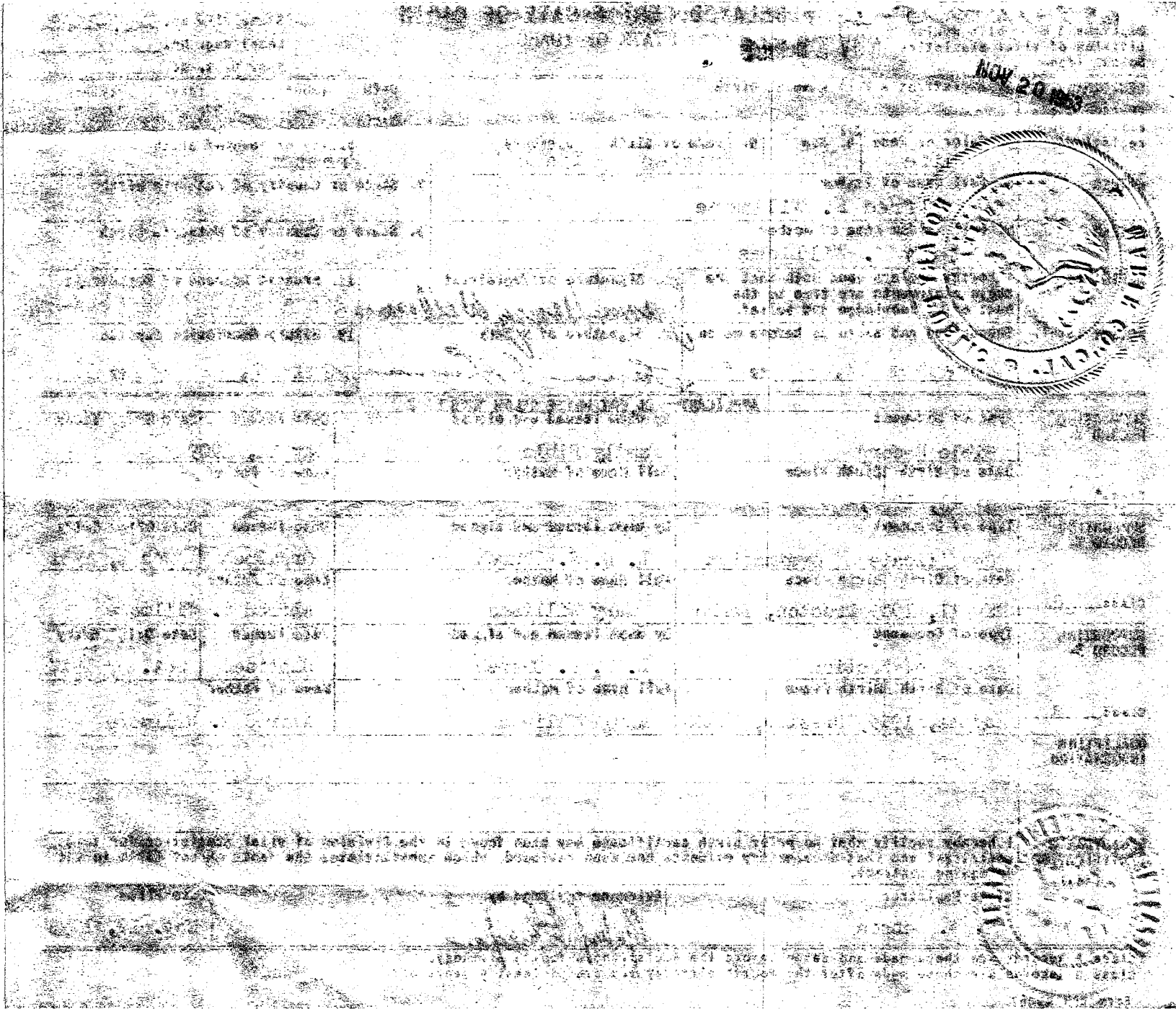
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: May 11, 1909	Date Orig. Entry:
Class* A	Date of Birth / Birth Place: May 11, 1909,	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: L. D. S. Church	Date Issued: Ordained	Date Orig. Entry: Mch 1, 1931
Class B	Date of Birth / Birth Place: May 11, 1909 Preston, Idaho	Full Name of Mother: Mary Williams	Name of Father: Alfred E. Willmore	
SUPPORTING RECORD 3.	Type of Document: Record of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Baptised	Date Orig. Entry: Oct. 6, 1917
Class B	Date of Birth / Birth Place: May 11, 1909, Preston, Idaho	Full Name of Mother: Mary Williams	Name of Father: Alfred E. Willmore	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel F. Eden	Date Filed: Nov. 19, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



285-214-
022-665

RECEIVED
NOV 25 1953
Division of Vital Statistics

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. De53 1086
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Squirrel
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Squirrel
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Thelma Fay Sheetz

5. Date of Birth of Child (Month, day, year) July 14-1909

6 Sex girl

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy [illegible]

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Luther Sheetz
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Webster City Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** [illegible] Owens
17. Color or Race [illegible]
18. Age at time of THIS birth 24 yrs.
19. Birthplace [illegible] Ills (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle (First name) Sheetz (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature E. L. Hargis M.D. Midwife Address Ashton Idaho Date Nov 19, 1953

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on December 1, 1953 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1 Copy

DEC 2 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

354-207001-291

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-30
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Emma Wilhelmina Lemon
2. Date of Birth (month) October (day) 7 (year) 1909
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise, Idaho

FATHER

6. Full Name of Father: Lucien Lemon
7. State or Country of Father's Birth: Newton Kansas

MOTHER

8. Full Maiden Name of Mother: Emma Crescent Broili
9. State or Country of Mother's Birth: Sunol, Calif

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Emma Crescent Broili Lemon
11. Present Address of Registrant: 2102 N- 19 St.

NOTARY (Seal)

Subscribed and sworn to before me on Jan. 8 1954

12. Signature of Notary: G L McAtee
13. Notary Commission expires: Dec. 31 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Bible Record	Family Bible		Oct. 7, 1909
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Oct. 7, 1909	Emma Broili	Lucien Lemon	
SUPPORTING RECORD 2. Class B	School Record	Boise Public Schools		Sept. 1915
	Oct. 7, 1909	Clyde Langlois	Lucian Lemon	
SUPPORTING RECORD 3. Class B	High School Record	Boise Senior High School Geo. H. Fields, Principal	enrolled	Sept. 10, 1923
	Oct. 7, 1909, Boise, Idaho	Emma Lemon	Lucien Lemon	

QUALIFYING INFORMATION

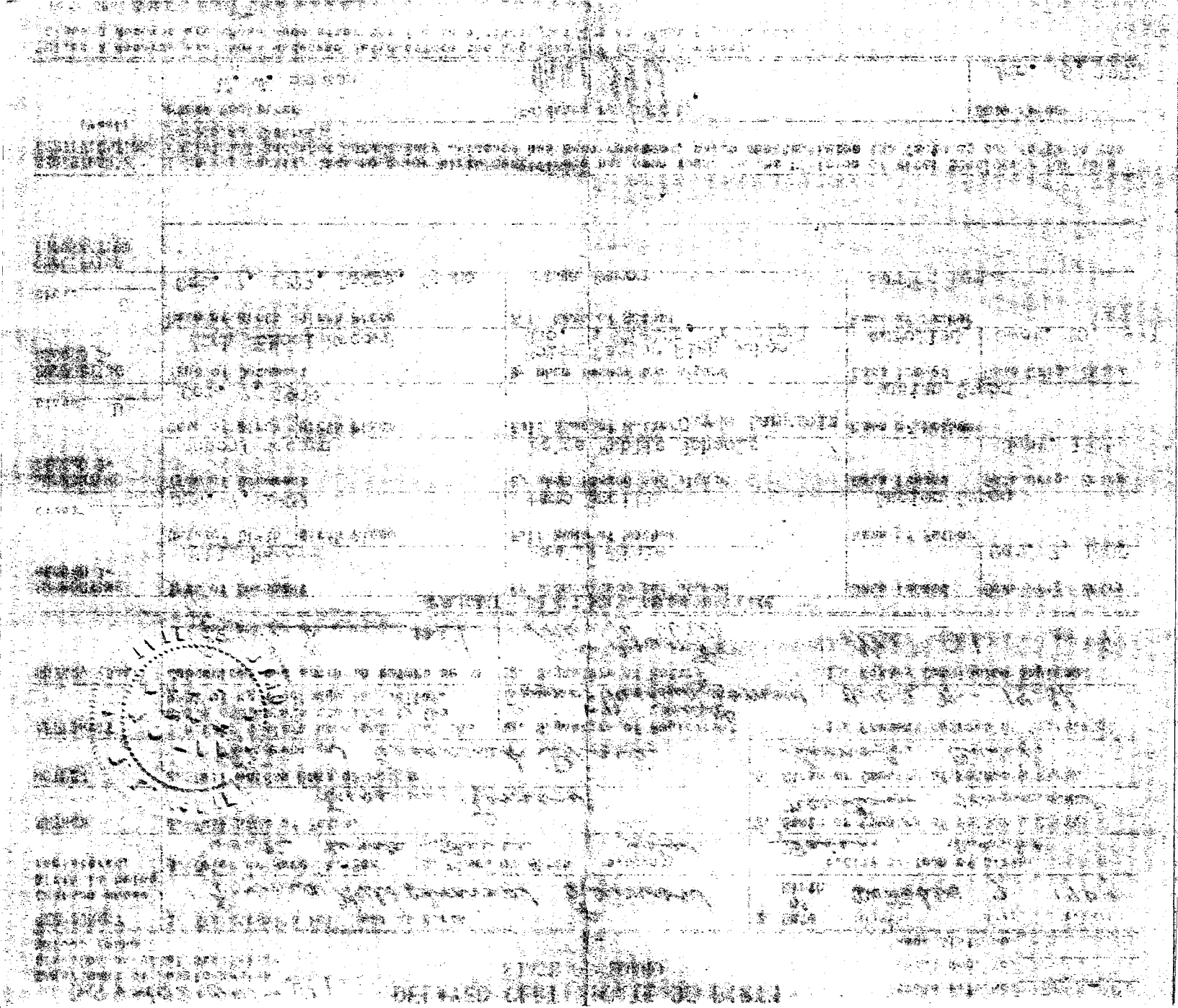
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Helen	Jan. 15, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



494-225-028-
RECEIVED
FEB 1 - 1954
Division of Vital Statistics
494

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 70
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jennie Eva Dimico	2. Date Of Birth (month) Aug. (day) 25 (year) 1909
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: a. County: Springston Kootenai	b. City or Town of Birth: Springston
FATHER	6. Full Name of Father: Sebastian Dimico	7. State or Country of Father's Birth: Italy
MOTHER	8. Full Maiden Name of Mother: Marian DiMaria	9. State or Country of Mother's Birth: Italy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jennie Eva Damiano; 11. Present Address of Registrant: 132 W. Mullan Kellogg Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: JAN 29 1954 19	12. Signature of Notary: J. G. Giles; 13. Notary Commission expires: NOTARY PUBLIC, Kellogg, Idaho My Commission Expires Nov. 14, 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Baptismal record	Church of St. Francis De Sales T. J. Moore, Pastor,	Jan. 25, 1954	Baptized on Mar. 22, 1920
	Date of Birth: Aug. 25, 1909; Birth Place:	Full Name of Mother: Marian Demaria	Name of Father: Sebastian Dimico	
SUPPORTING RECORD 2. Class B	Census Record	Bureau of the Census	9/9/53	Census of Jan. 1, 1920
	Date of Birth: 11 yrs old; Birth Place: Idaho	Full Name of Mother: Marion Demico	Name of Father: Sebastian Demico	
SUPPORTING RECORD 3. Class B	Affidavit by Mother	Marion Dimico Milton	Oct. 1, 1953	
	Date of Birth: Aug 25, 1909; Birth Place: Springston, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Feb. 1, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

RECEIVED
FEB 1 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Date Filed: Feb. 2, 1954

Local Reg. No.

Reg. Dist. No.

1. Registrar's Full Name of Birth	2. Date of Birth (month) (day) (year)	
3. Color or Race / Sex	4. Place of Birth	5. Birth Place
6. Full Name of Father	7. State or Country of Father's Birth	
8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
10. Signature of Registrant	11. Present Address of Registrant	
12. Signature of Notary	13. Notary Commission Expires	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed	Date Issued: Jan. 25, 1954	Date Orig. Entry: Apr. 22, 1920
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Census Report	By whom issued and signed	Date Issued: 9/6/55	Date Orig. Entry: Jan. 1, 1920
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Deputy Registrar	Date Filed
[illegible]	[illegible]	Feb. 2, 1954

*Class A Records are those made and dated before the last Grant's fourth birthday.
Class 3 Records are those made after the fourth birthday but are at least 8 years old.

Form DPH [illegible]

396-208-022-693 (Be sure the information is complete and accurate)

State File No. De54-73
Local Reg. No.
Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grayesville
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Mabel
b. (Middle): —
c. (Last): Crouch.

4. SEX: Female

5a. THIS BIRTH: SINGLE ☐ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☑

6. DATE OF BIRTH: (Month) Nov (Day) 8 (Year) 1909.

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle): Henry
c. (Last): Crouch.

8. COLOR OR RACE: White

9. AGE (At time of this birth): 80 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): West Virginia

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Almira
b. (Middle):
c. (Last): Wilson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Smithfield Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 2
c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: E. L. Stangis
18c. ADDRESS: Ashton Idaho

18b. ATTENDANT AT BIRTH: M. D. ☑ MIDWIFE ☐ OTHER (Specify)

18d. DATE SIGNED: Jan 29 1954

19. DATE REC'D BY LOCAL REG.: Feb. 2, 1954

20. REGISTRAR'S SIGNATURE: W. W. Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY WEEKS:

22b. WEIGHT AT BIRTH LBS. OZS.:

23. Was a standard serological test for syphilis performed? YES ☐ NO ☑

Approximate date:

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum: Silver Nitrate

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Form DPH-48001

FEB 9 - 1954

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

25-1-108-035-243

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 27 1953
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 110
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Arjorie Wells Knapp
2. Date of Birth: (month) May (day) 8 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County ~~Latah~~ Idaho-Nez Perce; b. City or Town of Birth: Fort Lapwai

FATHER

6. Full Name of Father: George Comfort Knapp
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Edith May Butts
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Arjorie Wells Knapp
11. Present Address of Registrant: 6800 SE Duke St Portland 6 Ore

NOTARY (Seal)

Subscribed and sworn to before me on November 23 1953

12. Signature of Notary: Thomas N. Marshall
13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Jan. 22, 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by older Brother	Manly W. Knapp	Nov. 23, 1953	

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 8, 1909	Fort Lapwai, Idaho		

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Letter re application for Ins.	The Prudentiel Ins. Co.	12/22/53	Application Dec. 30, 1946

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 8, 1909	Idaho	Edith Butts	George C. Knapp

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Older Sister	Alice Idell Tyler	Jan. 30, 1954	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 8, 1909	Fort Lapwai, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Feb. 10, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF TEXAS — VITAL STATISTICS

Circular of Vital Statistics

1. Place of birth: a. City or town ... b. County ... c. Length of residence at present address

PARENTAGE

2. Color or race ... 3. Age at last birthday ... 4. Birthplace (State or country)

5. Full name of father

6. Birthplace of father

7. Maiden name of mother

8. Birthplace of mother

INFORMANT

9. I hereby certify that the above is true to the best of my knowledge and belief.

Signature of informant

Address

10. Date signed

11. Name of attending physician or midwife

12. Address

13. Date received by local registrar

14. Signature of local registrar

15. Number in register

16. Date of birth

17. Sex

18. Twin, triplet, or other plural birth

19. If child was born dead, state whether fetal death, stillbirth, or unknown

20. Length of pregnancy

21. Physician in attendance at birth

22. Was birth attended by a midwife?

23. Was birth attended by a nurse?

24. Was birth attended by a lay attendant?

25. Was birth attended by a hospital?

26. Was birth attended by a clinic?

27. Was birth attended by a doctor?

28. Was birth attended by a midwife?

29. Was birth attended by a nurse?

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298. Was birth attended by a midwife?

299. Was birth attended by a nurse?

300. Was birth attended by a lay attendant?

866-20 10 19 814

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De54-147
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Violet Rachel Howard
2. Date of Birth (month) (day) (year): Sept 2 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Idaho – Custer
b. City or Town of Birth: Mackay

FATHER

6. Full Name of Father: John Wilford Howard
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Rachel Ann Harris
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Violet Oneida
11. Present Address of Registrant: Shoshone,

NOTARY (Seal)

Subscribed and sworn to before me on: Feb 23 1954
12. Signature of Notary: Mabel K Belden
13. Notary Commission expires: May 7, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	W. Francis Stimpson, Bishop L.D.S. Church	2/22/54	7/7/1918
Class* B	Date of Birth: 9/2/1909 / Birth Place: Mackey, Idaho	Full Name of Mother: Rachel Ann Harris	Name of Father: John W. Howard	
SUPPORTING RECORD 2.	Certificate of Birth #177456 (son)	F. E. Barrett, M.D.	1/7/1930	
Class B	Date of Birth / Birth Place: 20 years of age at time of this birth	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Affidavit by Aunt	Jennie Latham	Feb. 23, 1954	
Class B	Date of Birth / Birth Place: Sept. 2, 1909, Mackay, Idaho	Full Name of Mother: Rachel Ann Harris	Name of Father: John Wilford Howard	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

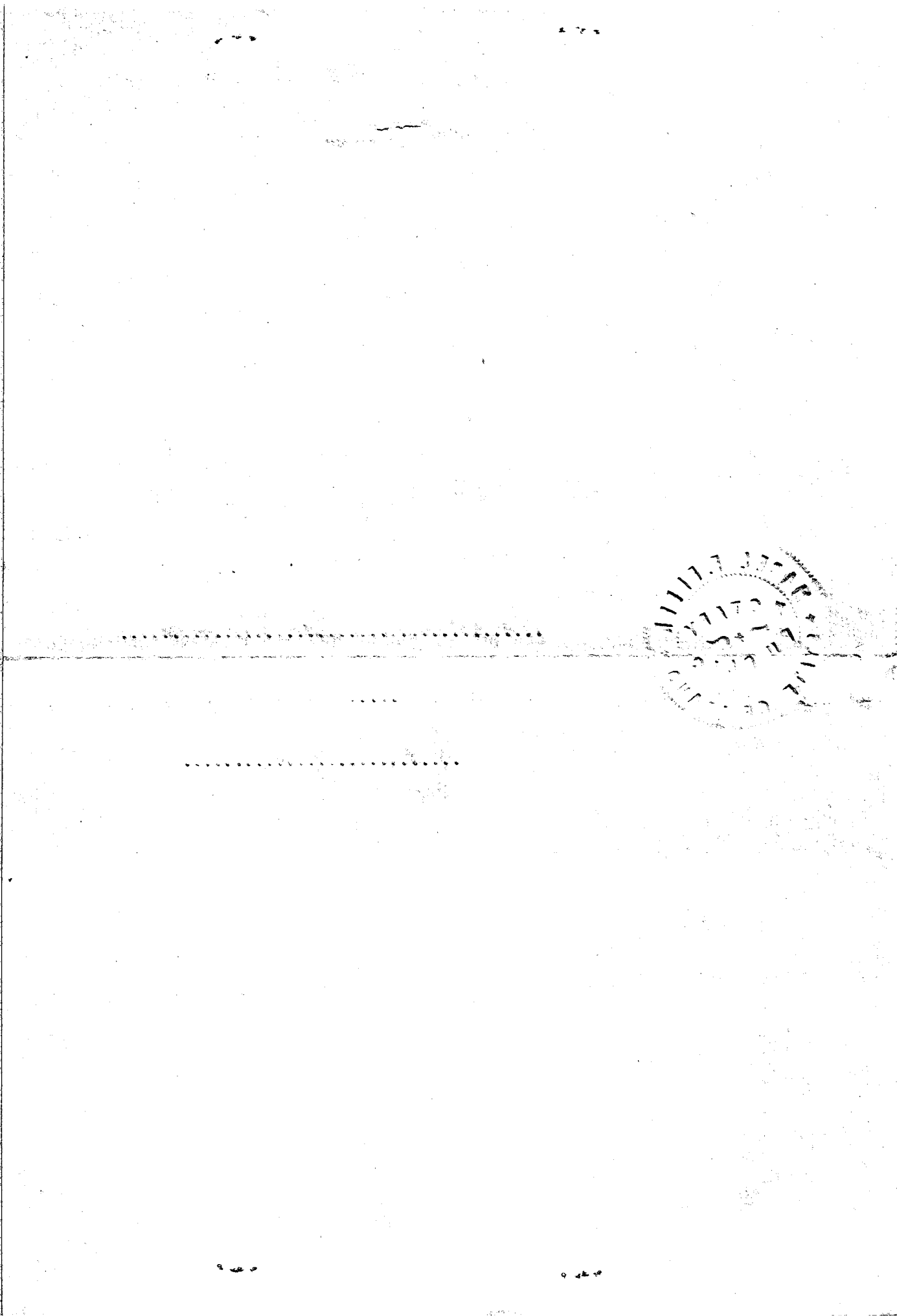
I hereby Certify that I am the Aunt of [redacted] Violet Rachel Howard Oneida and that I am 28 yrs older then Violet, and was present at her birth, at Mackay Ida Sept 2 - 1909 Daughter of John Sulford Howard and Rachel Ann Harris.

Jennie Latham

Subscribed and sworn to before me this ..... day of February, 1954

Notary Public

FEB 24 1954



962-216-025-349

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAR 12 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-191
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martha Ellen Rossiter		2. Date Of Birth (month) July (day) 16, (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Whitebird, b. City or Town of Birth: Idaho. Whitebird Idaho.
FATHER	6. Full Name of Father: George Rossiter		7. State or Country of Father's Birth: Kansas, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Martha Ann Curtis		9. State or Country of Mother's Birth: Kansas U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Martha E. Cook.	11. Present Address of Registrant: Bay Tree Bonnyville, Alberta.
NOTARY (Seal)	Subscribed and sworn to before me on 12th November 1953	12. Signature of Notary: [illegible]	13. Notary Commission expires — 19— A Notary Public in and for the Province of British Columbia

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible	July 16, 1909	
Class* A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 16, 1909	Mattie A. Curtis	George Rossiter	
SUPPORTING RECORD 2.	Affidavit by sister	Emma Laura Eldred	Nov. 20, 1953	
Class B	July 16, 1909, Whitebird, Idaho			
SUPPORTING RECORD 3.	Affidavit by brother	Samuel R. Rossiter	Nov. 20, 1953	
Class B	July 16, 1909, Whitebird			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleeson	3-12-54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 15 1974

MAR 14 1974

Department of Public Health
Division of Vital Statistics
Boise, Idaho 219-111-003-555

RECEIVED MAR 25 1954 Division of Vital Statistics

AMENDED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-242
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FIORINTO SALVATORE JACK BARTONI		2. Date of Birth (month) (day) (year): December 11 1909	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Pocatello Bannock	b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: Antonio Bartoni		7. State or Country of Father's Birth: Italy	
MOTHER	8. Full Maiden Name of Mother: Maria Venditti		9. State or Country of Mother's Birth: Italy	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fiorinto Bartoni	11. Present Address of Registrant: 2260 Alameda Avenue Alameda, California	
NOTARY (Seal)	Subscribed and sworn to before me on: March 22 1954	12. Signature of Notary: William Torchia	13. Notary Commission expires: November 18 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Life Insurance Policy	By whom issued and signed: Metrolitan Life Insurance Co.	Date Issued: issued	Date Orig. Entry: Jan. 30, 1933	
	Date of Birth: 24 yrs old	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: Dec. 8, 1913	Date Orig. Entry:	
	Date of Birth: 4 yrs old	Birth Place:	Full Name of Mother:	Name of Father: Tony Bartoni	
SUPPORTING RECORD 3. Class A	Type of Document: Certificate of Baptism	By whom issued and signed: Rev. Cirillo Van der Donekt	Date Issued: Baptized	Date Orig. Entry: Jan. 16, 1910	
	Date of Birth: Dec. 11, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Maria Antonia Venditta	Name of Father: Antonio Bartoni	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Feeler	March 30, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 30 1954

REGISTRAR

1. Registrar

2. Date of Birth (month) (day) (year)

December 11 1957

3. Color or Race

4. Sex

5. Place of Birth (County)

Pocatello, Idaho

6. Full Name of Father

Antonio Bartoni

7. State or Country of Father's Birth

Italy

8. Full Maiden Name of Mother

Maria Tonditti

9. State or Country of Mother's Birth

Italy

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

20. Signature of Registrant

[signature]

11. Present Address of Registrant

2200 Alameda Avenue
Alameda, California

NOTARY

Subscribed and sworn to before me on

Feb 22 19 54

12. Signature of Notary

[signature]

13. Notary Commission expires

November 16 19 57

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document

Life Insurance Policy

By whom issued and signed

[illegible]

Date issued

Date Orig. Entry

Jan. [illegible] 1954

Date of Birth

Birth Place

Full Name of Mother

Name of Father

Tony Bartoni

Class

SUPPORTING RECORD 2

Type of Document

Certificate of Baptism

By whom issued and signed

[illegible]

Date issued

Baptized

Date Orig. Entry

Jan. [illegible] 1910

Date of Birth

Birth Place

Full Name of Mother

Name of Father

Dec. 11, 1909, Pocatello, Idaho

Maria Antonia Tonditta

Antonio Bartoni

Class

QUALIFYING INFORMATION

DECLARATION & CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which [illegible] the facts as set forth in the following statement.

Date Registrar

Evidence reviewed by

Date Filed

March 30, 1954

Class [illegible] Class [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of BANNOCK } ss.

Certificate No.
Date Filed March 25, 1954

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for FIORINTO BARTONI (Name on Original Certificate) who was born (Was Born or Died) on Dec. 11, 1909 (Date of Event)
in Pocatello (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on May 6, 1954 (Give Date), are:

VIEWED BY DIV. OF VITAL STATISTICS

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
~~FIORINTO BARTONI~~ NAME	FIORINTO BARTONI	~~JACK BARTONI~~
		FIORINTO SALVATORE JACK BARTONI

Subscribed and sworn to before me this 27th day of September, 1954.
William Torchia
Notary Public, residing at Oakland, California
My commission expires Nov. 18, 1957
(Seal)

Signed Antone Bartoni Father
(Signature of parent or ~~attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1928 50th Ave., Oakland, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Alameda } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of September, 1954.
William Torchia
Notary Public, residing at Oakland, California
My commission expires Nov. 18, 1957
(Seal)

Signed Mary Bartoni mother
(Signature of Any Credible Person)
1928 50th Ave., Oakland, Calif.
(Street Address, City, State)

DPH 52-155

STATE OF IDAHO

NOV 5 1954

699-115-033-415

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De54-257
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Rexburg
   (c) Street Address or R.F.D. No. 1st N St between Center & 1st E Sts
   (d) Name of Hospital or Maternity Home: our home, where we lived at time,
   (e) Mothers stay **BEFORE** delivery: from 7-24-1906 In **THIS** county three years 1 months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Rexburg, 1st North St, between Center & 1st East Sts.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs. since 7-24-1906

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho

4. **FULL NAME OF CHILD** Albert Danforth Wright

5. Date of Birth of Child (Month, day, year) September 15 1909

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** James Reed Wright
11. Color or Race white
12. Age at time of THIS birth 28 1/12 yrs.
13. Birthplace Washington, D. C. 606 ASt. N. E. (City or town) (State or foreign country)
14. Exact Occupation Cashier Rexburg State Bank.
15. Industry or Business BANKING. Rexburg, Idaho

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Maud Danforth
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Moline, Illinois. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by James R. Wright (First name) (Last name) who is related as father. (Mother, etc.)

25. Attendant's **OWN** signature Dr Joseph Walker M.D. Address Hollywood, California. Date Sept 15, 1909 Mar 29, 1954

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 2, 1954 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

OCT 23 19[illegible]

MAR 0 2 2005

DELAYED REGISTRATION LAW

APR 2 1954

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DISCARDED

354-178-040-993

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 2 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 259
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ISRAEL STANISLAUS Lemieux			2. Date Of Birth (month) JANUARY (day) 28 (year) 1909	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: HOME BLACK BEAR	a. County: SHOSHONE	b. City or Town of Birth: BLACK BEAR
FATHER	6. Full Name of Father: NAZAIRE URBEN LEMIEUX			7. State or Country of Father's Birth: CANADA	
MOTHER	8. Full Maiden Name of Mother: MARY RICKARD			9. State or Country of Mother's Birth: ENGLAND	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Israel S. Lemieux	11. Present Address of Registrant: WALLACE IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: Mar 31 1954		12. Signature of Notary: [signature]	13. Notary Commission expires: 6-14 1955	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: School Record of Age	By whom issued and signed: Mildred S. Badgley, Supt. School Dist. No. 16, Shoshone Co.	Date Issued: 3/17/54	Date Orig. Entry: School year of Sept. 1917-1918
	Date of Birth: Jan. 28, 1909 8 yrs old / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class B	Type of Document: Hospital Record	By whom issued and signed: Providence Hospital, by Sister Mary Trinity, R.R.L.	Date Issued: 3/16/54	Date Orig. Entry: April 18, 1943
	Date of Birth: Jan. 28, 1909 / Birth Place: Black Bear, Ida.	Full Name of Mother: Mary Record (Rickard)	Name of Father: Nazaire Lemieux	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by parents	By whom issued and signed: Mary Rickard Lemieux Nazaire Urben Lemieux	Date Issued: March 17, 1954	Date Orig. Entry:
	Date of Birth: Jan. 28, 1909 / Birth Place: Black Bear, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	April 2, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DeC4 250
Local Reg. No.
Reg. Dist. No.

JUL 3 1969

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: ISRAEL STANISLAUS LEMIEUX	2. Date of Birth (month) (day) (year): JANUARY 28 1909
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: Black Bear; 6. County: Shoshone	7. City or Town of Birth: Black Bear
FATHER	8. Full Name of Father: Nazaire Ubden Lemieux	7. State or Country of Father's Birth: Canada
MOTHER	9. Full Maiden Name of Mother: Mary Rickard	9. State or Country of Mother's Birth: England

APR 2 1964

AFFIDAVIT	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Wallace Idaho
NOTARY	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD	Type of Document: School Record of Age	By whom issued and signed: Mildred S. Bedsley, Supt. Dist. No. 16, Shoshone Co.	Date Issued: 3/17/64	Date Orig. Entry: School year of Sept. 1917-1918
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
Class B	Jan. 28, 1909			

SUPPORTING RECORD 2	Type of Document: Hospital Record	By whom issued and signed: Providence Hospital, by Sister Mary Trinity, R.R.L.	Date Issued: 3/16/64	Date Orig. Entry: April 18, 1945
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
Class B	Jan. 28, 1909 Black Bear, Ida.	Mary Record (Rickard)	Nazaire Lemieux	

SUPPORTING RECORD 3	Type of Document: Affidavit by parents	By whom issued and signed: Mary Rickard Lemieux	Date Issued: March 17, 1964	Date Orig. Entry
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
Class B	Jan. 28, 1909 Black Bear, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	April 2, 1964

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-[illegible]

291-106-01-863

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 5 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-274
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarence Braham		2. Date Of Birth (month) Sept. (day) 6 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonners Ferry Boundary; b. City or Town of Birth: Bonners Ferry
FATHER	6. Full Name of Father: Charles Braham		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Pearl Hockett		9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: C Clarence Braham	11. Present Address of Registrant: 1325 E. Jefferson, Seattle, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: February 2 19 54	12. Signature of Notary: Anne Crandall	13. Notary Commission expires: March 16 19 54

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Doctor's Record	By whom issued and signed: Dr. E. E. Fry, Bonners Ferry Idaho	Date Issued	Date Orig. Entry: Sept. 6, 1909	
Class* A	Date of Birth: Sept. 6, 1909	Birth Place: Bonners Ferry	Full Name of Mother: Pearl Hockett	Name of Father: Charles Braham	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry	
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry	
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

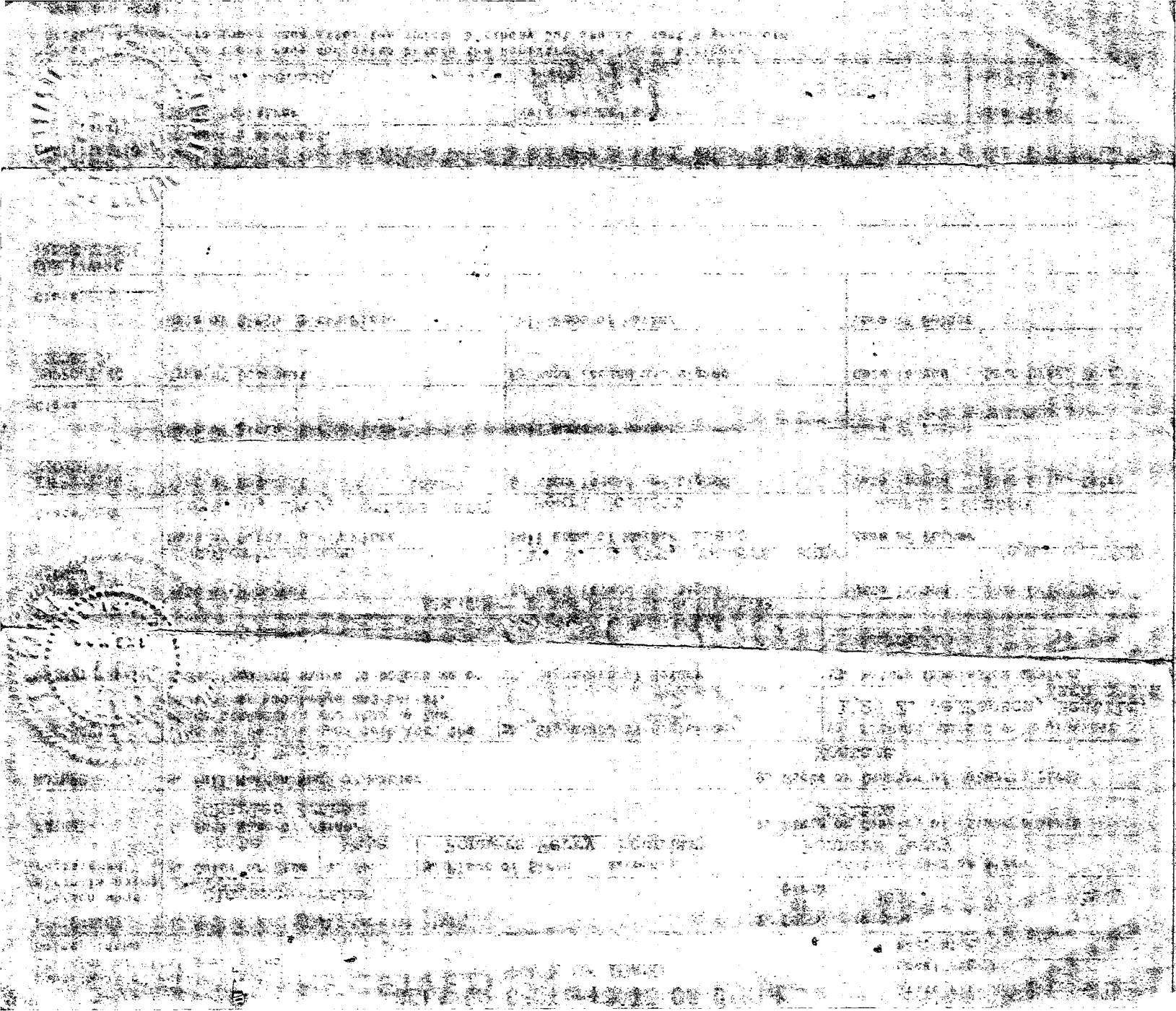
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fields	April 5, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 5 1934
Division of Vital Statistics

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
a. COUNTY: BOUNDARY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BONNERS FERRY
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: BOUNDARY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BONNERS FERRY
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): CLARENCE
b. (Middle):
c. (Last): BRAHAM

4. SEX: MALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day), (Year): SEPT 6 - 1909

FATHER OF CHILD

7. FULL NAME
a. (First): CHARLES
b. (Middle):
c. (Last): BRAHAM

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): ENGLAND

11a. USUAL OCCUPATION: MERCHANT

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): PEARL
b. (Middle):
c. (Last): HOCKETT

13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): MONTANA

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship): PEARL BRAHAM MOTHER

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: E.E. FRY

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: BONNERS FERRY

18d. DATE SIGNED: SEPT 8-1909

19. DATE REC'D BY LOCAL REG.:

20. REGISTRAR'S SIGNATURE:

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: WEEKS

22b. WEIGHT AT BIRTH: LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Approximate date.....

Name prophylactic used to prevent Ophthalmia Neonatorum.....

Form DPH-48001

APR 6 1954

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

R. M. BOWELL, M. D.
BONNERS FERRY, IDAHO

Affadavit

This will certify that the attached birth certificate is a true and correct copy of the old record of the late Dr E.E.Fry, attending physician, whose records are now in my possession.

R. M. Bowell M. D.

State of Idaho
County of Boundary

Subscribed and sworn to before me, J.H.McNally, notary public in and for the State of Idaho, this 26th day of March 1954

J.H. McNally

Notary Public for the State of Idaho
Residing at Bonners Ferry, Idaho
My Commission Expires Aug. 1, 1955

R. M. BOWELL, M.D.
BONNERS FERRY, IDAHO

346-227-022-851

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 316
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MAXINE LUFKIN			2. Date of Birth (month) January (day) 27 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Annis
FATHER	6. Full Name of Father: George T. Lufkin			7. State or Country of Father's Birth: Nevada
MOTHER	8. Full Maiden Name of Mother: Alice A. Heaps			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Maxine Hamm	11. Present Address of Registrant: Lorenzo, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 14 1954		12. Signature of Notary: Vaud L. Young	13. Notary Commission expires: August 31 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: May 9, 1909	Date Orig. Entry: Blessed on May 2, 1909
Class* A	Date of Birth: Jan. 27, 1909 / Birth Place: Annis, Idaho	Full Name of Mother: Alice A. Heaps	Name of Father: Geo. T. Lufkin	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: May 19, 1919	Date Orig. Entry: Baptized on July 6, 1918
Class B	Date of Birth: Jan. 27, 1909 / Birth Place: Annis, Idaho	Full Name of Mother: Alice A. Heaps	Name of Father: George T. Lufkin	
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: Martha Riley	Date Issued: April 6, 1954	Date Orig. Entry:
Class B	Date of Birth: Jan. 27, 1909 / Birth Place: Annis, Idaho	Full Name of Mother: Alice Ann Lufkin	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Apr. 19, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 20 1954

545-220-011-226

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAR 23 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-321
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Duedahl		2. Date of Birth (month) Oct (day) 20 (year) 1909
	Color or Race: white	4. Sex: Female	5. Place of Birth: Idaho, County: Boundary; b. City or Town of Birth: Porthill, Idaho
FATHER	6. Full Name of Father: William E. Duedahl		7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Marie Skogstad		9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Wimer	11. Present Address of Registrant: Kellogg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 4 1954	12. Signature of Notary: Randall R. Brainard	13. Notary Commission expires: April 3 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Petition for Letters of Guardianship for Minors	By whom issued and signed: Probate Court Shoshone County	Date Issued: 7-7-1920	Date Orig. Entry:
Class* B	Date of Birth: 10 yrs old; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Class "A" School District #391, Kellogg, Idaho	Date Issued: entered	Date Orig. Entry: 9-5-22
Class B	Date of Birth: Oct. 20, 1909; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Marie Skogstad Duedahl Walsh	Date Issued: Apr. 19, 1954	Date Orig. Entry:
Class B	Date of Birth: Oct. 20, 1909, Porthill, Idaho; Birth Place:	Full Name of Mother: Marie Skogstad Duedahl	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Feeler	Apr. 21, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

REGISTRAR (Person whose birth is being registered)

1. Registrant's Full Name at Birth: [illegible]

2. Date of Birth: Month (Day) (Year) Oct 20 1903

3. Sex: [illegible] 4. Race: [illegible] 5. Place of Birth (Line County): [illegible]

6. Fully as known at Birth: [illegible]

FATHER

6. Full Name of Father: [illegible]

7. State or Country of Father's Birth: [illegible]

MOTHER

8. Full Maiden Name of Mother: [illegible]

9. State or Country of Mother's Birth: [illegible]

APPLICANT

10. I hereby certify that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant: [illegible]

12. Present Address of Registrant: [illegible]

NOTARY (Seal)

Subscribed and sworn to before me on: [illegible] 54

13. Signature of Notary: [illegible]

14. Notary Commission expires: April 5 1954

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Petition for Letters of Guardianship for Minors

By whom issued and signed: Bonnie County, Shoshone County

Date Issued: 7-7-1920

Date Orig. Entry:

Date of Birth: 10 yrs old

Birth Place:

Full Name of Mother:

Name of Father:

Class B

SUPPORTING RECORD 2.

Type of Document: School Record

By whom issued and signed: Class "A" School District 91, Wallace, Idaho

Date Issued: entered

Date Orig. Entry: 9-5-22

Date of Birth: Oct. 20, 1903

Birth Place:

Full Name of Mother:

Name of Father:

Class B

SUPPORTING RECORD 3.

Type of Document: Affidavit by mother

By whom issued and signed: Marie Skogstad Tuesday Walsh

Date Issued: Apr. 15, 1954

Date Orig. Entry:

Date of Birth: Oct. 20, 1903, Porthill, Idaho

Birth Place:

Full Name of Mother: Marie Skogstad Tuesday

Name of Father:

Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. Benson

Evidence reviewed by: [illegible]

Date Filed: Apr. 21, 1954

*Class A Records are those [illegible] the [illegible] Class B Records are those [illegible] but are at least [illegible] old.

819-225-035-33

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAR 29 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D654 352
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie Mary Harrison		2. Date of Birth (month) (day) (year): March 25 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fraser Ida Nez Perce
			b. City or Town of Birth: Fraser Idaho
FATHER	6. Full Name of Father: Warren Harrison		7. State or Country of Father's Birth: Kalamazoo Co. Michigan
MOTHER	8. Full Maiden Name of Mother: Etta May Harrison (Clark)		9. State or Country of Mother's Birth: Platt Co. Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Elsie M. Leffler	11. Present Address of Registrant: Weippe Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 3-26- 1954	12. Signature of Notary: Fronie B. Jordan	13. Notary Commission expires: May 10- 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Affidavit by Fronie B. Jordan, N. P., who examined Bible of birth record	By whom issued and signed: Fronie B. Jordan, Notary Public	Date Issued: Bible dated 1903	Date Orig. Entry: Mar. 25, 1909
	Date of Birth: Mar. 25, 1909	Birth Place: Nez Perce Co.	Full Name of Mother: Etta May Clark	Name of Father: Warren Harrison
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by father	By whom issued and signed: Warren Harrison	Date Issued: April 3, 1954	Date Orig. Entry:
	Date of Birth: Mar. 25, 1909	Birth Place: Fraser, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class B	Type of Document: Birth Certificate of child	By whom issued and signed: Bureau of Vital Statistics Idaho State File # 171299	Date Issued: Filed on May 31, 1929	Date Orig. Entry: Child born on May 5, 1929
	Date of Birth: 20 yrs old	Birth Place: Fraser, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: April 30, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

[redacted]

MAY 3 1954

DECEASED

291-202-042-253

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-372
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALPHONSIE D. BRAUN,			2. Date Of Birth (month) (day) (year): August, 2, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls County	b. City or Town of Birth: Twin Falls, Idaho.
FATHER	6. Full Name of Father: Edward Braun,			7. State or Country of Father's Birth: Luxemburg
MOTHER	8. Full Maiden Name of Mother: Catherine Becker,			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alphonsie D Laup	11. Present Address of Registrant: Nezperce, Idaho,
NOTARY (Seal)	Subscribed and sworn to before me on: April, 10, 19 54		12. Signature of Notary: [signature]	13. Notary Commission expires: May, 24, 1955 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: Roman Catholic Church Twin Falls, Idaho	Date Issued: Baptized	Date Orig. Entry: Aug. 9, 1909
Class* A	Date of Birth: Aug. 2, 1909	Birth Place: Twin Falls, Idaho	Full Name of Mother: Mary Catherine Becker	Name of Father: Edward Braun	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle		By whom issued and signed: Emile Braun	Date Issued: Apr. 5, 1954	Date Orig. Entry:
Class B	Date of Birth: Aug. 2, 1909	Birth Place: Twin Falls, Idaho	Full Name of Mother: Catherine Becker	Name of Father: Edward Braun	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [signature]	Date Filed: May 10, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 10 1954

CHILD	1. Registrant's Name at Birth [illegible] D. Braun
	2. Date of Birth (month) (day) (year) August 2, 1929
	3. Sex White Female
	4. Place of Birth (county) Twin Falls County
	5. City or Town of Birth Twin Falls, Idaho
FATHER	6. Full Name of Father Edward Braun
	7. Color or Race White
	8. Age at Last Birthday Forty-one
	9. State or Country of Birth Germany
MOTHER	10. Full Maiden Name of Mother Catherine Decker
	11. Color or Race White
	12. Age at Last Birthday Thirty-seven
	13. State or Country of Birth Idaho
AFFIDAVIT	I hereby swear or affirm that the above statements are true to the best of my knowledge and belief.
	14. Signature of Registrant Catherine Decker
NOTARY (Seal)	Subscribed and sworn to before me on April 10, 1954
	15. Signature of Notary [illegible]
	16. Expires [illegible]

SUPPORTING RECORD A	Type of Document Certificate of Baptism	By whom Issued and Signed Roman Catholic Church Twin Falls, Idaho	Date Issued [illegible]
	Date of Birth Aug. 2, 1929	Birth Place Twin Falls, Idaho	Full Name of Mother Catherine Decker
			Name of Father Edward Braun
SUPPORTING RECORD B	Type of Document Affidavit by Uncle	By whom Issued and Signed Emile Braun	Date Issued April 9, 1954
	Date of Birth Aug. 2, 1929	Birth Place Twin Falls, Idaho	Full Name of Mother Catherine Decker
			Name of Father Edward Braun
SUPPORTING RECORD C	Type of Document	By whom Issued and Signed	Date Issued
	Date of Birth	Birth Place	Full Name of Mother
			Name of Father
ADDITIONAL INFORMATION			

Clerk's Certification: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Registrar	Evidence reviewed by	Date Filed
[illegible] W. Braun	[illegible]	May 10, 1954

Fees: $1.00 if filed within one year after birth; $2.00 if filed after one year and within five years after birth; $3.00 if filed after five years and within ten years after birth; $5.00 if filed after ten years after birth.

818-204-035-993

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-395
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Violet Genee Hays
2. Date Of Birth: (month) May (day) 4, (year) 1909
3. Color or Race: White
4. Sex: Fem.
5. Place of Birth: a. County NeZPerce; b. City or Town of Birth: Lapwai

FATHER

6. Full Name of Father: Harve Daniel Hays
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Cornelia Rice
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Violet Genee Hays / Violet Genee Cunningham
11. Present Address of Registrant: Bremerton, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on ~~March 31,~~ April 16, 1954 19___

12. Signature of Notary: Clara D. Crawford
13. Notary Commission expires: May 1, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Bible Record	Family Bible viewed by Jerry Smith, Notary		May 4, 1919
	Date of Birth / Birth Place: May 4, 1909 Lapwai, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class B	Employment Record	Puget Sound Navy Yard	Sept. 10, 1945	
	Date of Birth / Birth Place: May 4, 1909,	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class B	Affidavit by mother	Cornelia Rice	Apr. 30, 1954	
	Date of Birth: May 4, 1909 / Birth Place: Lapwai, Idaho	Full Name of Mother: Cornelia Rice	Name of Father: Harve Daniel Hays	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Helen	May 13, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 18 1954

DECEASED

435-230-003-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-399
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Catherine McNally			2. Date Of Birth (month) Nov. (day) 30 (year) 1909
	3. Color or Race: W	4. Sex: F.	5. Place of Birth: Idaho a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Henry McNally			7. State or Country of Father's Birth: Ireland
MOTHER	8. Full Maiden Name of Mother: Mary Smith			9. State or Country of Mother's Birth: Scotland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary McNally Davis		11. Present Address of Registrant: 1353 N. Laurel Ave, Hollywood 46, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 13 1954	12. Signature of Notary: Dora Zimmerman		13. Notary Commission expires: MAY 11 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of birth	By whom issued and signed: On file in the office of the County Recorder, Bannock County		Date Issued: Book 1,	Date Orig. Entry: Page 20
Class* A	Date of Birth: Nov. 30, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Sarah S. McNally	Name of Father: Henry McNally	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic Church St. Anthony's Church, Pocatello, Idaho		Date Issued: Baptized	Date Orig. Entry: July 20, 1919
Class B	Date of Birth: Nov. 30, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Mary Smith	Name of Father: Henry McNally	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:		Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel F. Felton	Date Filed: May 17, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 18 1984

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRATION No. ____ Local Reg. No. ____

Registration District No. ____

Reg. Dist. No. ____ State File No. ____

PRINT OR TYPE

1. NAME OF CHILD (First, Middle, Last) — Full name at birth

2. SEX

3. DATE OF BIRTH (Month, Day, Year)

4. PLACE OF BIRTH (City or Town, County)

5. NAME OF HOSPITAL OR STREET ADDRESS OF RESIDENCE

6. CITY OR TOWN OF BIRTH

7. IF BORN OUTSIDE HOSPITAL, GIVE STREET ADDRESS OR RURAL ROUTE

8. IF BORN OUTSIDE HOSPITAL, GIVE NAME OF CITY OR TOWN

PARENTS

9. FULL NAME OF FATHER

10. DATE OF BIRTH (Month, Day, Year)

11. BIRTHPLACE (State or Country)

12. FULL MAIDEN NAME OF MOTHER

13. DATE OF BIRTH (Month, Day, Year)

14. BIRTHPLACE (State or Country)

CERTIFICATION

15. I hereby certify upon oath that the above statements are true to the best of my knowledge and belief.

16. SIGNATURE OF DEPONENT

17. PERSON'S ADDRESS AT TIME OF SIGNATURE

SWORN (OR AFFIRMED) TO AND SUBSCRIBED BEFORE ME ON

18. SIGNATURE OF OFFICIAL

19. OFFICIAL'S TITLE

20. NAME AND ADDRESS OF PERSON WHO PREPARED THIS FORM

21. SIGNATURE OF PERSON WHO PREPARED THIS FORM

22. DATE SIGNED

23. TYPE OF EVIDENCE SUBMITTED

24. DOCUMENT NUMBER

25. DATE FILED BY REGISTRAR

26. REGISTRAR'S SIGNATURE

27. REMARKS

SUPPORTING DOCUMENT 1

Type of Document — Certificate of Birth

By whom issued and signed

Date Issued — Date Orig. Entry

Date of Birth — Birth Place — Full Name at Birth — Name of Father

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SUPPORTING DOCUMENT 2

Type of Document — Certification of Baptism

By whom issued and signed — Roman Catholic Church, Pocatello, Idaho

Date Issued — Date Orig. Entry — April 26, 1919

Date of Birth — Birth Place — Full Name at Birth — Name of Father

Nov. 30, 1909 — Pocatello, Idaho — Mary Ann Gough — Henry Gough

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SUPPORTING DOCUMENT 3

Type of Document

By whom issued and signed

Date Issued — Date Orig. Entry

Date of Birth — Birth Place — Full Name at Birth — Name of Father

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CERTIFICATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

(seal)

Registrar — Evidence reviewed by — Date filed

Mary Ann Gough — May 17, 1984

606224 001-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 1 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-452
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edwina Barbara Wood			2. Date of Birth (month) (day) (year): December 24, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho / Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Edwin Wood			7. State or Country of Father's Birth: Scotland
MOTHER	8. Full Maiden Name of Mother: Barbara Schmoeger			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edwina Wood Hobb		11. Present Address of Registrant: P.O. Box 187 Arroyo Grande, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: May 28 1954	12. Signature of Notary: Jane R. Thompson		13. Notary Commission expires: March 13 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	St. John's Cathedral, Boise, Idaho	Baptized 1-30-1910	
Class* A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec. 24, 1909, Boise, Idaho	Barbara Schmoeger	Edwin Wood	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Boise Public Schools	Date Issued: 1916-17	Date Orig. Entry
Class B	Date of Birth / Birth Place: Dec. 24, 1909,	Full Name of Mother	Name of Father: Edwin Wood	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Mabel F. Fedor	June 1, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

RELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 28 1954

JUN 2 1954

JUN 11 1954

Local Reg. No.

Reg. Dist. No.

Person whose birth is being registered	Edwina Barbara Wood	2. Date of Birth (month) (day) (year)	December 24, 1909
	3. Sex: White Female	4. Place of Birth: Idaho Ada	5. Birth or Town of Birth: Boise
FATHER	6. Full Name of Father: Edwin Wood	7. State or Country of Father's Birth: Scotland	
MOTHER	8. Full Maiden Name of Mother: Barbara Schmoeger	9. State or Country of Mother's Birth: Iowa	
ACTIVE	10. Hereby declare upon oath that the above is true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
NOTARY	13. Subscribed and sworn to before me on	14. Signature of Notary	15. Notary Commission expires

SUPPORTING RECORD

Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	St. John's Cathedral, Boise,	Idaho Baptized	1-30-1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	

Class	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	School Record	Boise, Public Schools	1910-17	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 24, 1909			Edwin Wood

Class	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

CERTIFICATION

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Signature	Evidence reviewed by	Date Filed
[illegible]	[illegible]	June 1, 1954

659-221-235-262

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 28 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-479
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name: Alice Mildred Ferguson
2. Date of Birth (month) (day) (year): JAN. 21 1909
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Nez Perce; b. City or Town of Birth: Chesley Idaho

FATHER

6. Full Name of Father: Ellis Franklin Ferguson
7. State or Country of Father's Birth: Colorado

MOTHER

8. Full Maiden Name of Mother: Maggie Jane Kole
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice Ferguson Kole
11. Present Address of Registrant: Clarkston, Wash

NOTARY (Seal)

Subscribed and sworn to before me on: April 26th 1954
12. Signature of Notary: L L Goodnow
13. Notary Commission expires: Dec. 22 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Family Bible	Bible Record Bible viewed by Gilleland Studio	Jan. 21, 1909	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Jan 21, 1909 Chesley, Idaho			
SUPPORTING RECORD 2. Class B	Affidavit by mother	Maggie J. Ferguson	June 3, 1954	
	Jan 21, 1909			
SUPPORTING RECORD 3. Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Ferguson	June 10, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. Desh-479
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Name of Child: Alice Mildred Ferguson
2. Date of Birth: Jan. 21 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Chesley
6. County: Nez Perce
7. Town or Birth: Chesley Idaho
8. Full Name of Father: Ellis Franklin Ferguson
9. State or Country of Father's Birth: Colorado
10. Maiden Name of Mother: Maggie Jane Kole
11. State or Country of Mother's Birth: Washington

AFFIDAVIT I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

12. Signature of Registrant: [illegible]
13. Present Address of Registrant: Clarkston, Wash.
14. Subscribed and sworn to before me on: [illegible]
15. Signature of Notary: [illegible]
16. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Bible	Bible Record by Cilleland Studio	Jan. 21, 1909	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan 21, 1909	Chesley, Idaho		

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit of Mother	Maggie J. Ferguson	June 3, 1954	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan 21, 1909			

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Signature	Evidence reviewed by	Date Filed
E. W. Hansen	[illegible]	June 10, 1954

318-229-022-29

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED JUN 28 1954 Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-5[illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Geneve Taylor		2. Date Of Birth (month) 11 (day) 29 (year) 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Fox Creek, Fremont County, Ida.
FATHER	6. Full Name of Father: Albert Ether Taylor		7. State or Country of Father's Birth: Mountain Dell, Salt Lake Co. Ut.
MOTHER	8. Full Maiden Name of Mother: Dora Brinton		9. State or Country of Mother's Birth: Cotton Wood, Salt Lake Co. Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geneve Taylor Plummer	11. Present Address of Registrant: 230 So. 500 West, Cedar City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: June 24, 1954	12. Signature of Notary: Ward Robb	13. Notary Commission expires: Nov. 6, 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: New York Life Insurance Co.	Date Issued: June 26, 1930	Date Orig. Entry:
Class* B	Date of Birth: 11-29-1909 / Birth Place: American Falls, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: Aug. 4, 1918
Class B	Date of Birth: Nov. 29, 1909 / Birth Place: Chapin, Idaho	Full Name of Mother:	Name of Father: Albert E. Taylor	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Dora B. Taylor	Date Issued: June 25, 1954	Date Orig. Entry:
Class B	Date of Birth: 11-29-1909 / Birth Place: Fremont County	Full Name of Mother: Dora Brinton	Name of Father: Albert E. Taylor	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Bleeker	Date Filed: June 28, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Health and Welfare
Division of Vital Statistics

DELIVERED CERTIFICATE OF BIRTH
STATE OF IDAHO

JUN 29 1954

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRAR: 1. Registrar's Name and Address

2. Date of Birth (month) (day) (year)

(Person whose birth is being registered)

3. Color or Race | 4. Sex | 5. Place of Birth — Ca. County, Idaho | 6. City or Town of Birth

FATHER: 7. Full Name of Father | 7. State or Country of Father's Birth

MOTHER: 8. Full Maiden Name of Mother | 9. State or Country of Mother's Birth

AFFIDAVIT: 1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | 10. Signature of Registrant | 11. Present Address of Registrant

Subscribed and sworn to before me on | 12. Signature of Notary | 13. Notary Commission expires

APPLICANT - DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	New York Life Insurance Co.	June 26, 1950	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	American Falls, Idaho		

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	L. D. S. Church	Baptized	Apr. 19, 1948

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 29, 1909	Chapin, Idaho		Albert S. Taylor

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Nora B. Taylor	June 28, 1954	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
11-29-1909	Fremont County	Nora Brinton	Albert S. Taylor

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that my print of this certificate has been found in the Division of Vital Statistics for this Department and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	June 28, 1954

*Class A Entry: [illegible]

85-9-209-035-415

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De54 590
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elva Irene Herring			2. Date of Birth (month) April (day) 9 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Cavendish, Idaho	
FATHER	6. Full Name of Father: Alva Salvans Herring			7. State or Country of Father's Birth: Milton, Iowa	
MOTHER	8. Full Maiden Name of Mother: Hyla Lenorah Davis			9. State or Country of Mother's Birth: Highanis, Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Elva Irene Ischabold	11. Present Address of Registrant: Rinbey, Alberta, Canada Route #3	
NOTARY (Seal)	Subscribed and sworn to before me on July 14 1954		12. Signature of Notary: Mabel K Felder	13. Notary Commission expires: May 7 1954	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father		By whom issued and signed: Alva Salvans Herring	Date Issued: 10/28/1950	Date Orig. Entry: 10/28/1950
Class* B	Date of Birth: 4/9/1909	Birth Place: Cavendish, Idaho	Full Name of Mother: Hyla Lenorah Davis	Name of Father: Alva Salvans Herring	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: Rev. A. R. Herring, Pastor Nazarene church, Bestville, Sask., Canada	Date Issued: 9/10/1923	Date Orig. Entry: 9/10/1923
Class B	Date of Birth: 4/9/1909	Birth Place: Cavendish, Idaho	Full Name of Mother	Name of Father: Alva S. Herring	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother		By whom issued and signed: Alva Ray Herring	Date Issued: 7/14/1954	Date Orig. Entry:
Class B	Date of Birth: 4/9/1909	Birth Place: Cavendish, Idaho	Full Name of Mother: Hyla Lenorah Davis	Name of Father: Alva Salvans Herring	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Opal Peterson	July 14, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State File No. Dec'd 590

Local Reg. No.

Reg. Dist. No.

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Alva Irene Herring	2. Date of Birth (month) April (day) 7 (year) 1909
	3. Color or Race: White	4. Sex: Female
	5. Place of Birth: County: Nez Perce	City or Town of Birth: Cavendish, Idaho
FATHER	6. Full Name of Father: Alva Salvans Herring	7. State or Country of Father's Birth: Milton, Iowa
MOTHER	8. Full Maiden Name of Mother: Hyla Leonora Davis	9. State or Country of Mother's Birth: Highanis, Nebraska
APPLICANT	9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]
		11. Present Address of Registrant: Kinney, Alberta, Canada
NOTARY	11. Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [signature]
		13. Notary Commission expires: [illegible]

JUL 14 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1:	Type of Document: Affidavit by Father	By whom issued and signed: Alva Salvans Herring	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: 4/9/1909	Birth Place: Cavendish, Idaho	Full Name of Mother: Hyla Leonora Davis	Name of Father: Alva Salvans Herring
SUPPORTING RECORD 2:	Type of Document: Certificate of Baptism	By whom issued and signed: Rev. R. [illegible], Pastor, Baptist Church, Rexville, Idaho	Date Issued: 9/10/1923	Date Orig. Entry: 9/10/1923
	Date of Birth: 4/9/1909	Birth Place: Cavendish, Idaho	Full Name of Mother: Hyla Leonora Davis	Name of Father: Alva S. Herring
SUPPORTING RECORD 3:	Type of Document: Affidavit by Mother	By whom issued and signed: Alva Ray Herring	Date Issued: 7/14/1954	Date Orig. Entry:
	Date of Birth: 4/9/1909	Birth Place: Cavendish, Idaho	Full Name of Mother: Hyla Leonora Davis	Name of Father: Alva Salvans Herring
QUALIFYING INFORMATION				

SIGNATURE OF CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Chief Registrar	Evidence Reviewed by	Date Filed
[illegible] W. Benson	[illegible]	July 14, 1954

Class A records are those made and filed before the registrant's fourth birthday.
Class B records are those made after the fourth birthday [illegible]

Form [illegible]

745-101-003-719

RECEIVED

JUL 20 1954

Division of Vital Statistics

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De54-613
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Bannock (b) City Central.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 4 years 10 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Central
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 51 yrs.
   (f) Mother's mailing address Grace Idaho.

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Gerald A. Parke Gunnell

5. Date of Birth (Month, day, year) Oct 1, 1909

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Archibakd Baxter Gunnell
11. Color or Race Am
12. Age at time of THIS birth 32 yrs.
13. Birthplace Wellsville, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Parke
17. Color or Race Am
18. Age at time of THIS birth 31 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Drops of Silver
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead no (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 20, 1954 (Date received) (b) W. W. Benson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [illegible] M.D. (D.O., Midwife, etc.)
and address [illegible] Date 8-6-54

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

JUL 21 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

185-106-001-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-642
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ZACK WILLIAM AYERS	2. Date Of Birth (month) July (day) 6 (year) 1909
	3. Color or Race: WHITE; 4. Sex: MALE; 5. Place of Birth a. County: Meridian Ada	b. City or Town of Birth: MERIDIAN
FATHER	6. Full Name of Father: Charles Samuel Ayers	7. State or Country of Father's Birth: Missouri Putnam
MOTHER	8. Full Maiden Name of Mother: Laura Alice Williams	9. State or Country of Mother's Birth: Missouri Putnam
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zack W. Ayers; 11. Present Address of Registrant: Route 2 Boise
NOTARY (Seal)	Subscribed and sworn to before me on: July 26 1954	12. Signature of Notary: Don Walker; 13. Notary Commission expires: Aug. 13 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family History Book of Idaho		By whom issued and signed: Published by S. J. Clarke Co. - 1920	Date issued	Date Orig. Entry
Class* B	Date of Birth: 7/6/1909	Birth Place: Meridian, Idaho	Full Name of Mother: Lura Williams	Name of Father: Charles S. Ayers	
SUPPORTING RECORD 2.	Type of Document: Cert. of Birth #49-6894		By whom issued and signed: H. P. Belknap, M.D.	Date issued: 6/7/1949	Date Orig. Entry
Class B	Date of Birth: 39 years of age at time of this birth	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Equitable Life Assurance Company	Date issued: 11-14-47	Date Orig. Entry
Class B	Date of Birth: July 6, 1909, Idaho	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	July 28, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 29 1954

JUL 30 1954

JUL 30 1954

253-222-022-236

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De54 727
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELIZA ANN SECRIST		2. Date Of Birth (month) February (day) 22 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Parker
FATHER	6. Full Name of Father: Albert Emery Secrist		7. State or Country of Father's Birth: Parker, Idaho	
MOTHER	8. Full Maiden Name of Mother: Sylvia Vera Stoddard		9. State or Country of Mother's Birth: Parker, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eliza Ann Secrist	11. Present Address of Registrant: 510 E. 39th St. Vancouver, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: August 31 1954	12. Signature of Notary: W W Benson	13. Notary Commission expires: July 31 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Insurance	By whom issued and signed: Gem State Mutual Life Ins. Co.	Date Issued:	Date Orig. Entry: Dec. 4, 1943
Class* B	Date of Birth: Feb. 22, 1909	Birth Place: Parker, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit by	By whom issued and signed: Cynthia Palmer	Date Issued: March 8, 1954	Date Orig. Entry:
Class B	Date of Birth: Feb. 22, 1909	Birth Place: Parker, Idaho	Full Name of Mother: Sylvia Vera Secrist	Name of Father: Albert Emery Secrist
SUPPORTING RECORD 3.	Type of Document: Marriage record	By whom issued and signed: Jack A. Stone, Auditor, Fremont County, Idaho	Date Issued:	Date Orig. Entry: Feb. 6, 1930
Class B	Date of Birth: 20 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Aug. 31, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Bureau

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Desh 727
Local Reg. No.
Reg. Dist. No.

SEP 1 1954

REGISTRANT	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): February 22 1909
Person whose birth is being registered	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Parker; Country: [illegible]	6. City or Town of Birth: Parker
FATHER	6. Full Name of Father: Albert Emery Sorrist	7. State or Country of Father's Birth: Parker, Idaho
MOTHER	8. Full Maiden Name of Mother: Sylvia Lora Stoddard	9. State or Country of Mother's Birth: Parker, Idaho
APPROVAL	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: 710 S. 39th St. Vancouver, Washington
NOTARY	Subscribed and sworn to before me on: August 16 1954	12. Signature of Notary: W. W. Benson
		13. Notary Commission expires: July 31 1958

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Application for Insurance	By whom issued and signed: Gen State Mutual Life Ins. Co.	Date Issued:	Date Orig. Entry: Dec. 4, 1943
	Date of Birth: Birth Place: [illegible] Parker, Idaho	Full Name of Mother:	Name of Father:	
Class:				
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: Cynthia Palmer	Date Issued: March 8, 1954	Date Orig. Entry:
	Date of Birth: Birth Place: Feb. 22, 1909 Parker, Idaho	Full Name of Mother: Sylvia Lora Sorrist	Name of Father: Albert Emery Sorrist	
Class: B				
SUPPORTING RECORD 3	Type of Document: Parking record	By whom issued and signed: Jack A. Jones, Writer, Fremont County, Idaho	Date Issued:	Date Orig. Entry: Feb. 5, 1950
	Date of Birth: Birth Place: 20 Years 2	Full Name of Mother:	Name of Father:	
Class: B				
QUALIFYING INFORMATION				

CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[illegible]	Aug. 31, 1954

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

866-226-022-993

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 730
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALICE HOWELL
2. Date of Birth: (month) July (day) 26 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Rexburg

FATHER

6. Full Name of Father: Louis G. Howell
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Clara Ricks
9. State or Country of Mother's Birth: X Rexburg, Idaho. 6-18-85

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice Howell Tout
11. Present Address of Registrant: Box 366 Rexburg, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on August 27 1954

12. Signature of Notary: John A. Atkinson
13. Notary Commission expires: COMMISSION EXPIRES JUNE 26, 1957 19____

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Record of birth in Fremont Co.	Jack A. Stone, Fremont County Auditor & Recorder	8/20/54	Page 155, No. 128

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 26, 1909	Rexburg, Idaho	Clara Ricks	Louis Howell

SUPPORTING RECORD 2.

Class A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	L. D. S. Church	9/5/1090	Blessed on Sept. 5, 1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 26, 1909	Rexburg, Idaho	Clara Ricks	Louis G. Howell

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 1, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State File No. Dep. 230

Local Reg. No.

Reg. Dist. No.

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT

1. Registrant's Full Name of Birth: ALICE HOWELL
2. Sex: Female
3. Date of Birth: July 26 1909
4. Place of Birth: Fremont
5. Place of Birth: Rexburg

FATHER

6. Full Name of Father: Louis G. Howell
7. State or Country of Father's Birth: Utah

MOTHER

8. Maiden Name of Mother: Clara Ricks
9. State or Country of Mother's Birth: Rexburg, Idaho. 6-18-85

AFFIDAVIT

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: Box 366, Rexburg, Idaho

NOTARY

12. Signature of Notary: [illegible]
13. Notary Commission expires: June 20, 1957

Subscribed and sworn to before me on: [illegible] 27 1954

SUPPORTING RECORD 1.

Type of Document: Record of birth in Fremont Co.
By whom issued and signed: Jack R. Stone, Fremont County Auditor & Recorder
Date Issued: 8/20/54
Date Orig. Entry: Page 155, No. 128
Date of Birth / Birth Place: [illegible] 26, 1909 Rexburg, Idaho
Full Name of Mother: Clara Ricks
Name of Father: Louis Howell

SUPPORTING RECORD 2.

Type of Document: Certificate of Blessing
By whom issued and signed: L. D. S. Church
Date Issued: 7/5/1950
Date Orig. Entry: Blessed on [illegible]
Date of Birth / Birth Place: July 26, 1909 Rexburg, Idaho
Full Name of Mother: Clara Ricks
Name of Father: Louis G. Howell

SUPPORTING RECORD 3.

Type of Document:
By whom issued and signed:
Date Issued:
Date Orig. Entry:
Date of Birth / Birth Place:
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. [illegible]
Evidence reviewed by: Edna [illegible]
Date Filed: Sept. 1, 1954

[illegible]

497-118-040-268

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 731
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RICHARD OLIVER DIXON
2. Date of Birth (month) (day) (year): AUGUST 18 1909
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: [redacted] - SHOSHONE
b. City or Town of Birth: GEM

FATHER

6. Full Name of Father: DAVID EDWARD DIXON
7. State or Country of Father's Birth: MELBOURNE AUSTRALIA

MOTHER

8. Full Maiden Name of Mother: HENRIETTA BOYLE
9. State or Country of Mother's Birth: MONTREAL CANADA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Richard O Dixon
11. Present Address of Registrant: HQ SQ 803 AB GP DAVIS MONTHAN AFB, TUCSON ARIZ

NOTARY (Seal)

Subscribed and sworn to before me on 26 AUG 1954 19____

12. Signature of Notary: [signature]
13. Notary Commission expires: STANLEY M SIMKINS Major, USAF 19____ Adjutant

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Occidental Life Ins. Application	Jackson C. Brownson, Asst. Secretary, Policy 1316611	8/24/54	Application on July 30, 1940
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Aug. 18, 1909 Gem, Idaho			
SUPPORTING RECORD 2. Class B	School Census record	Mildred S. Badgley, Supt. Shoshone Co., Wallace, Idaho	7/13/54	1918 - 1919
	9 yrs old Aug. 18, 1909 /	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class B	Honorable Discharge	The Army of the United States	4/10/40	Enlisted on Apr. 11, 1937
	27 7/12 yrs old Gem, Idaho /	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 1, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy mailed

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health and Welfare
Division of Vital Statistics
Boise, Idaho

State File No. Bed 731
Local Reg. No.
Reg. Dist. No.

REGISTRATION

1. Registrant's Full Name at Birth: [illegible]
2. Date of Birth (Month) (Day) (Year): August 18 1909
3. Place of Birth: 4. County: 5. City or Town of Birth: Gem

FATHER

6. Full Name of Father: [illegible]
7. State or Country of Father's Birth: Russia

MOTHER

8. Full Maiden Name of Mother: [illegible]
9. State or Country of Mother's Birth: Canada

AFFIDAVIT

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]
12. Signature of Notary: [illegible]
13. Notary Commission expires: STANLEY M SINKINS Major, USAF

AFFIDAVIT

Subscribed and sworn to before me this 26 AUG 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Occidental Life Ins. Application	Jackson C. Thompson, Asst. Secretary, Policy 131[illegible]	8/24/54	July 30, 1940

Date of Birth, Birth Place: Aug. 18, 1909 Gem, Idaho
Full Name of Mother:
Name of Father:
Class: A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Census Record	Wilfred S. Badgley, Supt. Shoshone Co., Wallace, Idaho	7/13/54	1918 - 1919

Date of Birth, Birth Place: 9 yrs old Aug. 18, 1909
Full Name of Mother:
Name of Father:
Class: B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge	The Army of the United States	4/10/40	Enlisted on Apr. 11, 1937

Date of Birth, Birth Place: 27 7/12 yrs old Gem, Idaho
Full Name of Mother:
Name of Father:
Class: B

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Edna Hamilton	Sept. 1, 1954

[illegible]

154-218-022-149

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 764
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLADYS BEE ANDRASEN			2. Date of Birth (month) MARCH (day) 18 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Ashton	
FATHER	6. Full Name of Father: BARNARD ANDRASEN			7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: EMILIA JUREL			9. State or Country of Mother's Birth: Denmark	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Gladys Bee Andrasen	11. Present Address of Registrant: 13524-21st N.E. Seattle, Wash	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 2 1954		12. Signature of Notary: Nancy A. Lakestraw	13. Notary Commission expires: May 29 1955	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: June 29, 1909	Date Orig. Entry
Class* A	Date of Birth: Mar. 18, 1909 / Birth Place: Ashton, Idaho	Full Name of Mother: Emilia Jurel	Name of Father: Barney Andresen	
SUPPORTING RECORD 2.	Type of Document: Bible record of family births	By whom issued and signed:	Date Issued:	Date Orig. Entry: Mar. 18, 1909
Class A	Date of Birth: Mar. 18, 1909 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Sept. 13, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF [illegible]

SEP 14 1958

Department of Public Health
Division of Vital Statistics
Boise, Ida.

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

1. Registrant's Full Name of Birth		2. Date of Birth (month) (day) (year)
GLADYS BEE ANDRASEN		MARCH 12 1909
3. Color or Race	4. Sex	5. Place of Birth (Ward)
White	Female	Fremont
6. Full Name of Father		7. State or Country of Father's Birth
BARNARD ANDRASEN		Denmark
8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
EMILIA JUREL		Denmark

Person Who Is Registered

Birth Name

Registered

FATHER

MOTHER

AFFIDAVIT

NOTARY

1. Person Who Is Registered	10. Signature of Registrant	11. Present Address of Registrant
[illegible]	[illegible]	1352A-21st N.E. Seattle, Wash.
12. Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires
[illegible]	[illegible]	[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Certificate of Blessing	L. [illegible]	June 29, 1909	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Mar. 18, 1909 Ashton, Idaho	Emilia Jurel	Barney Andrasen	
Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Bible record of family births			Mar. 18, 1909
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Mar. 18, 1909			
Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Date of Birth / Birth Place	Full Name of Mother	Name of Father	

SUPPORTING RECORD 1

Class A

SUPPORTING RECORD 2

Class A

SUPPORTING RECORD 3

Class

QUALIFYING INFORMATION

REGISTRAR CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, and that documentary evidence has been reviewed, which substantiates the fact's as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Sept. 13, 1958

Class A Record: [illegible] made and [illegible] before [illegible] registrant's fourth birthday.
Class B Record: [illegible] made after [illegible] birthday [illegible] are all [illegible].

396-225-019-717

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 778
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Myrtle Gertrude Brockway
2. Date of Birth (month) Jan. (day) 25 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Custer
b. City or Town of Birth: Clayton, Idaho

FATHER

6. Full Name of Father: Franklin Stanley Brockway
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Ida Papworth
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Myrtle Brockway Harmon
11. Present Address of Registrant: 12731 S. E. 123rd, Renton, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on July 17 1954

12. Signature of Notary:
13. Notary Commission expires: June 14 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit for Marriage License	County Clerk and Recorder Shoshone County, Idaho	8/10/54	Marriage Lic. on May 16, 1925
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	16 yrs old			
SUPPORTING RECORD 2. Class B	Affidavit of Mother	Ida Worthington	July 25, 1954	
	Jan. 25, 1909 Clayton, Idaho			
SUPPORTING RECORD 3. Class B	Hospital record as a patient	Providence Hospital, Wallace	9/8/54	hospitalized on April 3, 1928
	19 years old Clayton, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 16, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 18 1954

Affidavit for Marriage License

Date of Birth Birth Place

Date Issued

Date Orig. Entry Marriage Lic. on May 16, 1927

Name of Father

Affidavit of Father

Date of Birth Birth Place

Full Name of Mother

Date Orig. Entry Marriage Lic. on April 3, 1928

Name of Father

19 years old Clarkton, Idaho

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts set forth in the preceding abstract.

Date Filed

Sept. 16, 1954

386-213-003-349

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 804
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lillian Thomas

2. Date of Birth (month) May (day) 13 (year) 1909

3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Fago. Ida. Bannock (now Caribou) b. City or Town of Birth: Fago, Idaho

FATHER

6. Full Name of Father: Howard Lafayette Thomas

7. State or Country of Father's Birth: Smithfield, Utah (now Cache County)

MOTHER

8. Full Maiden Name of Mother: Annie May Turner

9. State or Country of Mother's Birth: Fago. Idaho Bannock Co. (now Caribou)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lillian Thomas Peterson

11. Present Address of Registrant: Grace, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on _____ 19__

12. Signature of Notary: Alvin R. Whitehead

13. Notary Commission expires: 6-21-58 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church record of Blessing	L. D. S. Church	9/13/54	Blessed on July 4, 1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 13, 1909	Bannock Co, Idaho	Annie Turner	Howard L. Thomas

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Father	Howard L. Thomas	Feb. 23, 1953	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 13, 1909			

SUPPORTING RECORD 3.

Class_____

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 28, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 28 1954

652-202022-649

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De54 835
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: IDAHO WEBSTER			2. Date of Birth (month) August (day) 2 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Grant	
FATHER	6. Full Name of Father: James ~~Howell~~ Otto Webster			7. State or Country of Father's Birth: Utah County, Utah, U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Jennie Furnandiz			9. State or Country of Mother's Birth: Yorkshire England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Idalew W. Smith		11. Present Address of Registrant: Terreton, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: October 4th 1954	12. Signature of Notary: Anna M Lake		13. Notary Commission expires: 6-2 1955	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church		Date Issued: 8/26/54	Date Orig. Entry: Blessed on Oct. 3, 1909
	Date of Birth: Aug. 2, 1909	Birth Place: Grant, Idaho	Full Name of Mother: Jennie Furnandiz	Name of Father: James ~~Howell~~ Otto Webster	
SUPPORTING RECORD 2. Class B	Type of Document: Application for Insurance	By whom issued and signed: Idaho Mutual Benefit Assn.		Date Issued:	Date Orig. Entry: April 19, 1933
	Date of Birth: Aug. 2, 1909	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:		Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Oct. 8, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

236-105-014-331

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 856
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Mordo Scott			2. Date Of Birth (month) May (day) 5th (year) 1909	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: Parma a. County: Canyon	b. City or Town of Birth: ----------	
FATHER	6. Full Name of Father: Mortimer M. Scott			7. State or Country of Father's Birth: Born at Mt. Prairie, Minn.	
MOTHER	8. Full Maiden Name of Mother: Gertrude M. Clark			9. State or Country of Mother's Birth: Born at Freeland, Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Donald Mordo Scott	11. Present Address of Registrant: R#1 Parma, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: September 11th 1954		12. Signature of Notary: Ernest Anderson	13. Notary Commission expires: February 11, 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy		By whom issued and signed: Modern Woodmen of America	Date Issued: 1-21-1942	Date Orig. Entry: 1-21-1942
Class* B	Date of Birth: May 5, 1909	Birth Place: Parma, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt		By whom issued and signed: Julia Sloneker	Date Issued: 9-14-54	Date Orig. Entry:
Class B	Date of Birth: May 5, 1909	Birth Place: Parma, Idaho	Full Name of Mother: Gertrude M. Scott	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Newspaper announcement of birth		By whom issued and signed: The Twice-A-Week Spokesman-Review, May 11, 1909	Date Issued: May 11, 1909	Date Orig. Entry: May 11, 1909
Class A	Date of Birth: May 5, 1909	Birth Place: Parma, Idaho	Full Name of Mother: Mr. and Mrs. Mortimer Scott	Name of Father:	

QUALIFYING INFORMATION

CLASS A. Announcement of birth of a Baby boy born to Mr. and Mrs. M. M. Scott on May 5th, 1909 at Parma, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 19, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 20 1954

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Donald Morde Scott
2. Date of Birth (month) (day) (year): May 5th 1909
3. Color or Race: White
4. Sex: M
5. Place of Birth: Parma
6. County: Canyon
7. City or Town of Birth: ——
8. Full Name of Father: Mortimer M. Scott
9. State or Country of Father's Birth: Born at Mt. Prairie, Minn.
10. Full Maiden Name of Mother: Gertrude M. Clark
11. State or Country of Mother's Birth: Born at Freeland, Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Signature of Registrant: [illegible]

Present Address of Registrant: 891 Parma, Idaho

OTHER (Seal)

Subscribed and sworn to before me on: September 11th 1954

Signature of Notary: [illegible]

Notary Commission Expires: February 11, 1956

APPLICATION - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Mother's Benefit of America	1-21-1942	1-21-1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 5, 1909	Parma, Idaho		

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt	Julia Blonsker	7-14-54	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 5, 1909	Parma, Idaho	Gertrude M. Scott	

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Newspaper Announcement	Birth Notice-A-Week Processor	May 11, 1909	May 11, 1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 5, 1909	Parma, Idaho	[illegible]	[illegible]

Class A

QUALIFYING INFORMATION

CLASS A. Announcement of birth of [illegible] to Mr. [illegible] M. Scott on May 5th, 1909 at Parma, Idaho.

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature Registrar	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	Oct. 1[illegible], 1954

Class A Records are those [illegible] before the Registrar's fourth birthday.
Class B Records are those [illegible] after the fourth birthday but are at least 5 years old.

842-211-028-285

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De54 873
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EVA HUBBARD		2. Date Of Birth (month) May (day) 11 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Hayden Lake
FATHER	6. Full Name of Father: Hilton Ellesberry Hubbard		7. State or Country of Father's Birth: Salem, Illinois	
MOTHER	8. Full Maiden Name of Mother: Celes Byers		9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Hubbard Eva Hubbard Edmundson	11. Present Address of Registrant: 3517 E. 58th St. Maywood, California	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 28 1954	12. Signature of Notary: Mich J Westaum	13. Notary Commission expires: My Commission Expires Mar. 17, 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by older Sister	By whom issued and signed: Mrs. Ed Gore	Date Issued: July 21, 1954	Date Orig. Entry	
Class* B	Date of Birth: May 11, 1909	Birth Place: Hayden Lake, Idaho	Full Name of Mother: Celes Byers	Name of Father: Hilton Ellesberry Hubbard	
SUPPORTING RECORD 2.	Type of Document: Census record of 1920	By whom issued and signed: Bureau of the Census	Date Issued: 10/21/54	Date Orig. Entry: Census of ~~Jan. 1, 1920~~	
Class B	Date of Birth: 11 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father: Hilton E. Hubbard	
SUPPORTING RECORD 3.	Type of Document: Policy #1077835 Application for Insurance	By whom issued and signed: The Prudential Ins. Co. of Amer.	Date Issued: 9/2/54	Date Orig. Entry: Application on Nov. 9, 1936	
Class B	Date of Birth: May 11, 1909	Birth Place: Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

CLASS B. Also 2 school records, showing birthdate as May 11, 1909.
CLASS B. Application for insurance to the Prudential Ins. Co. of American, dated July 13, 1938, showing date of birth as May 11, 1909 and place of birth as Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State File No. Desh 873
Local Reg. No.
Reg. Dist. No.

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 2 1954

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EVA HUBBARD	2. Date of Birth: May 11 1909
	3. Color or Race: White	4. Sex: Female
	5. Place of Birth (County): Kootenai	6. City or Town of Birth: Hayden Lake
FATHER	6. Full Name of Father: Milton Ellesberry Hubbard	7. State or Country of Father's Birth: Salem, Illinois
MOTHER	8. Full Maiden Name of Mother: Elsie Evers	9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: 351 E. 26th St. Maywood, California
NOTARY (Seal)	Subscribed and sworn to before me on 19	12. Signature of Notary:
		13. Notary Commission expires 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by older Sister	By whom issued and signed: Mrs. Ed Gore	Date Issued: July 21, 1909	Date Orig. Entry
	Date of Birth: 11, 1909	Birth Place: [illegible]	Name of Father: Milton Ellesberry Hubbard	
			Date Issued: 10/21/52	Date Orig. Entry: Census of Jan. 1, 1920
RECORD 2.	Type of Document: Census record of 1920	By whom issued and signed: Bureau of the Census	Name of Father: Milton E. Hubbard	
	Date of Birth: 11 yrs old	Birth Place:		
SUPPORTING RECORD 3.	Type of Document: Policy #107 835	By whom issued and signed: The Prudential Ins. Co. of Amer.	Date Issued: 9/2/54	Date Orig. Entry: Application on Nov. 5, 1934
	Date of Birth: May 11, 1909	Birth Place:	Name of Father:	

QUALIFYING INFORMATION: CLASS B. Also 2 school records, showing birthdate as May 11, 1909.
CLASS B. Application for insurance to the Prudential Ins. Co. of American, dated July 13, 1938, showing date of birth as May 11, 1909 and place of birth as Idaho.

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	

Class 1 [illegible] made the date before the Registrant's fourth birthday.
Class 2 [illegible] made after the fourth birthday but [illegible]

3/3224-014-851

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 897
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elizabeth Antoinette Calonge
2. Date of Birth (month) (day) (year): Dec. 24 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Nampa

FATHER

6. Full Name of Father: Samuel Devon Calonge
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Leila Deane Heath
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Elizabeth Calonge Symmons
11. Present Address of Registrant: 7017 Cutting Blvd. El Cerrito, California

NOTARY (Seal)

Subscribed and sworn to before me on: November 5 1954
12. Signature of Notary: John S. Malecker
13. Notary Commission expires: April 11 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible record of family births	Bible also examined by John S. Malecker, Notary Public, Utah.	11/5/54	Dec. 24, 1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 24, 1909			

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Leila Heath Calonge	Nov. 5, 1954	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 24, 1909	Nampa, Idaho	Leila Heath Calonge	Samuel Devon Calonge

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Salt Lake High School Register	Salt Lake High School		1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 24, 1909			

QUALIFYING INFORMATION

CLASS B. School enrollment record at Hamilton School in 1915 to 1916. Shows age as 6 yrs old; father as Dr. Calonge.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Nov. 9, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 23 1962

MAR 1 1965

685-108-040-231

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
NOV 13 1954
Division of Vital Statistics

State File No. De54 - 904
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond Henry Wheaton		2. Date Of Birth (month) March (day) 8 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Wallace, Idaho, Shoshone; b. City or Town of Birth: Wallace, Idaho, U.S.A.
FATHER	6. Full Name of Father: Harry Wheaton		7. State or Country of Father's Birth: Michigan, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Rosa Whilhelmine Stanley		9. State or Country of Mother's Birth: Minnesota, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: R Nan Wyple	11. Present Address of Registrant: 2876 W. 18th, Ave., Vancouver, B. C. Canada
NOTARY (Seal)	Subscribed and sworn to before me on: November 10 1954	12. Signature of Notary: A R Boots	13. Notary Commission expires: not applicable 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Baptismal Record	By whom issued and signed: Holy Trinity Episcopal Church	Date issued: 11/2/54	Date Orig. Entry: Baptized on Mar. 8, 1910
	Date of Birth: Mar. 8, 1909; Birth Place: Wallace, Idaho	Full Name of Mother: Rose Stanley Wheaton	Name of Father: Harry Wheaton	
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by Uncle	By whom issued and signed: Arthur F. Stanley	Date issued: Oct. 15, 1954	Date Orig. Entry:
	Date of Birth: Mar. 8, 1909; Birth Place: Wallace, Idaho	Full Name of Mother: Rose Wheaton	Name of Father: Harry Wheaton	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by Uncle	By whom issued and signed: Alvin W. Stanley	Date issued: Oct. 21, 1954	Date Orig. Entry:
	Date of Birth: Mar. 8, 1909; Birth Place: Wallace, Idaho	Full Name of Mother: Rose Stanley	Name of Father: Harry Wheaton	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Nov. 15, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Local Reg. No.

Reg. Dist. No.

NOV 15 1954

REGISTRANT	1. Registrant's Full Name of Birth: Raymond Henry Wheaton	2. Date of Birth (month) March (day) 8 (year) 1909
Person whose Birth is being registered	3. Color or Race: White	4. Sex: Male
	5. Place of Birth: Wallace, Idaho, Shoshone	6. City or Town of Birth: Wallace, Idaho, U.S.A.
FATHER	6. Full Name of Father: Harry Wheaton	7. State or Country of Father's Birth: Michigan, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Ross Philhelmine Stanley	9. State or Country of Mother's Birth: Minnesota, U.S.A.
AFFIDAVIT	10. Hereby declare upon oath that the statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: 2875 W. 13th, Ave., Vancouver, B. C. Canada
	12. Signature of Notary	13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document: Social Security	By whom issued and signed: Holy Trinity Episcopal Church	Date Issued: 11/2/54	Date Orig. Entry: Baptized on Mar. 8, 1910	
Date of Birth: Mar. 8, 1909	Birth Place: Wallace, Idaho	Full Name of Mother: Rose Wheaton	Name of Father: Harry Wheaton	
Type of Document: Affidavit by Uncle	By whom issued and signed: Arthur F. Stanley	Date Issued: Oct. 17, 1954	Date Orig. Entry:	
Date of Birth: Mar. 8, 1909	Birth Place: Wallace, Idaho	Full Name of Mother: Rose Wheaton	Name of Father: Harry Wheaton	
Type of Document: Affidavit by Uncle	By whom issued and signed: Alvin [illegible]	Date Issued: Oct. 21, 1954	Date Orig. Entry:	
Date of Birth: Mar. 8, 1909	Birth Place: Wallace, Idaho	Full Name of Mother: Rose Stanley	Name of Father: Harry Wheaton	

QUALIFYING INFORMATION

REG. S. DIR. & CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been cancelled, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Exhibits reviewed by	Date Filed
W. N. Jensen	Edna Hamilton	Nov. 15, 1954

*Class A Records are those made and [illegible] before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

895-225-044-615

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-906
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Zora Nancy Hinshaw
2. Date of Birth: (month) May (day) 25 (year) 1909
3. Color or Race: White
4. Sex: female
5. Place of Birth: Cambridge
a. County: Washington
b. City or Town of Birth: Cambridge, Idaho

FATHER

6. Full Name of Father: Andrew Milton Hinshaw
7. State or Country of Father's Birth: Pottawatomie County, Kansas

MOTHER

8. Full Maiden Name of Mother: Mary Eugenia Favre
9. State or Country of Mother's Birth: Silver City, Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Zora Barbour
11. Present Address of Registrant: Caldwell, Rt. 1, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on: March 30, 1953 19
12. Signature of Notary: Arthur Wilson
13. Notary Commission expires: Nov. 17, 1953 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit of father	A. M. Hinshaw	3/30/53	

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 25, 1909	Cambridge, Idaho		A. M. Hinshaw

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by Uncle	Felix Favre	Oct. 30,	1954

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 25, 1909,	Cambridge, Idaho	Mary Eugenia Favre	Andrew Milton Hinsha

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Insurance Policy	Mutual Benefit Assoc.	Oct. 29,	1933

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 25, 1909,	Cambridge, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Felder	Nov. 15, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State File No. [illegible]-906

Local Reg. No. [illegible]

Reg. Dist. No. [illegible]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics

NOV 15 1954

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name of Birth: Anne Nancy Hinshaw
2. Date of Birth (month) May (day) 25 (year) 1905
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Cambridge, Washington
6. Birth or Town of Birth: Cambridge, Idaho
7. Name of Father: Andrew Milton Hinshaw
8. Place of Country of Father's Birth: Pottawatomie County, Kansas
9. Name of Mother: Mary Eugenia Favre
10. Place of Country of Mother's Birth: Silver City, Idaho.

AFFIDAVIT

11. Present Address of Registrant: Caldwell, Rt. 1, Idaho.
12. Notary Commission expires: Nov. 7, 1955
13. Signature of Registrant: [illegible]
14. Signature of Notary: [illegible]
15. Subscribed and sworn to before me on: March 30, 1955

SUPPORTING RECORD 1

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Affidavit of Father	A. M. Hinshaw	[illegible]	
Date of Birth / Birth Place	Full Name of Father	Name of Father	
Class B			
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class B			

SUPPORTING RECORD 2

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Affidavit by Uncle	Felix Favre	Oct. 30, 1954	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class B	May 25, 1905, Cambridge, Idaho	Mary Eugenia Favre	Andrew Milton Hinshaw

SUPPORTING RECORD 3

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Insurance Policy	Mutual Benefit Assoc.	Oct. 29, 1953	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class B	May 25, 1905, Camb Idaho, Idaho		

QUALIFYING INFORMATION

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which [illegible] the facts as set forth in the foregoing abstract.

Signature of Registrar: W. W. Hanson

By whom reviewed:

Date Filed: Nov. 11, 1954

Class A Records: [illegible]

532-29-025-291

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-922
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marie Eckles
2. Date of Birth (month) Dec. (day) 29 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Ada; b. City or Town of Birth Boise Idaho

FATHER

6. Full Name of Father: Charles Fayette Eckles
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Lona May Brashears
9. State or Country of Mother's Birth: Arkansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marie Eckles Erwin
11. Present Address of Registrant: 2914 N. E. 18ave - Portland Oregon

NOTARY (Seal)

Subscribed and sworn to before me on Oct 21, 1954
12. Signature of Notary: [signature]
13. Notary Commission expires: Feb 22. 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for Insurance	North American Accident Ins. Co.		Oct. 16, 1935
Class* B	Date of Birth: 25 yrs old; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Affidavit by mother	Lona May Eckles	Oct. 21, 1954	
Class B	Date of Birth: Dec. 29,	Birth Place: 1909, Boise, Idaho	Full Name of Mother: Lona May Eckles	Name of Father:
SUPPORTING RECORD 3.	Marriage Record	County of Multnomah State of Oregon	July 21, 1936	
Class B	Date of Birth: Dec. 29,	Birth Place: 1909, Boise, Idaho	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Nov. 17, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]-922

Local Reg. No.

Reg. Dist. No.

NOV 17 1954

NOV 23 1954

REGISTRATION	1. Registrar's Full Name of Birth	2. Date of Birth (month) (day) (year)
Birth Date Filed	3. Color or Race	4. Sex
Registrar	5. State of Birth	6. Birthplace Town of Birth
	7. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant
NOTARY	12. Signature of Notary	13. Notary Commission expires

APPLICANT - DO NOT WRITE BELOW THIS LINE

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	North American Accident Ins. Co.	Oct. 16, 1936	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
25 yrs old			
Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Affidavit by mother	Lona May Eckles	Oct. 21, 1954	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Dec. 29, 1909, [illegible], Idaho	Lona May Eckles		
Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Marriage Record	County of Wilthomah State of Oregon	July 21, 1936	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Dec. 29, 1909, [illegible], Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] statement.

Registrar	Evidence reviewed by	Date Filed
[illegible] Benson	[signature]	Nov. 17, 1954

[illegible] Registrant's fourth birthday.

271-227-011-814

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-941
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gertrude Marguerite Spangler	2. Date Of Birth (month) (day) (year): February 27 1909
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Port Hill	b. City or Town of Birth: Port Hill Idaho
FATHER	6. Full Name of Father: Nathan Todd Spangler	7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Maude Eliza Hammond	9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. 10. Signature of Registrant: Gertrude S. Martin	11. Present Address of Registrant: 324 W. 17th St Ogden Utah
NOTARY (Seal)	Subscribed and sworn to before me on: September 23, 1954. 12. Signature of Notary: J. P. Coombs	13. Notary Commission expires: February 25, 1957

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: May 1, 1937	Date Orig. Entry: Baptized on May 1, 1937
Class* B	Date of Birth / Birth Place: Feb. 27, 1909 Port Hill, Idaho	Full Name of Mother: Maude E. Hammond	Name of Father: Nathan T. Spangler	
SUPPORTING RECORD 2.	Type of Document: Temple Recommend for Marriage	By whom issued and signed: L. D. S. Church	Date Issued: Jan. 25, 1942	Date Orig. Entry: May 2, 1935
Class B	Date of Birth / Birth Place: Feb. 27, 1909 Port Hill, Idaho	Full Name of Mother: Maude Eliza Hammond	Name of Father: Nathan Todd Spangler	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: City of Ogden State of Utah	Date Issued: 7-12-41	Date Orig. Entry:
Class B	Date of Birth / Birth Place: 32 yrs old Porthill, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielden	Nov. 23, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 23 1954
AUG 04 2000

Department of Public Health
Division of Vital Statistics

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race 4. Sex 5. Place of Birth (Name of Country)	6. Date of Birth (month) (day) (year)
FATHER	6. Full Name of Father: Nathan Todd Spangler	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
APPRAVIT	9. Signature of Registrant	11. Present Address of Registrant
	10. Signature of Notary	12. Notary Commission expires
	September 23, 19[illegible]	February 25, 19 57

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: May 1, 1937	Date Orig. Entry: Baptized May 1, 1937
	Date of Birth / Birth Place: Feb. 27, [illegible]	Full Name of Mother: Maude T. Hammond	Name of Father: Nathan T. Spangler	
SUPPORTING RECORD 2	Type of Document: Female Recommend for Marriage	By whom issued and signed: L. D. S. Church	Date Issued: Jan. 25, 1942	Date Orig. Entry: May 2, 1937
	Date of Birth / Birth Place: Feb. 27, 1909 Fort Hill, Idaho	Full Name of Mother: Maude Eliza Hammond	Name of Father: Nathan Todd Spangler	
SUPPORTING RECORD 3	Type of Document: Child's birth certificate	By whom issued and signed: City of Ogden State of Utah	Date Issued: T-12-41	Date Orig. Entry
	Date of Birth / Birth Place: 32 yrs old Porthill, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. Benson	[signature]	Nov. 23, 1954

*Class A [illegible] are those made and dated before [illegible] birthday.
Class B [illegible] the [illegible] birthday but are at least [illegible]

284-213-025-395

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-4
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vivian Electa SQUIRES		2. Date Of Birth (month) July (day) 13 (year) 1909
	3. Color or Race: Cau	4. Sex: F	5. Place of Birth a. County: Kooskia, Idaho, Idaho; b. City or Town of Birth: Kooskia
FATHER	6. Full Name of Father: William Calvin SQUIRES		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Charity Louisa Tinney		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vivian French	11. Present Address of Registrant: Naval Station, Newport Qtrs GG-14 R.I.
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 29 1954	12. Signature of Notary: B H Bear	13. Notary Commission expires: Jan 1 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record		By whom issued and signed: Board of Education Topeka, Kansas	Date issued: year	Date Orig. Entry: 1920-21
Class* B	Date of Birth: July 13,	Birth Place: 1909,	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Charity Tinney Squires	Date issued: Sept. 27,	Date Orig. Entry: 1954
Class B	Date of Birth: July 13,	Birth Place: 1909, Kooskia,	Full Name of Mother: Idaho Charity Tinney	Name of Father: Wm. Calvin Squires	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father		By whom issued and signed: Wm. Clavin Squires	Date issued: Sept. 27,	Date Orig. Entry: 1954
Class B	Date of Birth: July 13,	Birth Place: 1909, Kooskia,	Full Name of Mother: Idaho Charity Tinney	Name of Father: Wm. Calvin Squires	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	Jan. 3, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 4 1955

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Vivian Electa [illegible]	2. Date of Birth (month) July (day) 13 (year) 1900	
	3. Color or Race: Cau	4. Sex: F	5. Place of Birth: Kooskia, Idaho, Idaho
	6. Place of Birth: County: Kooskia		
FATHER	6. Full Name of Father: William Calvin [illegible]	7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: [illegible] Louisa Finney	9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the [illegible] knowledge and belief	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Naval Station, Newport, Otis [illegible] R.I.
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 195[illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible] 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: School Record	By whom issued and signed: [illegible]	Date Issued: Year	Date Orig. Entry: 1920-21
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2	Type of Document: Affidavit by mother	By whom issued and signed: Charity Finney [illegible]	Date Issued: [illegible]	Date Orig. Entry: 1954
	Date of Birth: July 13, 1900	Birth Place: Kooskia, [illegible]	Full Name of Mother: [illegible] Charity Finney	Name of Father: Wm. Calvin [illegible]
SUPPORTING RECORD 3	Type of Document: Affidavit by father	By whom issued and signed: Wm. Calvin [illegible]	Date Issued: Oct. 27, 1954	Date Orig. Entry:
	Date of Birth: July 13, 1900	Birth Place: Kooskia, [illegible]	Full Name of Mother: [illegible] Charity Finney	Name of Father: Wm. Calvin [illegible]
QUALIFYING INFORMATION				

REGISTRAR CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subsequent does the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Jan. 3, 1955

Class A Records are those made and filed before the registrant's fourth birthday.
Class B Records are those made and filed before the registrant's fourth birthday.

593-120-020-313

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JAN 10 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-22
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Eichholz
2. Date of Birth (month) (day) (year): Jan. 20, 1909
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County: Elmore; b. City or Town of Birth: Glenns Ferry

FATHER

6. Full Name of Father: Ernest Eichholz
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Etta Latty
9. State or Country of Mother's Birth: Oklahoma

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George Eichholz
11. Present Address of Registrant: Glenns Ferry, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 8th 1955
12. Signature of Notary: Geo. H. Robertson
13. Notary Commission expires: Feb. 14 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Birth certificate on file	Elmore County Mountain Home, Idaho	J. W. Davis, M. D.	
Class* A	Date of Birth: Jan. 20, 1909	Birth Place: Glenns Ferry, Idaho	Full Name of Mother: Miss Latty	Name of Father: Ernest Eicholz
SUPPORTING RECORD 2.	Affidavit by father	Ernest Eichholz	12-7-54	
Class B	Date of Birth: Jan. 20, 1909	Birth Place: Glenns Ferry, Idaho	Full Name of Mother: Etta Eichholz	Name of Father: Ernest Eichholz
SUPPORTING RECORD 3.	Affidavit by mother	Etta Eichholz	12-7-54	
Class B	Date of Birth: Jan. 20, 1909	Birth Place: Glenns Ferry, Idaho	Full Name of Mother: Etta Eichholz	Name of Father: Ernest Eichholz

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	Jan. 10, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 11 1955

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

REGISTRANT

1. Registrant's full name at birth: [illegible]
2. Date of birth (month) (day) (year): Jan. 20, 1909
3. Cover or Face: [illegible]
4. Sex: [illegible]
5. Place of birth: [illegible]
6. City or Town of birth: Kenns Ferry
7. Full Name of Father: [illegible]
8. State or Country of Father's Birth: [illegible]
9. Full Maiden Name of Mother: [illegible]
10. State or Country of Mother's Birth: [illegible]

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Signature of Registrant: [illegible]

11. Present Address of Registrant: [illegible]

NOTARY (seal)

Subscribed and sworn to before me on [illegible] 19[illegible]

12. Signature of Notary: [illegible]

13. Notary Commission expires: [illegible] 19[illegible]

APPLICANT'S OWN WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document: [illegible]
By whom issued and signed: [illegible]
Date Issued: [illegible]
Date Orig. Entry: [illegible]
Date of Birth: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD 2

Type of Document: Affidavit by [illegible]
By whom issued and signed: [illegible]
Date Issued: 12-7-54
Date Orig. Entry: [illegible]
Date of Birth: Jan. 20, 1909
Birth Place: Kenns Ferry, Idaho Ella Nichols
Full Name of Mother: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD 3

Type of Document: Affidavit by Mother
By whom issued and signed: [illegible]
Date Issued: 12-7-54
Date Orig. Entry: [illegible]
Date of Birth: Jan. 20, 1909
Birth Place: Kenns Ferry, Idaho Ella Nichols
Full Name of Mother: [illegible]
Name of Father: [illegible]

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the accompanying abstract.

Registrar: [illegible]

Evidence reviewed by: [illegible]

Date Filed: Jan. 10, 1955

Class 3 Records are those made and dated before the Registrar's [illegible] birthday.
Class 4 Records are those made after the [illegible] birthday.

753-202-016-595

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
JAN 18 1955
Division of Vital Statistics

State File No. De55-44
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Martha Petersen
2. Date of Birth (month) (day) (year): Dec. 2 1909
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Idaho Cassia
b. City or Town of Birth: Albion.

FATHER

6. Full Name of Father: Christian Peter Petersen
7. State or Country of Father's Birth: Denmark.

MOTHER

8. Full Maiden Name of Mother: Johanne Kirstine Nielsen
9. State or Country of Mother's Birth: Denmark.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Martha Fairchild
11. Present Address of Registrant: 1750 Hansen Burley Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: September 15 1954
12. Signature of Notary: B. S. Hutchison
13. Notary Commission expires: Notary Public ... Idaho My Commission Expires Nov. 29, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	L. D. S. Church	Baptized	Sept. 1, 1934

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 2, 1909	Albion, Idaho	Johanne Kristine Neilson	Petersen Christian Peter

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Mutual Life Insurance Co.	Sept. 18, 1938	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 2,	1909, Albion, Idaho		

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Mary Neyman, Teacher	1915	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 2, 1909		Johanne Petersen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary F. Felder	Jan. 18, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 18 1959

REGISTRANT	1. Registrant's Full Name of Birth	2. Date of Birth	3. Date of Birth
Person whose birth is being	[illegible]	[illegible]	[illegible]
	3. Clear or Date of Birth	5. Place of Birth	6. Place of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

SUPPORTING	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Certificate of Registrant	[illegible]	Sept. 1, 1958	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class	Dec. 2, 1909, [illegible]	[illegible]	[illegible]	
	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Insurance Policy	[illegible] Insurance Co.	Sept. 18, 1958	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class	Dec. 2, 1909, [illegible]			
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	School Record	[illegible]	1915	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class	Dec. 2, [illegible]	[illegible]		
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	Date Registrar	Signature Delayed by	Date Filed
	[illegible]	[illegible]	Jan. 18, 1959

Class A Records are those made of [illegible] before the registrant's [illegible]

B6-230-007-437

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
JAN 28 1955
Division of Vital Statistics

State File No. De55-77
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Brooks Julia Effie			2. Date of Birth (month) 12 (day) 30 (year) 1909	
	3. Color or Race: White	4. Sex: female	5. Place of Birth (County): Blaine	b. City or Town of Birth: Carey Idaho	
FATHER	6. Full Name of Father: Brooks Edward Thompson			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: McGary Ethel Jane			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Julia Effie Brooks McCabe		11. Present Address of Registrant: Route 3 Box 35 Shelton, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: December 14 1954	12. Signature of Notary: Phil C Bayley		13. Notary Commission expires: October 10, 1956	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Ethel Jane and Ed. T. Brooks		Date Issued	Date Orig. Entry: Dec. 13, 1954
Class* B	Date of Birth: Dec. 30,	Birth Place: 1909, Carey, Idaho	Full Name of Mother: Ethel Jane McGary	Name of Father: Edward Thompson Brooks	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic Church, Shelton, Wn.		Date Issued	Date Orig. Entry: Baptized July 26, 1948
Class B	Date of Birth: Dec. 30,	Birth Place: 1909, Carey, Idaho	Full Name of Mother: St. Edwards Ethel Jane McGary	Name of Father: Edward Thompson Brooks	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Family Bible		Date Issued: Dec. 30,	Date Orig. Entry: 1909
Class A	Date of Birth: Dec. 30,	Birth Place: 1909	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Hedden	Jan. 28, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 28 1955

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health and Welfare
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Brooks Julia Effie
2. Date of Birth (month) 12 (day) 30 (year) 1909
3. Sex: Female
4. Place of Birth: Blaine
5. Birth Place of Birth: Carey Idaho

FATHER

6. Full Name of Father: Brooks Edward Thompson
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Ethel Jane
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

10. Delayer declare upon oath that the above statements are true to the best of my knowledge and belief.
11. Signature of Registrant: [illegible]
12. Signature of Notary: [illegible]
13. Present Address of Registrant: Route 3 Box 34 Shelton, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: [illegible] 1955
Notary Commission expires: [illegible] 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by parents	Ethel Jane [illegible]	[illegible]	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 30, 1909	[illegible]	[illegible]	[illegible]

Class S

SUPPORTING

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Roman Catholic [illegible]	[illegible]	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 30, 1909	[illegible]	Ethel Jane [illegible]	[illegible]

Class S

SUPPORTING

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]		

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 30, 1909			

Class A

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Date Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Jan. 28, 1955

Note: Records are those made any dated [illegible] the Registrant's fourth birthday.
Class A [illegible] the fourth [illegible] at [illegible] [illegible]

693-125-036-551

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-79
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jinken Curtis Williams
2. Date of Birth (month) (day) (year): August 5, 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho — Oneida
b. City or Town of Birth: Malad City

FATHER

6. Full Name of Father: Thomas Jinken Williams
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Irene Evans
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jink C. Williams
11. Present Address of Registrant: 1626 N. E. 53rd. Ave. Portland, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: January 13 1955
12. Signature of Notary: W. X. Parker
13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Oct. 29, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	L. D. S. Church	Blessed	Feb. 6, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 5, 1909	Malad, Idaho	Irene Evans	Thomas Jinken

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	L. D. S. Church	Baptized	Feb. 6, 1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 5, 1909,	Malad, Idaho	Irene Evans	Thomas J. Williams

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Eldon	Jan. 31, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 1 1955

FEB 7 1955

Reg. Dist. No.

Date of Birth (month) (day) (year)

Color or Race | Sex | Place of Birth (County)

b. City or Town of Birth

Full Name of Father

7. State or Country of Father's Birth

8. Full Maiden Name of Mother

9. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the [illegible] statements are true to the [illegible] knowledge and [illegible].

10. Signature of Registrant

11. Present Address of Registrant

NOTARY

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

NOTARY PUBLIC FOR OREGON

My Commission Expires Oct. 29, 1955

APPLICANT DO NOT WRITE ABOVE THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Baptism

Date of Birth | Birth Place

Full Name of Mother

Date Issued | Date Orig. Entry

Name of Father

Class A

SUPPORTING RECORD 2.

Type of Document: Certificate of Baptism

Date of Birth | Birth Place

Full Name of Mother

Date Issued | Date Orig. Entry

Name of Father

Class B

SUPPORTING RECORD 3.

Type of Document

Date of Birth | Birth Place

Full Name of Mother

Date Issued | Date Orig. Entry

Name of Father

Class

QUALIFYING INFORMATION

[illegible] certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which [illegible] the facts as set forth in the [illegible] abstract.

State Registrar

Evidence reviewed by

Date Filed

Jan. 31, 1955

386-206-040-312

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-150
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Olive Ruth Thornhill
2. Date Of Birth (month) (day) (year): March 6th 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Shoshone
b. City or Town of Birth: Kellogg, Idaho

FATHER

6. Full Name of Father: Merle Conrad Thornhill
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Maud Adelia Taber
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Olive Ruth Flanigan
11. Present Address of Registrant: 132 E. Main St., Emmett, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: February 17th 1955
12. Signature of Notary: Orin Merrill
13. Notary Commission expires: February 12th 1957

APPLICANT -- DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible	3-6-1909	
Class* A	Date of Birth / Birth Place: Mch 6, 1909,	Full Name of Mother: Maud Adelia Taber	Name of Father: Merle Conrad Thornhill	
SUPPORTING RECORD 2.	Baby Book	Mother	3-6-1909	
Class B	Date of Birth / Birth Place: Mch 6, 1909, Kellogg, Ida.	Full Name of Mother: Mrs. M. C. Thornhill	Name of Father:	
SUPPORTING RECORD 3.	Child's birth certificate	Providence Hospital		Jan. 20, 1938
Class B	Date of Birth / Birth Place: Mch 6, 1909, Kellogg, Idaho	Full Name of Mother: Kellogg, Ida	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Maud Feden	Feb. 17, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 18 1955

FEB 18 1955

1. Registrant's Full Name at Birth		2. Date of Birth (month) (day) (year)	
Olive Ruth Thornhill		March 6th 1909	
3. Sex	4. Place of Birth	5. City or Town of Birth	
White Female	Shoshone	Kellogg, Idaho	
6. Full Name of Father		7. State or Country of Father's Birth	
Merle Conrad Thornhill		Oregon	
8. Full Maiden Name of Mother		9. State or Country of Mother's Birth	
Maud Adelia Taber		Missouri	
10. Signature of Registrant		11. Present Address of Registrant	
[illegible]		172 E. Main St., Emmett, Idaho	
12. Signature of Notary		13. Notary Commission expires	
February 17th 1955		February 12th 1957	

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible Record	Family Bible	3-6-1909	
Date of Birth, Birth Place	Full Name of Mother	Name of Father	
Mch 6, 1909.	Maud Adelia Taber	Merle Conrad Thornhill	
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baby Book	Mother	3-6-1909	
Date of Birth, Birth Place	Full Name of Mother	Name of Father	
Mch 6, 1909, Kellogg, Ida.	Mrs. M. C. Thornhill		
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's birth certificate	Providence Hospital		Jan. 20, 1938
Date of Birth, Birth Place	Full Name of Mother	Name of Father	
Mch 6, 1909, Kellogg, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Registrar	Evidence reviewed by	Date filed
[illegible] Benson	[illegible]	Feb. 17, 1955

465-22-008-695

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-154
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ethel Mae Montgomery
2. Date of Birth (month) (day) (year): Aug. 21 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Brownlee Boise
b. City or Town of Birth: Brownlee Idaho

FATHER

6. Full Name of Father: William Thomas Montgomery
7. State or Country of Father's Birth: Blue Mound Ill.

MOTHER

8. Full Maiden Name of Mother: Emma Olive Winston
9. State or Country of Mother's Birth: Marysville Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ethel DeMond
11. Present Address of Registrant: 4325 Gage St. Boise

NOTARY (Seal)

Subscribed and sworn to before me on February 17 19 55

12. Signature of Notary: [signature] Probate Judge Ada County, Idaho.
13. Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth certificate	Bureau of Vital Statistics Boise, Idaho #195985		Oct. 12, 1931
Class* B	Date of Birth: 22 yrs old; Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	School Record	Boise Senior High School Boise, Idaho	Feb. 17, 1955	
Class B	Date of Birth: Aug. 21, 1909; Birth Place: Brownlee, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Affidavit by mother	Mrs. Olive Montgomery	Feb. 19, 1955	
Class B	Date of Birth: Aug. 21, 1909; Birth Place: Brownlee, Idaho	Full Name of Mother: Olive Montgomery	Name of Father: William Thomas Montgomery	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Feb. 19, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 21 1955

CHILD

1. Name of Child: [illegible]

2. Date of Birth: February 19, 1955

3. Sex: [illegible]

4. Place of Birth (a) City or Town: [illegible] (b) County: [illegible] (c) State: [illegible]

5. Usual Residence: [illegible]

6. Legitimate: [illegible]

7. If Not Legitimate, is Child to be Named on Father: [illegible]

8. If Child is Living, Is Informant Willing to Have Child's Name Changed: [illegible]

9. Name to be Given Child: [illegible]

MOTHER

10. Full Maiden Name of Mother: [illegible]

11. Mother's Place of Birth (State or Country): [illegible]

12. Mother's Mailing Address: [illegible]

13. Mother's Age at Last Birthday: [illegible]

14. Number of Children Born to This Mother, Including This Child: [illegible]

15. Number of These Children Living at This Time: [illegible]

FATHER

16. Full Name of Father: [illegible]

17. Father's Place of Birth (State or Country): [illegible]

18. Father's Age at Last Birthday: [illegible]

INFORMANT

19. Name and Address of Informant: [illegible]

20. Informant's Relationship to Child: [illegible]

CERTIFICATION OF ATTENDANT

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

21. Signature and Title: [illegible]

22. Address: [illegible]

23. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

24. Signature and Title: [illegible]

25. Address: [illegible]

26. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

27. Signature and Title: [illegible]

28. Address: [illegible]

29. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

30. Signature and Title: [illegible]

31. Address: [illegible]

32. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

33. Signature and Title: [illegible]

34. Address: [illegible]

35. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

36. Signature and Title: [illegible]

37. Address: [illegible]

38. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

39. Signature and Title: [illegible]

40. Address: [illegible]

41. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

42. Signature and Title: [illegible]

43. Address: [illegible]

44. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

45. Signature and Title: [illegible]

46. Address: [illegible]

47. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

48. Signature and Title: [illegible]

49. Address: [illegible]

50. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

51. Signature and Title: [illegible]

52. Address: [illegible]

53. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

54. Signature and Title: [illegible]

55. Address: [illegible]

56. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

57. Signature and Title: [illegible]

58. Address: [illegible]

59. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

60. Signature and Title: [illegible]

61. Address: [illegible]

62. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

63. Signature and Title: [illegible]

64. Address: [illegible]

65. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

66. Signature and Title: [illegible]

67. Address: [illegible]

68. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

69. Signature and Title: [illegible]

70. Address: [illegible]

71. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

72. Signature and Title: [illegible]

73. Address: [illegible]

74. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

75. Signature and Title: [illegible]

76. Address: [illegible]

77. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

78. Signature and Title: [illegible]

79. Address: [illegible]

80. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

81. Signature and Title: [illegible]

82. Address: [illegible]

83. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

84. Signature and Title: [illegible]

85. Address: [illegible]

86. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

87. Signature and Title: [illegible]

88. Address: [illegible]

89. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

90. Signature and Title: [illegible]

91. Address: [illegible]

92. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

93. Signature and Title: [illegible]

94. Address: [illegible]

95. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

96. Signature and Title: [illegible]

97. Address: [illegible]

98. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

99. Signature and Title: [illegible]

100. Address: [illegible]

101. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

102. Signature and Title: [illegible]

103. Address: [illegible]

104. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

105. Signature and Title: [illegible]

106. Address: [illegible]

107. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

108. Signature and Title: [illegible]

109. Address: [illegible]

110. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

111. Signature and Title: [illegible]

112. Address: [illegible]

113. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

114. Signature and Title: [illegible]

115. Address: [illegible]

116. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

117. Signature and Title: [illegible]

118. Address: [illegible]

119. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

120. Signature and Title: [illegible]

121. Address: [illegible]

122. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

123. Signature and Title: [illegible]

124. Address: [illegible]

125. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

126. Signature and Title: [illegible]

127. Address: [illegible]

128. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

129. Signature and Title: [illegible]

130. Address: [illegible]

131. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

132. Signature and Title: [illegible]

133. Address: [illegible]

134. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

135. Signature and Title: [illegible]

136. Address: [illegible]

137. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

138. Signature and Title: [illegible]

139. Address: [illegible]

140. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

141. Signature and Title: [illegible]

142. Address: [illegible]

143. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

144. Signature and Title: [illegible]

145. Address: [illegible]

146. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

147. Signature and Title: [illegible]

148. Address: [illegible]

149. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

150. Signature and Title: [illegible]

151. Address: [illegible]

152. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

153. Signature and Title: [illegible]

154. Address: [illegible]

155. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

156. Signature and Title: [illegible]

157. Address: [illegible]

158. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

159. Signature and Title: [illegible]

160. Address: [illegible]

161. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

162. Signature and Title: [illegible]

163. Address: [illegible]

164. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

165. Signature and Title: [illegible]

166. Address: [illegible]

167. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

168. Signature and Title: [illegible]

169. Address: [illegible]

170. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

171. Signature and Title: [illegible]

172. Address: [illegible]

173. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

174. Signature and Title: [illegible]

175. Address: [illegible]

176. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

177. Signature and Title: [illegible]

178. Address: [illegible]

179. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

180. Signature and Title: [illegible]

181. Address: [illegible]

182. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

183. Signature and Title: [illegible]

184. Address: [illegible]

185. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

186. Signature and Title: [illegible]

187. Address: [illegible]

188. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

189. Signature and Title: [illegible]

190. Address: [illegible]

191. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

192. Signature and Title: [illegible]

193. Address: [illegible]

194. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

195. Signature and Title: [illegible]

196. Address: [illegible]

197. Date Signed: [illegible]

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

I hereby certify that I attended the birth of the child named above, who was born alive at the time and on the date stated above.

198. Signature and Title: [illegible]

199. Address: [illegible]

200. Date Signed: [illegible]

619-225-001-545

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 21 1955
Division of Vital Statistics

State File No. De55-159
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GRACE MARGARET WARREN			2. Date Of Birth (month) (day) (year): December 25 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Henry Williams Warren			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: LAURA MAE EMERSON			9. State or Country of Mother's Birth: Wisconsin, U. S. A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Margaret Warren now, Grace Margaret Ingle		11. Present Address of Registrant: Kendrick, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 19 19 55	12. Signature of Notary: [signature]		13. Notary Commission expires: Jan 2 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: University of Idaho		Date Issued:	Date Orig. Entry: Sept. 26,1928
Class* B	Date of Birth: Dec. 25,	Birth Place: 1909, Boise, Idaho	Full Name of Mother:	Name of Father: H. W. Warren	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Division of Vital Statistics Boise, Idaho #247331		Date Issued:	Date Orig. Entry: Sept. 4, 1936
Class B	Date of Birth: 26 yrs old,	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Charles Stuart Warren		Date Issued: Jan. 22,	Date Orig. Entry: 1955
Class B	Date of Birth: Dec. 25,	Birth Place: 1909, Boise, Idaho	Full Name of Mother: Laura Mae Emerson	Name of Father: Henry William Warren	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleeson	Feb. 22, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. Deb5-159

Department of Health
Division of Vital Statistics
Boise, Idaho

Local Reg. No.

Reg. Dist. No.

FEB 22 [illegible]

REGISTRAR (Person whose birth is being registered)

1. Registrar's Full Name at Birth: [illegible]

2. Date of Birth (month) (day) (year): [illegible]

3. Color or Race: [illegible] 4. Sex: [illegible] 5. Place of Birth (Country): [illegible]

6. City or Town of Birth: Boise

FATHER

7. Full Name of Father: Henry Williams Warren

8. State or Country of Father's Birth: [illegible]

MOTHER

9. Full Maiden Name of Mother: [illegible]

10. State or Country of Mother's Birth: [illegible]

AFFIDAVIT

I hereby declare upon date that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]

11. Present Address of Registrant: [illegible]

NOTARY (Seal)

Subscribed and sworn to before me on January 10 19 [illegible]

12. Signature of Notary

13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: School Record

By whom issued and signed: University of Idaho

Date Issued: [illegible] 6, 1928

Date of Birth: [illegible] Birth Place: 1909 Boise

Full Name of Mother:

Name of Father:

Class: B

SUPPORTING RECORD 2.

Type of Document: Child's birth certificate

By whom issued and signed: Division of Vital Statistics Boise, Idaho #247331

Date Issued: Sept. 4, 1936

Date of Birth: 26 yrs old, Boise, Idaho

Full Name of Mother:

Name of Father:

Class: B

SUPPORTING RECORD 3.

Type of Document: Affidavit by brother

By whom issued and signed: Charles Stuart Warren

Date Issued: Jan. 22, 1955

Date of Birth: Dec. 25, 1909, Boise, Idaho

Full Name of Mother: Laura Mae Emerson

Name of Father: Henry William Warren

Class: B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this project and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible] Benson

Evidence reviewed by:

Date Filed: Feb. 22, 1955

Class A Records are those made and dated before the [illegible] of the birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DBS [illegible]

45-208.2011-259

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAR 1 1955
Division of Vital Statistics

State File No. De55-198
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Annie Ellena Dunning
2. Date of Birth (month) July (day) 8 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Boundary
b. City or Town of Birth: Bonners Ferry

FATHER

6. Full Name of Father: William Frank Dunning
7. State or Country of Father's Birth: New York State

MOTHER

8. Full Maiden Name of Mother: Annie Paulena Berndahl
9. State or Country of Mother's Birth: Norway

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant (Stated) Annie Ellena Dunning
11. Present Address of Registrant: Bonners Ferry Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: January 26 1955

12. Signature of Notary: W. W. Benson
13. Notary Commission expires: August 1 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Census	Class A Dist. 101 Bonners Ferry, Idaho	year	1917-18
Class* B	Date of Birth: July 8, 1909	Birth Place:	Full Name of Mother:	Name of Father: William F. Dunning
SUPPORTING RECORD 2.	Affidavit by sister	Lillie Mary Skaurud	Dec. 1, 1954	
Class B	Date of Birth: July 8, 1909	Birth Place: Bonners Ferry, Ida	Full Name of Mother: Annie P. Berndahl	Name of Father: Wm. Frank Dunning
SUPPORTING RECORD 3.	Birth Announcement	Lottie Rose Dunning	Aug. 14, 1909	
Class B	Date of Birth: 1909	Birth Place: Bonners Ferry	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	W. W. Benson	Mch. 1, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

Department of Health, Health Division of Vital Statistics, Boise

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

MAR 8 1955

REGISTRAR (Not to be filled in unless registered)

1. Registrant's Full Name at Birth: Annie [illegible]
2. Date of Birth (month) July (day) 6 (year) 1907
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Boundary
6. Full Name of Father: William Frank Dunning
7. State or Country of Father's Birth: New York State
8. Full Maiden Name of Mother: Annie Paulina Bernard
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: Bonners Ferry Idaho

NOTARY Subscribed and sworn to before me [illegible]

12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD A Type of Document: School Census
By whom issued and signed: Class A dist. 101 Bonners Ferry, Idaho
Date Issued: Year
Date Orig. Entry: 1917-18
Date of Birth: July 8, 1909
Birth Place:
Full Name of Mother:
Name of Father: William [illegible]

SUPPORTING RECORD B Type of Document: Affidavit by sister
By whom issued and signed: Lillie Mary Skaurud
Date Issued: Dec. 1, 1954
Date of Birth: July 8, 1909
Birth Place: Bonners Ferry, Ida Annie P. Bernard
Full Name of Mother:
Name of Father: Wm. Frank Dunning

SUPPORTING RECORD C Type of Document: Birth Announcement
By whom issued and signed: Lottie Rose Dunning
Date Issued: Aug. 14, 1909
Date Orig. Entry:
Date of Birth: 1909
Birth Place: Bonners Ferry
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this record and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]
Evidence reviewed by: [illegible]
Date Filed: Mch. 1, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but against least 5 years old.

795-201-026-213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
FEB 28 1955
Division of Vital Statistics

State File No. De55-214
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARIAN BALLANTYNE GREEN		2. Date Of Birth (month) September (day) 1 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Jefferson b. City or Town of Birth: Menan
FATHER	6. Full Name of Father: Gilbert M. Green Murray Utah, Salt Lake x		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Eva Ballantyne Ogden Utah, Weber x		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Marian Bennett	11. Present Address of Registrant: x 24537 Lakme Wilmington Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: February 25, 1955	12. Signature of Notary: Clifford F. Ellis	13. Notary Commission expires: June 9, 1958 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date issued: 6/13/51	Date Orig. Entry: Baptized on Sept. 1, 1917
	Date of Birth: Sept. 1, 1909 Birth Place: Menan, Idaho	Full Name of ~~Mother~~ Father: Gilbert M. Green	Name of ~~Father~~ Mother: Eva Ballantyne	
SUPPORTING RECORD 2. Class B	Type of Document: Insurance Policy	By whom issued and signed: American National Insurance Company	Date issued:	Date Orig. Entry: Aug. 22, 1946
	Date of Birth: Sept. 1, 1909, Menan, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by mother	By whom issued and signed: Eva B. Green Gardner	Date issued: Feb. 23, 1955	Date Orig. Entry:
	Date of Birth: Sept. 1, 1909, Menan	Full Name of Mother: Eva Ballantyne Green	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	eh [signature]	Mch 7, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 7 1955

799-109-035-219

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAR 13 1955
Division of Vital Statistics

State File No. De55-249
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Raymond Franklin Griffith
2. Date Of Birth: (month) March (day) 9, (year) 1909
3. Color or Race: White
4. Sex:
5. Place of Birth: a. County: Idaho, Nez Perce; b. City or Town of Birth: Lewiston

FATHER

6. Full Name of Father: Franklin Edwin Griffith
7. State or Country of Father's Birth: Carthage, Missouri

MOTHER

8. Full Maiden Name of Mother: Pauline Isabel Barnes
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Raymond F. Griffith
11. Present Address of Registrant: 817 - Sixth, Cheney, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: William M. McKinley
12. Signature of Notary: March 14, 1955
13. Notary Commission expires: 2-20-1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy	Great Northern Life Inc. Co.		Feb. 19, 1943
Class* B	Date of Birth / Birth Place: March 9, 1909, Lewiston, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	School Record	Spokane Public Schools		May 1, 1916
Class B	Date of Birth / Birth Place: March 9, 1909,	Full Name of Mother:	Name of Father: F. E. Griffith	
SUPPORTING RECORD 3.	Affidavit by father	Frank E. Griffith		Apr. 23, 1943
Class B	Date of Birth / Birth Place: March 9, 1909, Lewiston, Idaho	Full Name of Mother:	Name of Father: Frank E. Griffith	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Eaton	March 16, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

DECEASED

386-110-020-369

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-267
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edward Corcoran Thompson
2. Date of Birth (month) (day) (year): Nov. 10, 1909
3. Color or Race: White
4. Sex: male
5. Place of Birth: Idaho — a. County: Elmore — b. City or Town of Birth: Glenns Ferry

FATHER

6. Full Name of Father: Edward Thompson
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Catherine Margaret Corcoran
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edward C Thompson
11. Present Address of Registrant: Box 27 Sutherlin, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: 22 March 1955

12. Signature of Notary: W W Benson
13. Notary Commission expires: July 31, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth certificate	Division of Vital Statistics Boise, Idaho #239620		Dec. 14, 1935
Class* B	Date of Birth: 27 yrs old — Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit	John M. O'Malia	3-22-55	
Class B	Date of Birth: Nov. 10, 1909 — Birth Place: Glenns Ferry, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.				
Class	Date of Birth — Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

Certificate of Baptism gives the date of birth as Nov. 10, 1909, mother's name, Catherina Corcoran, father, Edward Thompson, baptized on Dec. 18, 1909.

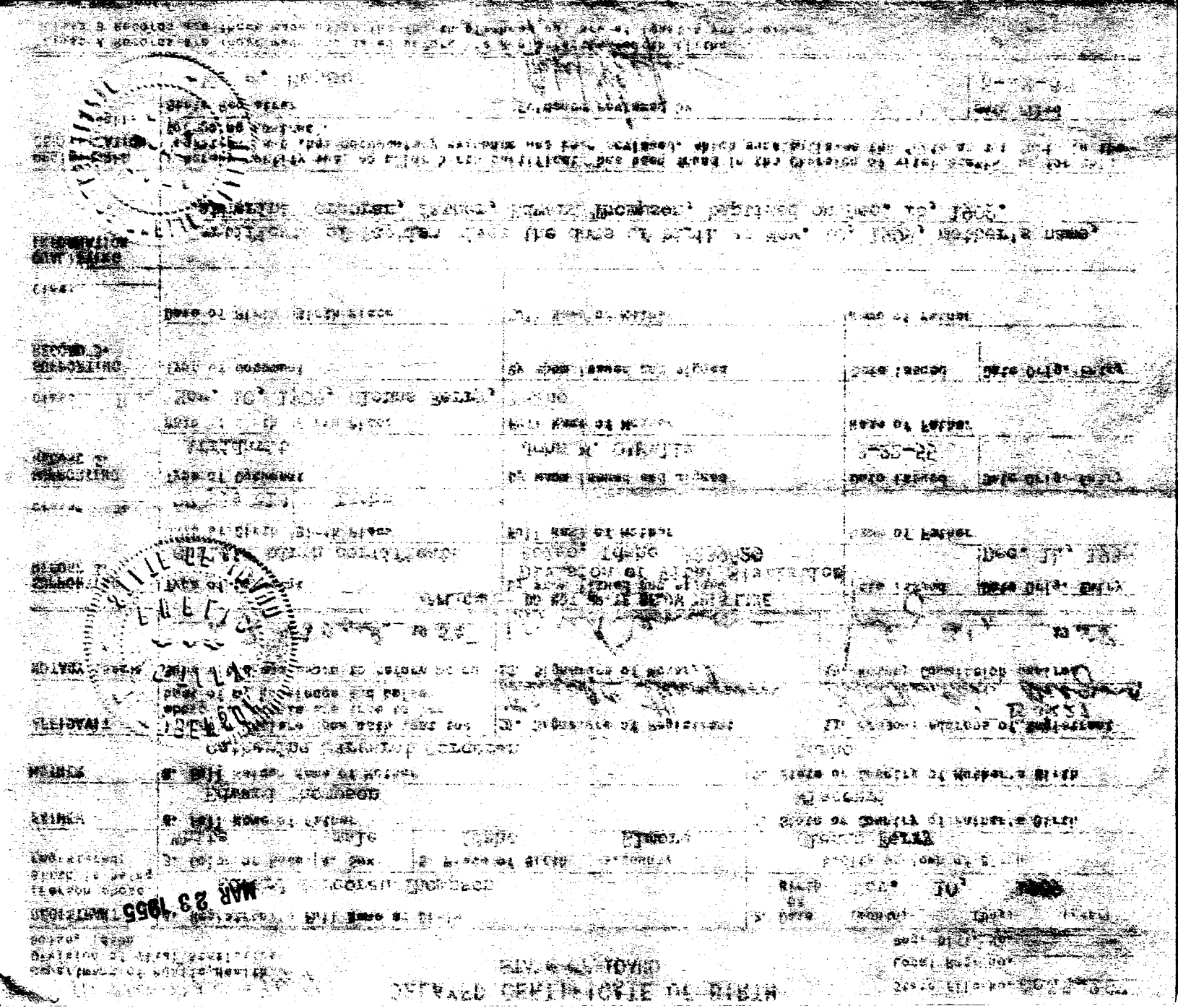
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	3-22-55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067



316-223-032-219

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
FEB 21 1955
Division of Vital Statistics

State File No. De55-275
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Elsie Lawshe		2. Date of Birth (month) July (day) 23 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County Lincoln; b. City or Town of Birth: Jerome, Idaho	
FATHER	6. Full Name of Father: George Henry Lawshe		7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Alice Margaret Barber		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby L. Massey	11. Present Address of Registrant: 167 Main, Gooding, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 18, 1955	12. Signature of Notary: James Austin	13. Notary Commission expires: 12/21/58	

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Affidavit	By whom issued and signed: County Clerk & Recorder Jerome, Idaho, Jerome County	Date Issued: Apr. 2, 1933	Date Orig. Entry
Class* B	Date of Birth: 23 yrs old; Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Alice M. Lawshe	Date Issued: Jan. 15, 1955	Date Orig. Entry
Class B	Date of Birth: July 23, 1909, Jerome, Idaho	Full Name of Mother: Alice M. Lawshe	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Application and Personal History Statement	By whom issued and signed: Selective Service System	Date Issued: Jan. 30, 1941	Date Orig. Entry
Class B	Date of Birth: July 23, 1909, Jerome, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleder	2-25-55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 25 1955

285-206-840-255

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De55-348
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Loretta Byers
2. Date of Birth (month) (day) (year): February 6 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Burke, Idaho Shoshone
b. City or Town of Birth: Burke, Idaho

FATHER

6. Full Name of Father: Thomas Charles Byers
7. State or Country of Father's Birth: Battle Creek, Michigan

MOTHER

8. Full Maiden Name of Mother: Rose Keeney
9. State or Country of Mother's Birth: Ireland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Loretta Byers
11. Present Address of Registrant: 508 Alegria Road, Santa Barbara, Calif

NOTARY (Seal)

Subscribed and sworn to before me on: 1st April 1955
12. Signature of Notary: B. A. McDevitt
13. Notary Commission expires: 9-12 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Certificate of Baptism	Roman Catholic Church, Wallace, Idaho	Baptized	Mch 28, 1909
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Feb. 6, 1909, Burke, Idaho	Rose Byers	Thomas Byers	
SUPPORTING RECORD 2. Class B	Affidavit by half-brother	B. A. McDevitt	no date	
	Feb. 6, 1909, Burke, Idaho	Rose Keeney	Thomas Byers	
SUPPORTING RECORD 3. Class B	Affidavit	Anna K. Battick	Feb. 18, 1955	
	Feb. 6, 1909, Mace, Idaho	Rose Keeney	Thomas Byers	

QUALIFYING INFORMATION

Also, census record from the Department of Commerce, Bureau of the Census gives the age as 10 years when the census was taken on Jan.1, 1920.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Feden	Apr. 12, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

FEB 23 1971

APR 13

168-21-028-243

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 21 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-387
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name of Birth: Mary Agnes Johnston	2. Date Of Birth (month) October (day) 11 (year) 1909
	3. Color or Race: white; 4. Sex: female; 5. Place of Birth a. County: Coeur D'Alene, Kootenai	b. City or Town of Birth: Coeur D'Alene
FATHER	6. Full Name of Father: William Peter Johnston	7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Emma Josephine Buchberger	9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary A. Praetorius; 11. Present Address of Registrant: W3405 Fairview, Spokane, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: April 18, 1955	12. Signature of Notary: Henry Praetorius; 13. Notary Commission expires: Oct. 25, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic Church Coeur d'Alene, Idaho	Date issued: Baptized	Date Orig. Entry: Dec. 16, 1909
	Date of Birth: Oct. 11, 1909	Birth Place: Coeur d'Alene Idaho	Full Name of Mother: Emma Buckberger	Name of Father: William P. Johnston
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by mother	By whom issued and signed: Emma Josephine Johnston	Date issued:	Date Orig. Entry:
	Date of Birth: Oct. 11, 1909	Birth Place: Coeur d'Alene Idaho	Full Name of Mother: Emma Josephine Johnston	Name of Father:
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

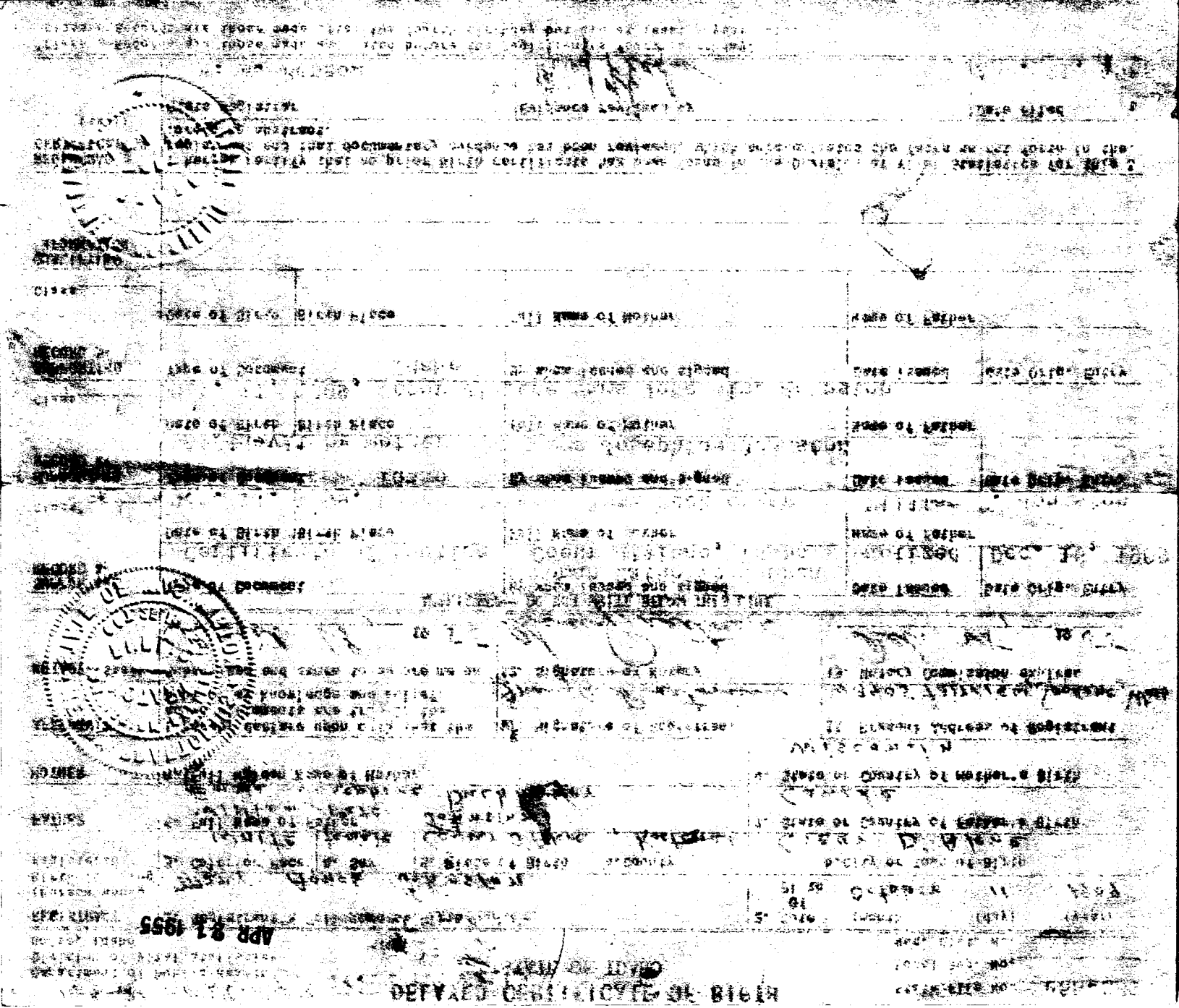
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Apr. 21, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 21 1955

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT	1. Registrant's Birth Number	2. Date of Birth (month) (day) (year)	
(Person whose Birth is being Registered)	[illegible]	October 11 1907	
	3. Color or Race	4. Sex	5. Place of Birth
	6. County	7. City or Town of Birth	
FATHER	8. Full Name of Father	9. State or Country of Father's Birth	
MOTHER	10. Full Maiden Name of Mother	11. State or Country of Mother's Birth	
AFFIDAVIT	12. Date of Declaration	13. Signature of Registrant	14. Present Address of Registrant
	15. Date of Knowledge and Belief	16. Signature of Notary	17. Notary Commission expires
	18. Subscribed and sworn to before me on		

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Certificate of Baptism	Coeur d'Alene, Idaho	Notized	Dec. 16, 1955
	Date of Birth Birth Place	Full Name of Mother	Name of Father	
Class				
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Certificate of Baptism	Coeur d'Alene, Idaho		
	Date of Birth Birth Place	Full Name of Mother	Name of Father	
Class				
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth Birth Place	Full Name of Mother	Name of Father	
Class				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATE: I hereby certify that no prior Birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which accumulates the facts as set forth in the Delayed Abstract.

Date Registrar	Evidence reviewed by	Date Filed

Class 1 Records are those made and filed before the registrant's fourth birthday.
Class 2 Records are those made after the fourth birthday but not at least 1 year

966-213-003-396

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-400
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Golda Aileen Rowland
2. Date of Birth (month) June (day) 13 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Pocatello, Idaho, Bannock
b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: Edward Nelson Rowland
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Alice Louise Croshaw
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Golda Aileen Rowland Coilet
11. Present Address of Registrant: 1870 Willow St. San Jose, Calif

NOTARY (Seal)

Subscribed and sworn to before me on: April 12th 1955
12. Signature of Notary: Lyle A Green
13. Notary Commission expires: Notary Public State of Calif County of Santa Clara My commission expires Mar. 24, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible viewed by Geo. W. Hargraves, Notary Public		June 13, 1909
Class* A	Date of Birth: June 13, 1909,	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Application for Insurance	Northwestern Mutual Life Ins. Co.	Nov. 1932	
Class B	Date of Birth: June 13, 1909,	Birth Place: Pocatello, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Affidavit by Aunt	Stella Rowland	Apr. 22, 1955	
Class B	Date of Birth: June 13, 1909,	Birth Place: Pocatello, Idaho	Full Name of Mother: Alice Louise Croshaw	Name of Father: Edward Nelson Rowland
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Hedges	Apr. 25, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

APR 25 1955

DECEASED

314-207-044-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho .

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-469
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alice Bertha Campbell
2. Date of Birth (month) Nov. (day) 7 (year) 1909
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Washington
b. City or Town of Birth: Cambridge

FATHER

6. Full Name of Father: James Franklin Campbell
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Maude Ellen Carlile
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice B. Wilcox
11. Present Address of Registrant: 1602 Idaho Street, Caldwell, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on May 13 19 55

12. Signature of Notary: Ray Muller
13. Notary Commission expires: Sept. 24 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible	Nov. 7, 1909	
Class* A	Date of Birth / Birth Place: Nov. 7, 1909	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Insurance Policy	Metropolitan Life Insurance	Apr. 1, 1932	
Class B	Date of Birth / Birth Place: 23 yrs old	Full Name of Mother Policy	Name of Father	
SUPPORTING RECORD 3.	Affidavit by brother	Wade C. Campbell	May 13, 1955	
Class B	Date of Birth / Birth Place: Nov. 7, 1909, Cambridge, Idaho	Full Name of Mother: Maude Ellen Carlile	Name of Father: James Franklin Campbell	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Keeler	May 13, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DRH #0067

MAY 13 1955

DECEASED

743-241607-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAY 20 1955
Division of Vital Statistics

State File No. De55-495
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wade Darlington Gutches

2. Date Of Birth: (month) August (day) 24, (year) 1909

3. Color or Race: White

4. Sex: male

5. Place of Birth: a. County: Blaine; b. City or Town of Birth: Hailey

FATHER

6. Full Name of Father: Frank John Gutches

7. State or Country of Father's Birth: Huston, Iowa

MOTHER

8. Full Maiden Name of Mother: Sarah Magnolia Johnston

9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wade Darlington Gutches

11. Present Address of Registrant: Hailey, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Feb. 24 1955

12. Signature of Notary: Joseph W. Fuld

13. Notary Commission expires: Feb. 24 1956

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Bible Record	Aug. 24,	1909	Bible viewed by Joseph W. Fuld, Notary Public				8-24-1909
SUPPORTING RECORD 2. Class B	Affidavit by mother	Aug. 24, 1909, Hailey, Idaho		Sarah Magnolia Anderson	Sarah M. Johnstone	May 7, 1955	Frank John Gutches	
SUPPORTING RECORD 3. Class								

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fields	May 20, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

MAY 20 1956

JUN 11 1971

RECORD	1. Registrant's Full Name at Birth: Wade Darlington Gutches	2. Date of Birth: August 24, 1909
	3. Color or Race: White	4. Sex: male
	5. Place of Birth: Blaine	6. County: Hailey
FATHER	6. Full Name of Father: Frank John Gutches	7. State or Country of Father's Birth: Huston, Iowa
MOTHER	8. Full Maiden Name of Mother: Sarah Magnolia Johnston	9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	10. Declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: Hailey, Idaho
NOTARY	12. Sworn and sworn to before me on	13. Notary Commission Expires

APPLICATION

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Bible Record	Date Issued and Signed: Bible viewed by Joseph W. Fuld, Notary Public	Date Issued: 8-24-1909
	Date of Birth: Aug. 24, 1909	Full Name of Mother	Name of Father
Class A			
SUPPORTING RECORD 2	Type of Document: Affidavit by mother	Date Issued and Signed: Sarah Magnolia Anderson	Date Issued: May 7, 1955
	Date of Birth: Aug. 24, 1909, Hailey, Idaho	Full Name of Mother: Sarah M. Johnstone	Name of Father: Frank John Gutches
Class B			
SUPPORTING RECORD 3	Type of Document	Date Issued and Signed	Date Issued / Date Of Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
Class			
ONLY LISTING INFORMATION			

DECLARATION CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Staff Registrar	Evidence reviewed by	Date Filed
W. Benson		May 20, 1956

Scheme 1 Records are those made on dates before the registrant's fourth birthday.
Scheme 2 Records are those made after the fourth birthday but are at least a year old.

613209-039-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAY 31 1955
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-524
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Viorene Eleanor Walker		2. Date Of Birth (month) July (day) 9, (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Power; b. City or Town of Birth: Rockland, Idaho
FATHER	6. Full Name of Father: Mark Eugene Walker		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Laura Walker (maiden Name was "Walker"		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Viorene Eleanor Walker	11. Present Address of Registrant: Moreland, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 28 1955	12. Signature of Notary: Dayton L. Gardner	13. Notary Commission expires: Dec. 1, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: Aug. 5, 1917
	Date of Birth / Birth Place: July 9, 1909, Rockland,	Full Name of Mother: Idaho Laura Walker	Name of Father: Mark E. Walker	
SUPPORTING RECORD 2. Class B	Type of Document: Application for Insurance	By whom issued and signed: Benefifial Life Insurance Company	Date Issued:	Date Orig. Entry: Nov. 1, 1943
	Date of Birth / Birth Place: July 9, 1909, Rockland,	Full Name of Mother: Idaho	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: School Record	By whom issued and signed: Class "B" School Dist. 382, Rockland, Idaho	Date Issued: entered	Date Orig. Entry: Sept. 24, 1927
	Date of Birth / Birth Place: 14 yrs old	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Ellen	May 31, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 1 1955

753-104-042-163

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED MAY 31 1955 Division of Vital Statistics

AMENDED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-526
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Present Name at Birth: La Fone "C" Petersen			2. Date of Birth (month) December (day) 4 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls, b. City or Town of Birth: Twin Falls, Idaho	
FATHER	6. Full Name of Father: Clarendon Chancellor Petersen			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Isabella Jolley			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: La Fone "C" Petersen		11. Present Address of Registrant: 2328 Bernadine Drive Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: May 27th 1955	12. Signature of Notary: Dallas McClure		13. Notary Commission expires: November 14th 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	LaDelSa Church	Baptized	May 31, 1946
Class* B	Date of Birth / Birth Place: Dec. 4, 1909, Twin Falls,	Full Name of Mother: Idaho Isabelle Peterson	Name of Father: Clarendon C. Petersen	
SUPPORTING RECORD 2.	Type of Document: Application for marriage license	By whom issued and signed: State of Utah Salt Lake County	Date Issued: Apr. 4, 1935	Date Orig. Entry
Class B	Date of Birth / Birth Place: Dec. 4, 1909 Twin Falls,	Full Name of Mother: Idaho Isabelle Jolley	Name of Father: Clarence Petersen	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: New York Life Insurance Company	Date Issued: June 4, 1935	Date Orig. Entry
Class B	Date of Birth / Birth Place: Dec. 4, 1909, Twin Falls, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel H. Edgar	May 31, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. D65-526

Local Reg. No.

Reg. Dist. No.

MAR 21 1972

JUN 1 1955

REGISTRAR: 1. Registrar's Name: Ans "C" Petersen

2. Date (month) (day) (year) Birth December 4, 1909

Person whose birth is being registered: 3. Color or Race: White 4. Sex: Male 5. Place of Birth: Twin Falls, Twin Falls 6. City or Town of Birth: Twin Falls, Idaho

FATHER: 6. Full Name of Father: Clarendon Chancellor Petersen 7. State or Country of Father's Birth: Utah

MOTHER: 8. Full Maiden Name of Mother: Isabella Molloy 9. State or Country of Mother's Birth: Utah

AFFIDAVIT: I hereby declare upon oath that the statements are true to the best of my knowledge and belief. 10. Signature of Registrant: [illegible] 11. Present Address of Registrant: 2523 Bernadine Drive, Salt Lake City, Utah

Subscribed and sworn to before me on [illegible] 19[illegible] 12. Signature of Notary: [illegible] 13. Notary Commission expires: [illegible] 19[illegible]

APPLICATION: DO NOT WRITE BELOW THIS LINE

Record	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class B	Certificate of Baptism	L.D.S. Church	Baptized	May 31, 1946
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Dec. 4, 1909, Twin Falls, Idaho	Isabella Petersen	Clarendon C. Petersen	
Class	Application for marriage	Salt Lake County	Apr. 4, 1935	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Dec. 4, 1909 Twin Falls, Idaho	Isabella Molloy	Clarence Petersen	
Class	Insurance Policy	New York Life Insurance Company	June 4, 1935	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Dec. 4, 1909, Twin Falls, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrar and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[illegible]	May 31, 1946

*Class A Records are those made and dated before the registrar's fourth birthday. Class B Records are those made after the fourth birthday but are at least 5 years.

Form DFB 1949

863-217-022-245

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
JUN 7 1955
Division of Vital Statistics

State File No. De55-550
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LULA MARIE HOCKETT			Date of Birth (month): MAY	(day): 17	(year): 1909
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: ~~CHESTER~~ FREMONT	b. City or Town of Birth: CHESTER		
FATHER	6. Full Name of Father: LOUIS NORMAN HOCKETT			7. State or Country of Father's Birth: ILLINOIS		
MOTHER	8. Full Maiden Name of Mother: NELLIE SMITH			9. State or Country of Mother's Birth: UTAH		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lula Marie Hockett (Atkinson)	11. Present Address of Registrant: 3335 San Mateo Stockton		
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 19 55		12. Signature of Notary: Fred Westbrook	13. Notary Commission Expires: April 8, 1957		

FRED WESTBROOK NOTARY PUBLIC My Commission Expires April 8, 1957 San Joaquin St. Stockton YOUR SERVICE ANYTIME

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	L. D. S. Church	Baptized	Oct. 5, 1918
Class* B	Date of Birth / Birth Place: May 17, 1909, Chester, Idaho	Full Name of Mother: Nellie Smith	Name of Father: Lewis Hockett	
SUPPORTING RECORD 2.	Hospital Record	By whom issued and signed: San Joaquin General Hospital French Camp, Calif.	Date Issued: 6-8-36 to 6-17-36	Date Orig. Entry
Class B	Date of Birth / Birth Place: May 17, 1909 Chester, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Child's birth certificate	By whom issued and signed: State of Calif.	Date Issued	Date Orig. Entry: June 8, 1936
Class B	Date of Birth / Birth Place: 27 yrs old Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

Also, affidavit made by mother gives the date of birth as May 17, 1909 Chester, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fredericksen	June 7, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 8 1955

1. Registrar's Full Name at Birth	2. Date of Birth	
3. Color or Race	4. Sex	5. State of Birth / Country
6. Full Name of Father	7. State or Country of Birth	
8. Full Maiden Name of Mother	9. State or Country of Birth	
10. Signature of Registrar	11. Registrar's Title of Registrar	
12. Signature of Notary	13. Notary Commission	

AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

NOTARY (Seal): Subscribed and sworn to before me on June 2 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	L. D. S. Church	Baptized	Oct. 6, 1916

Date of Birth / Birth Place: May 17, 1909, Chester, Idaho

Full Name of Mother: Nellie Smith

Name of Father: Lewis Hockett

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital Record	San Joaquin General Hospital, Fresno Camp, Calif.	6-5-38 to 6-17-38	

Date of Birth / Birth Place: May 17, 1909 Chester, Idaho

Full Name of Mother

Name of Father

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's birth certificate	State of Calif.		June 8, 1938

Date of Birth / Birth Place: 27 yrs old in Idaho

Full Name of Mother

Name of Father

QUALIFYING INFORMATION: Also, affidavit made by mother gives the date of birth as May 17, 1909 Chester, Idaho

DELAYED CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]		June 7, 1955

655-110-036-253

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De55 556
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DALE DATE Weese
2. Date Of Birth (month) (day) (year): APR 10 1909
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: STONE IDAHO-ONEIDA
b. City or Town of Birth: STONE IDAHO

FATHER

6. Full Name of Father: HENRY HESIKIAH Weese
7. State or Country of Father's Birth: WEST VIRGINIA

MOTHER

8. Full Maiden Name of Mother: HALLIE MAY BELKNAP Weese
9. State or Country of Mother's Birth: WEST VIRGINIA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dale Date Weese
11. Present Address of Registrant: RT-1- 71C Moses Lake Wn

NOTARY (Seal)

Subscribed and sworn to before me on: April 29 1955
12. Signature of Notary: Dorothy E. Yale
13. Notary Commission expires: November 4 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1. Class* B	Affidavit by	Apr. 10,	1909, Stone, Idaho	Hallie May Belknap Weese	Hallie May Belknap	May 2, 1955		
SUPPORTING RECORD 2. Class B	Application for license to marry	Apr. 10,	1909 Stone, Idaho	Clerk and Recorder of Weber County, Utah	Haley Belnap	Jan. 15, 1934		Henry Weese
SUPPORTING RECORD 3. Class B	Certificate of Baptism	April 10,	1909 Stone, Idaho	L. D. S. Church	Hallie M. Belknap	4/17/17	Baptized on ~~April 10, 1917~~	Henry H. Weese

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	June 9, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 10 1955

133-203-222-183

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55 587
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ETHEL MILDRED ALLISON
2. Date Of Birth (month) June (day) 3 (year) 1909
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Humphrey,

FATHER

6. Full Name of Father: ARTHUR G. ALLISON
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: SARAH AHLGREN
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ethel Mildred Allison Holdridge
11. Present Address of Registrant: 1111 Wilson Street, Hood River, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on June 15 1955

12. Signature of Notary: John F. Cushman
13. Notary Commission expires: March 16 1956

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	Bureau of the Census	3/4/55	Census of April 15, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
9 mo. or 9/12 yr old	Idaho	Sarah Allison	Arthur G. Allison

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School record (High school)	Portland Public Schools Lincoln High School	5/27/55	1923 - 1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 3, 1909			

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	June 17, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 17 1955

314-218-025-692

DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

State File No. De55-597
Local Reg. No.
Reg. Dist. No.

RECEIVED
MAY 23 1955
Division of Vital Statistics

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gladys Lenore Lamb
2. Date of Birth: (month) May (day) 18 (year) 1909
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Idaho
b. City or Town of Birth: at home. Mt. Idaho.

FATHER

6. Full Name of Father: Nicholas Henry Lamb (deceased)
7. State or Country of Father's Birth: West Virginia

MOTHER

8. Full Maiden Name of Mother: Susan Maude Wise
9. State or Country of Mother's Birth: Villisca Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys L. McDonald
11. Present Address of Registrant: Box 1392 - Ephrata Wn

NOTARY (Seal)

Subscribed and sworn to before me on: May 2, 1955
12. Signature of Notary: Jeanne A. Peterson
13. Notary Commission expires: May 7 1957

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit	R. O. Wise	Apr. 7, 1955	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	May 18, 1909 Mt. Idaho	Susan Maude Wise	Nicholas H. Lamb	
SUPPORTING RECORD 2. Class B	Certificate of Baptism	By whom issued and signed: Roman Catholic Church St. Francis, Spokane, Wn.	Date Issued	Date Orig. Entry: Baptized May 18, 1918
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	May 18, 1909, Mt., Idaho	Maude Wise	Nicholas, H. Lamb	
SUPPORTING RECORD 3. Class B	Type of Document: Hospital record of application for school of Nursing	By whom issued and signed: Sacred Heart School of Nursing	Date Issued: 6/17/55	Date Orig. Entry: April 30, 1928
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	May 18, 1909 Mount, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	June 22, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DBH #0067

JUN 2 2 1955

393-117022-393

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAY 18 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-602
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant: Edward Golden Littleford
2. Date of Birth: June 17 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Rigby, Idaho

FATHER

6. Full Name of Father: Enoch Littleford
7. State or Country of Father's Birth: Allendale, England

MOTHER

8. Full Maiden Name of Mother: Mary Elizabeth Littleford
9. State or Country of Mother's Birth: Salt Lake City, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edward Golden Littleford
11. Present Address of Registrant: 939 E. 19th Street, Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March, 12 1955
12. Signature of Notary: C. A. Goldsworthy
13. Notary Commission expires: Sept. 11, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Church Record	L. D. S. Church	Blessed	Aug. 1, 1909
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	June 17, 1909, Rigby, Idaho	Elizabeth Williams	Enoch Littleford	
SUPPORTING RECORD 2. Class B	Certificate of Baptism	L. D. S. Church	baptized	Jan. 5, 1918
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	June 17, 1909, Rigby, Idaho	Elizabeth Williams	Enoch Littleford	
SUPPORTING RECORD 3. Class				
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	June 23, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 24 1956

[illegible] (Be sure the information is complete and accurate)

Department of Commerce
Bureau of the Census

319

CERTIFICATE OF BIRTH
State of Idaho

State File No. De55-622
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Ashton
(c) Street address or R. F. D. No.
(d) Name of Hospital or Maternity Home: ✓
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In THIS County ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street address or R. F. D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address (for registration notice)
549 Burst St Idaho Falls Idaho
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Idaho

4. **FULL NAME OF CHILD** George Earl Mikesell

5. **DATE OF BIRTH** (Month, day, year) Aug 20 1909

6. Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnancy 9

FATHER OF CHILD

10. **FULL NAME** Charles Mikesell

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Hyrum (City or Town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Louise Porter

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Logan (City or Town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Was a standard serological test for syphilis performed? Yes ..... No ✓ Approximate date

23. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

24. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

25. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Minnie (First name) Mikesell (Last name), who is related to this child as Mother (Mother, etc.)

27. (a) ..... (Date received) (b) ..... (Registrar's signature)

28. Given name added on ..... by ..... (Registrar's signature)

26. Attendant's OWN signature E. L. Hargis, M. D. (D.O., Midwife, etc.)
and address Ashton Idaho Date June 4 1909

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JUN 29 1955

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication:.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury?.....

Describe: .....

(e) Signature of Physician:

.....

DELAYED

793-112-003

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 6 1955
Department of Public Health
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-636
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name: JAMES EDWARD PICKETT, Jr.			2. Date of Birth: April 12 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: James Edward Pickett			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Laura Lovina Haynes			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Edward Pickett		11. Present Address of Registrant: 918 N.E.Killingsworth Portland, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: July 1 1955	12. Signature of Notary: H. L. Hughes		13. Notary Commission expires: Nov 16 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: blessed Aug. 5, 1909	
Class* A	Date of Birth: April 12, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Lovina Haynes	Name of Father: James Edward Pickett	
SUPPORTING RECORD 2.	Type of Document: insurance application for policy	By whom issued and signed: Metropolitan Life	Date Issued:	Date Orig. Entry: July 18, 1944	
Class B	Date of Birth: April 12, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:	
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: July 6, 1955		

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

386203-028-513

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-644
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: EVELYN GERTRUDE THOMAS
2. Date Of Birth: (month) 12 (day) 3 (year) 1909
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth: a. County: Coeur d'alene; b. City or Town of Birth: COEUR d'ALENE IDAHO

FATHER

6. Full Name of Father: GEORGE HENRY THOMAS
7. State or Country of Father's Birth: PINE CITY MINNESOTA

MOTHER

8. Full Maiden Name of Mother: ESTELLA MAE EATON
9. State or Country of Mother's Birth: COLORADO SPRINGS COLO.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Evelyn Thomas Evans
11. Present Address of Registrant: 194 DRACENA AVE PIEDMONT 11, CALIF.

NOTARY (Seal)

Subscribed and sworn to before me on: March 12 1955
12. Signature of Notary: Johanna G. Christensen
13. Notary Commission expires: Oct. 25 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: affidavit of parents
By whom issued and signed: George Henry Thomas, Estella Mae Thomas
Date Issued: 5-31-55
Date Orig. Entry:
Date of Birth: Dec. 3, 1909
Birth Place: Coeur d'Alene, Idaho; Kootenai County
Full Name of Mother: Estella Mae Thomas
Name of Father: George Henry Thomas
Class*: B

SUPPORTING RECORD 2.

Type of Document: application for insurance policy
By whom issued and signed: Mutual Life Insurance Company #33166904
Date Issued: March 26, 1941
Date Orig. Entry: 1941
Date of Birth: Dec. 3, 1909
Birth Place: Coeur d' Alene, Idaho
Full Name of Mother:
Name of Father:
Class: B

SUPPORTING RECORD 3.

Type of Document: Bible record
By whom issued and signed: family Bible viewed by M.M. Humphrey, Notary Public
Date Issued:
Date Orig. Entry:
Date of Birth: Dec. 3, 1909
Birth Place: Coeur d' Alene
Full Name of Mother:
Name of Father:
Class: A

QUALIFYING INFORMATION

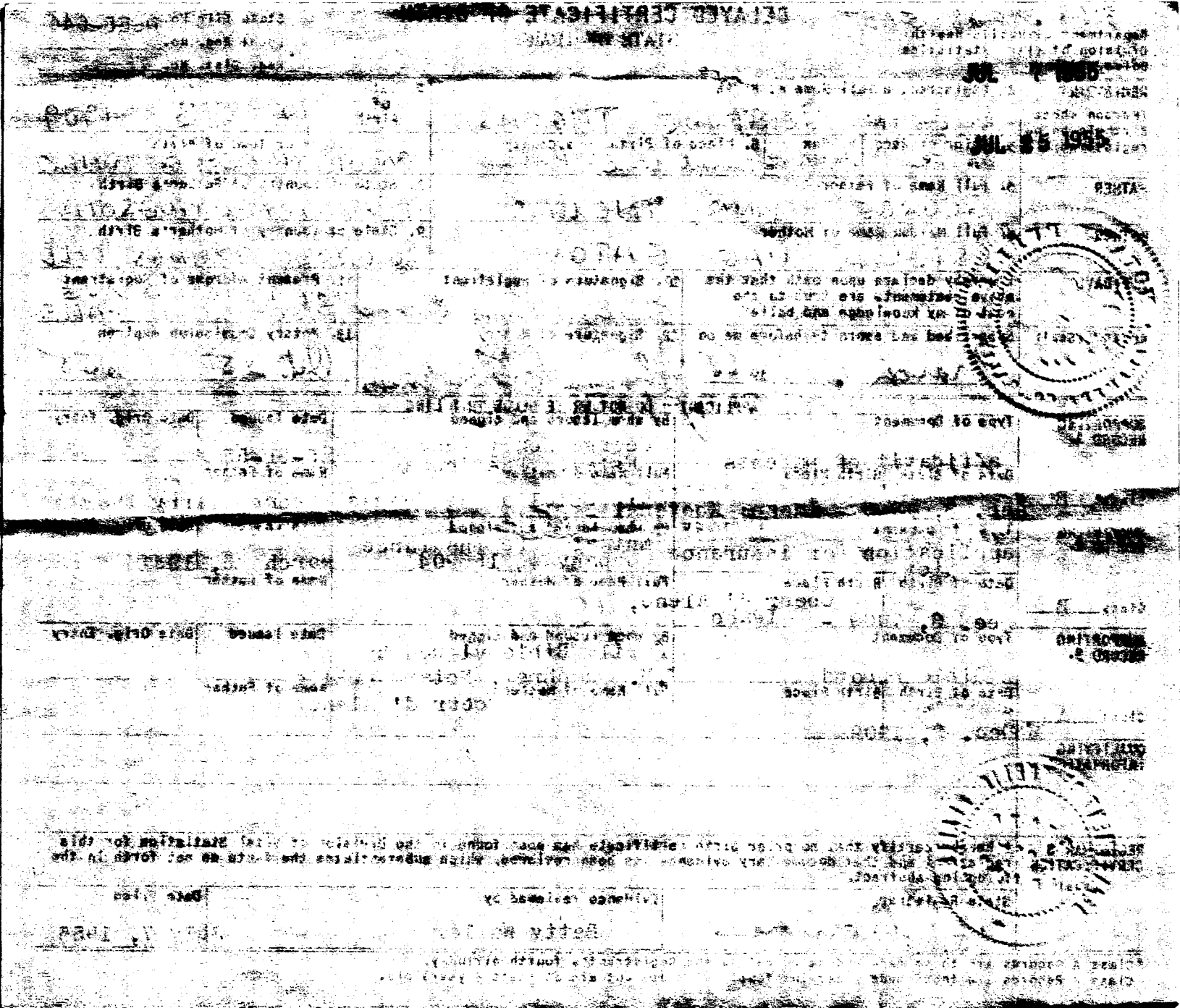
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. J. Benson
Evidence reviewed by: Betty Waller
Date Filed: July 7, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PBH-H9067



995-125-028-4663

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED JUL 11 1955

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-654
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GROVER IRVINE		2. Date of Birth (month) October (day) 25 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai; b. City or Town of Birth: St. Maries
FATHER	6. Full Name of Father: James P. Irvine		7. State or Country of Father's Birth: Texas
MOTHER	8. Full Maiden Name of Mother: Isabelle Moore		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grover Irvine	11. Present Address of Registrant: Box 1012 Caldwell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 9 1955	12. Signature of Notary: Geo. T. Kopp	13. Notary Commission expires: June 12 - 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A.	Type of Document: Doctor's record ob birth	By whom issued and signed: C. J. Kinsolving, M. D.	Date Issued: June 10, 1955	Date Orig. Entry
	Date of Birth: Oct. 25, 1909 Birth Place: St. Maries, Idaho	Full Name of Mother: Isabelle Irvine	Name of Father: James P. Irvine	
SUPPORTING RECORD 2. Class A	Type of Document: Certified copy of county record of birth	By whom issued and signed: County Clerk and Recorder of Kootenai County	Date Issued: 4/12/43	Date Orig. Entry
	Date of Birth: Oct. 25, 1909 Birth Place: St. Maries, Idaho	Full Name of Mother: Isabelle Moore Irvine	Name of Father: J. P. Irvine	
SUPPORTING RECORD 3. Class	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: July 11, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEPARTMENT OF HEALTH
STATE OF TEXAS

Registration District No. [illegible]
Local File No.

1. PLACE OF BIRTH — a. County: [illegible] b. Name of Hospital or Institution (If not in hospital, give street address or location) c. City or Town (If outside city limits, write RURAL)

2. NAME OF CHILD — (If twin or triplet, add A, B, C, etc.)

3. SEX — 4. THIS BIRTH — Was child born single, twin, triplet, etc.? — 5. If twin or triplet, was child born first, second, third, etc.? — 6. DATE OF BIRTH — (Month) (Day) (Year)

7. THE FATHER — a. NAME — b. RESIDENCE — c. COLOR OR RACE — d. AGE AT LAST BIRTHDAY — e. BIRTHPLACE (State or Foreign Country) — f. OCCUPATION (Kind of work done during most of working life, even if retired)

8. THE MOTHER — a. NAME — b. RESIDENCE — c. COLOR OR RACE — d. AGE AT LAST BIRTHDAY — e. BIRTHPLACE (State or Foreign Country) — f. OCCUPATION (Kind of work done during most of working life, even if retired)

9. NUMBER OF CHILDREN OF THIS MOTHER — a. Now living — b. Now dead — c. None — d. Total

10. LEGITIMATE? — 11. INFORMANT — a. Name — b. Address

12. I HEREBY CERTIFY that I attended the birth of this child who was born alive at the time stated above. — Signature — Address — Date signed

13. WAS INJURY AT WORK? — 14. DATE OF INJURY — (Month) (Day) (Year) — 15. HOUR OF INJURY — 16. DESCRIBE INJURY

17. I HEREBY CERTIFY that I attended the birth of this child who was born alive at the time stated above. — Signature — Address — Date signed

18. I HEREBY CERTIFY that I supervised the burial of the dead body of this child from this birth, which occurred on the date stated above. — Signature — Address — Date signed

19. DATE RECEIVED BY LOCAL REGISTRAR — (Month) (Day) (Year)

20. I HEREBY CERTIFY that the above is a true and correct copy of the certificate of birth of this child as filed in this office. — Local Registrar — Date issued

RECEIVED
JUL 11 1955
DIVISION OF VITAL STATISTICS
STATE OF TEXAS

FILED
JUL 11 1955
DIVISION OF VITAL STATISTICS
STATE OF TEXAS

CERTIFICATE OF BIRTH
STATE OF TEXAS

1. PLACE OF BIRTH — a. County: [illegible] b. Name of Hospital or Institution (If not in hospital, give street address or location) c. City or Town (If outside city limits, write RURAL)

2. NAME OF CHILD — (If twin or triplet, add A, B, C, etc.)

3. SEX — 4. THIS BIRTH — Was child born single, twin, triplet, etc.? — 5. If twin or triplet, was child born first, second, third, etc.? — 6. DATE OF BIRTH — (Month) (Day) (Year)

7. THE FATHER — a. NAME — b. RESIDENCE — c. COLOR OR RACE — d. AGE AT LAST BIRTHDAY — e. BIRTHPLACE (State or Foreign Country) — f. OCCUPATION (Kind of work done during most of working life, even if retired)

8. THE MOTHER — a. NAME — b. RESIDENCE — c. COLOR OR RACE — d. AGE AT LAST BIRTHDAY — e. BIRTHPLACE (State or Foreign Country) — f. OCCUPATION (Kind of work done during most of working life, even if retired)

9. NUMBER OF CHILDREN OF THIS MOTHER — a. Now living — b. Now dead — c. None — d. Total

10. LEGITIMATE? — 11. INFORMANT — a. Name — b. Address

12. I HEREBY CERTIFY that I attended the birth of this child who was born alive at the time stated above. — Signature — Address — Date signed

13. WAS INJURY AT WORK? — 14. DATE OF INJURY — (Month) (Day) (Year) — 15. HOUR OF INJURY — 16. DESCRIBE INJURY

17. I HEREBY CERTIFY that I attended the birth of this child who was born alive at the time stated above. — Signature — Address — Date signed

18. I HEREBY CERTIFY that I supervised the burial of the dead body of this child from this birth, which occurred on the date stated above. — Signature — Address — Date signed

19. DATE RECEIVED BY LOCAL REGISTRAR — (Month) (Day) (Year)

20. I HEREBY CERTIFY that the above is a true and correct copy of the certificate of birth of this child as filed in this office. — Local Registrar — Date issued

RECEIVED
JUL 11 1955
DIVISION OF VITAL STATISTICS
STATE OF TEXAS

FILED
JUL 11 1955
DIVISION OF VITAL STATISTICS
STATE OF TEXAS

316-217-014-795

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-659
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLADYS VIVIAN LAW			2. Date of Birth (month) (day) (year): December 17 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Greenleaf
FATHER	6. Full Name of Father: D. H. Law			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Pearl Green			9. State or Country of Mother's Birth: North Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Vivian Law Bishop		11. Present Address of Registrant: Melba, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: July 11 1955	12. Signature of Notary: J. C. McMurray		13. Notary Commission expires: 1-25 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County record of birth, P. 51	By whom issued and signed: County Clerk and Recorder Canyon County, Idaho #1133	Date Issued: 6/14/55	Date Orig. Entry:
Class* A	Date of Birth: Dec. 17, 1909	Birth Place: Greenleaf, Ida.	Full Name of Mother: Pearl Green	Name of Father: D. H. Law
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Pearl Law	Date Issued: April 25,	Date Orig. Entry: 1955
Class B	Date of Birth: Dec. 17, 1909	Birth Place: Greenleaf, Idaho	Full Name of Mother: Pearl Law	Name of Father: D. H. Law
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: ch Edna Hamilton	Date Filed:

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 12 1995

APR 25 1997

14-219-026-619

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 27 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-698
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant ZINA OPAL ADAMS		2. Date Of Birth (month) December (day) 19 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Lewisville,
FATHER	6. Full Name of Father: Frank Boyce (FOSTER FATHERS NAME ROBERT ADAMS)		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Silvie Warring (FOSTER MOTHERS NAME ELIZA GIBSON)		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Zina O. Walker	11. Present Address of Registrant: 288 N. Court Burns, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on July 25 1955	12. Signature of Notary	13. Notary Commission expires: May 28 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: church record	By whom issued and signed: L. D. S. CHURCH	Date Issued: 7-19-55	Date Orig. Entry: blessed Aug 7, 1910	
	Date of Birth: Dec. 19, 1909	Birth Place: Lewisville, Idaho	Full Name of Mother: foster Eliza Gibson	Name of Father: foster Robert Adams	
SUPPORTING RECORD 2. Class B	Type of Document: child's birth certificate	By whom issued and signed: STATE OF IDAHO #218617	Date Issued:	Date Orig. Entry: child born Jan 5, 1934	
	Date of Birth: 24 years old	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:	
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Benson	Evidence reviewed by: Betty Waller	Date Filed: July 27, 1955		

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #9067

JUL 28 1958

997-222-004 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JUL 29 1955
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-703
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alphia Rigby		2. Date Of Birth (month) July (day) 22 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho Bear Lake; b. City or Town of Birth: Bern, Idaho
FATHER	6. Full Name of Father: John Thomas Rigby		7. State or Country of Father's Birth: Ogden, Utah
MOTHER	8. Full Maiden Name of Mother: Eliza Rebecca Kunz		9. State or Country of Mother's Birth: Bern, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alphia Rigby Tueller	11. Present Address of Registrant: 1162 Monroe Montpelier Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 27 1955	12. Signature of Notary: Gertrude A McCall	13. Notary Commission expires: October 6 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: certificate of blessing	By whom issued and signed: L. D. S. Church	Date Issued: 7-1-55	Date Orig. Entry: Blessed Sept 5, 1909	
	Date of Birth: July 22, 1909	Birth Place: Bern, Idaho Co. -Bear Lake	Full Name of Mother: Eliza Rebecca Kunz	Name of Father: John Thomas Rigby	
SUPPORTING RECORD 2. Class B	Type of Document: affidavit by sister	By whom issued and signed: Della Grace Rigby Hoopes	Date Issued: 7-6-55	Date Orig. Entry:	
	Date of Birth: July 22, 1909	Birth Place: Bern, Idaho	Full Name of Mother: Lizzie Kunz	Name of Father: John T. Rigby	
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:	
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	July 29, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PRH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

[illegible]

1. Registration Number of Birth

2. Date of Birth

3. Color or Race

4. Sex

5. Place of Birth

6. Date of Birth

7. Full Name of Father

8. Date of Birth

9. Full Name of Mother

10. Date of Birth

11. Present Address of Registrant

12. Signature of Registrant

13. Notary Commission Expires

[illegible]

Date Issued	Date Orig. Entry
[illegible]	Pleased

Name of Father

Full Name of Mother

Name of Father

Full Name of Father

Date Orig. Entry

Name of Father

Full Name of Mother

Date Filed

[illegible]

958-203-037-691

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-740
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALeNe CLaiRe Reynolds
2. Date of Birth (month) MAY (day) 3 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Three Creek (Owyhee Co.)
b. City or Town of Birth: Three Creek, Idaho

FATHER

6. Full Name of Father: LLoyd WiLLiam Reynolds
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: LiLLie Maude FRAKes
9. State or Country of Mother's Birth: KANSAS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Aline Claire Reynolds (Graham)
11. Present Address of Registrant: 1080 Vine St, EL Centro California

NOTARY (Seal)

Subscribed and sworn to before me on August 8th 1955

12. Signature of Notary: Albert R. LaBarge
13. Notary Commission expires: 2-18- 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: marriage application for license	By whom issued and signed: STATE OF CALIFORNIA County of Riverside	Date Issued:	Date Orig. Entry: March 29, 1930	
	Date of Birth: 20 years old	Birth Place: Idaho	Full Name of Mother: Lillie Frakes	Name of Father: Lloyd W. Reynolds	
SUPPORTING RECORD 2. Class B	Type of Document: affidavit of mother	By whom issued and signed: Lillie Maude Reynolds	Date Issued: 8-8-55	Date Orig. Entry:	
	Date of Birth: May 3, 1909	Birth Place: Three Creek, Idaho	Full Name of Mother: Lillie Maude Frakes	Name of Father: Lloyd William Reynolds	
SUPPORTING RECORD 3. Class B	Type of Document: letter re insurance application	By whom issued and signed: METROPOLITAL LIFE INSURANCE CO., San Francisco	Date Issued: 8-4-55	Date Orig. Entry: February 24, 1930	
	Date of Birth: 21 years old at next birthday	Birth Place: Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

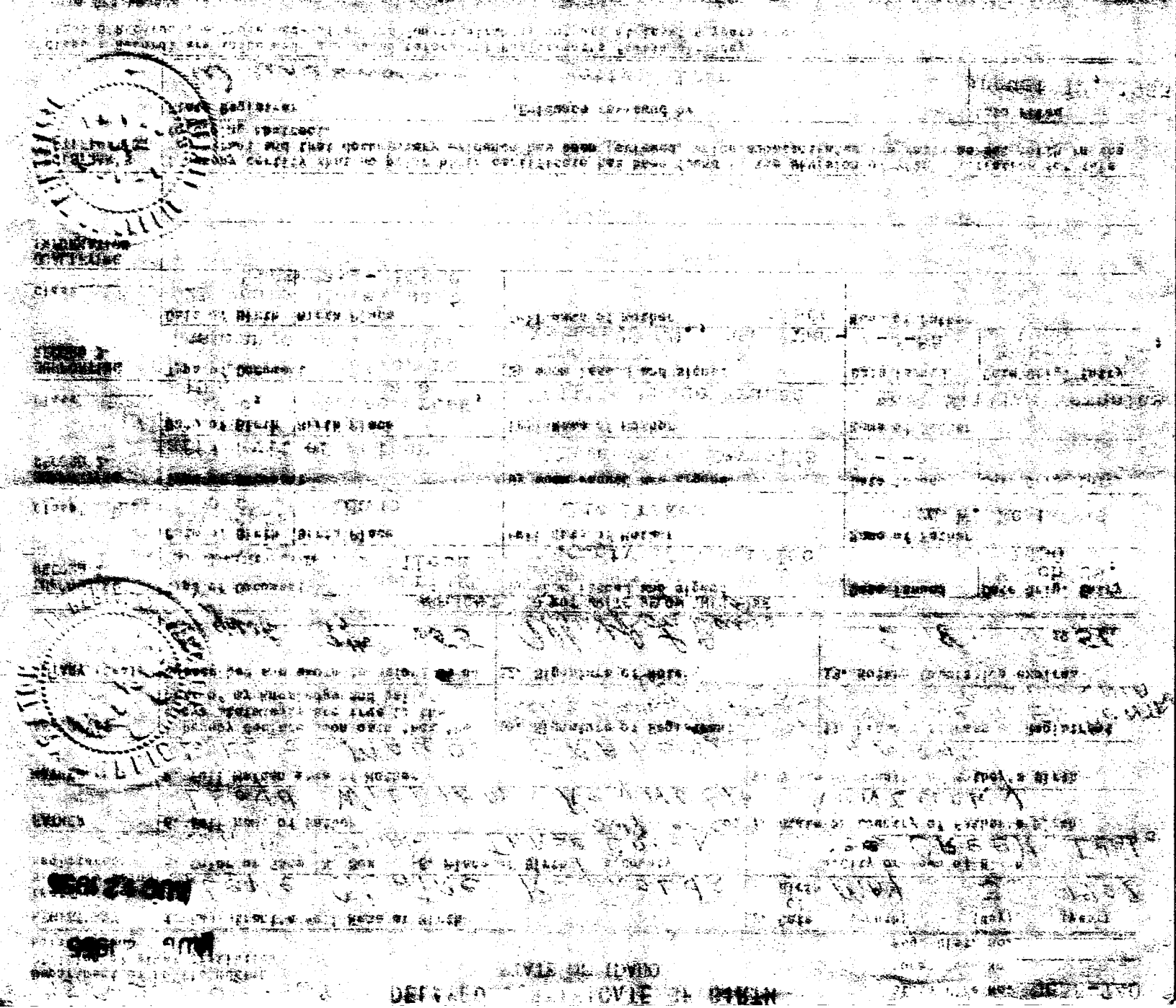
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Betty Waller	August 12, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



847-208-036-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 25 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-781
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant MARY ANN HUGHES			2. Date Of Birth (month) October (day) 8 (year) 1909	
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Oneida	b. City or Town of Birth Samaria	
FATHER	6. Full Name of Father David J. Hughes			7. State or Country of Father's Birth Idaho	
MOTHER	8. Full Maiden Name of Mother Mary Ann Waldron			9. State or Country of Mother's Birth Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant x Mary Ann Hughes	11. Present Address of Registrant 1070 N. Blvd. Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on 8-22-55 19		12. Signature of Notary [illegible]	13. Notary Commission expires 7-27-58 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County record of birth	By whom issued and signed: John H. McAllister, Clerk, Dist. Ct. Oneida County, Idaho	Date Issued: June 27, 1955	Date Orig. Entry: 10/8/09
Class* A	Date of Birth: Oct. 8, 1909 Birth Place: Samaria, Idaho	Full Name of Mother: Mary Ann Waldron Hughes	Name of Father: David J. Hughes	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle	By whom issued and signed: L. R. Waldron	Date Issued: June 27, 1955	Date Orig. Entry:
Class B	Date of Birth: Oct. 8, 1909 Birth Place: Samaria, Idaho	Full Name of Mother: Mary Ann Waldron Hughes	Name of Father: David James Hughes	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar [signature]	Evidence reviewed by: Edna Hamilton	Date Filed: August 29, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

K

Form DPH 49067

DEC 29 1955

695-22-014-914

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~055-788~~
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ina Bernice Fretwell		2. Date of Birth: (month) July (day) 21 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Canyon	b. City or Town of Birth: Parma
FATHER	6. Full Name of Father: William Lafayette Fretwell		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Fannie Sparks Ramsey		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ina Bernice Breshears	11. Present Address of Registrant: R # 3, Parma, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 23 1955	12. Signature of Notary: B. Jean Kuhlen, jr	13. Notary Commission expires: August 1 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record		By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: 5/2/55	Date Orig. Entry: Apr. 15, 1910
Class* A	Date of Birth: 9 months old	Birth Place: Idaho	Full Name of Mother: Fannie Fretwell	Name of Father: William L. Fretwell	
SUPPORTING RECORD 2.	Type of Document: #259942 Child's Birth Certificate		By whom issued and signed: Division of Vital Statistics Boise, Idaho	Date Issued:	Date Orig. Entry: date of birth Sept. 26, 1937
Class B	Date of Birth: 28 yrs. old	Birth Place: Parma, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson,	Joanne Hallstrom	8/29/55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 30 1955

REGISTRANT	1. Registrant's Full Name at Birth: Ina Bernice Fretwell	2. Date of Birth (month) July (day) 21 (year) [illegible]
	3. Color or Race: [illegible] 4. Sex: Female 5. Place of Birth: Canyon	6. City or Town of Birth: Parma
FATHER	6. Full Name of Father: William LaFayette Fretwell	7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: [illegible] Bessie Ramsey	9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible] 11. Present Address of Registrant: R # 3, Parma, Idaho
NOTARY	Subscribed and sworn to before me on: August 23 1955	12. Signature of Notary: [illegible] 13. Notary Commission expires: August 1 1956

APPLICATION — DO NOT WRITE OTHER THIS LINE

SUPPORTING RECORD 1	Type of Document: Genealogical Record	By whom issued and signed: Department of Commerce, Bureau of the Census	Date issued: 5/2/55	Date Orig. Entry: Apr. [illegible]
	Date of Birth (Birth Place)	Full Name of Mother	Name of Father: William [illegible]	
Class: [illegible]				
SUPPORTING RECORD 2	Type of Document: 2250[illegible] Christie Birth Certificate	By whom issued and signed: Division of Vital Statistics, Idaho	Date issued	Date Orig. Entry: date of birth Sept. [illegible]
	Date of Birth (Birth Place)	Full Name of Mother	Name of Father	
Class: [illegible]	[illegible] Parma, Idaho			
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth (Birth Place)	Full Name of Mother	Name of Father	
Class:				

QUALIFYING INFORMATION

[illegible] certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that accompanying evidence has been reviewed which substantiates the facts as set forth in the [illegible] registrant.

Registrar: L. W. [illegible]	Evidence reviewed by: [illegible]	Date Filed: 8/29/55

STATE OF IDAHO

812-114-033-389 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

AUG 1 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-793
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eddie Oliver Haskell

2. Date of Birth (month) (day) (year): October 14, 1909

3. Color or Race: White

4. Sex: Male

5. Place of Birth a. County: Home - Madison

b. City or Town of Birth: Independance, Idaho.

FATHER

6. Full Name of Father: Charles Oscer Haskell

7. State or Country of Father's Birth: Anoka, Minnisota.

MOTHER

8. Full Maiden Name of Mother: Elina Marie Christensen

9. State or Country of Mother's Birth: Copenhagen, Denmark.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: E. O. Haskell

11. Present Address of Registrant: Ririe, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on: 30 July 1955

12. Signature of Notary: Marion A Barrup

13. Notary Commission expires: June 7 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Church Record
By whom issued and signed: L.D.S. CHURCH
Date Issued:
Date Orig. Entry: blessed April 27, 1913

Class* A

Date of Birth: October 14, 1909
Birth Place:
Full Name of Mother:
Name of Father: Charles Haskel

SUPPORTING RECORD 2.

Type of Document: child's birth certificate
By whom issued and signed: STATE OF IDAHO #262867
Date Issued:
Date Orig. Entry: child born Jan. 9, 1938

Class B

Date of Birth: 28 years old
Birth Place: Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document: affidavit by older brother
By whom issued and signed: George Benjamin Haskell
Date Issued: 8-26-55
Date Orig. Entry:

Class B

Date of Birth: October 14, 1909
Birth Place: Independance, Idaho
Full Name of Mother: Elina Marie Christensen
Name of Father: Charles Oscar Haskell

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Beam
Evidence reviewed by: bw Betty Waller
Date Filed: Aug. 30, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 31 1955

State File No. [illegible]

Local Reg. No.

Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Eddie Oliver Haskell	2. Date of Birth: October 14, 1909
	3. Color or Race: White	4. Sex: Male
	5. Place of Birth: Home - Madison	6. City or Town of Birth: Independance, Idaho.
FATHER	6. Full Name of Father: Charles Oscar Haskell	7. State or Country of Father's Birth: Anoka, Minnesota.
MOTHER	8. Full Maiden Name of Mother: Elina Marie Christensen	9. State or Country of Mother's Birth: Copenhagen, Denmark.
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant: Hirie, Idaho.
NOTARY	12. Signature of Notary	13. Notary Commission expires

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Document: Church Record	By whom issued and signed: L.D.S. CHURCH	Date Issued	Date Orig. Entry: Blessed
		Full Name of Mother	Name of Father: Charles Haskell	
SUPPORTING RECORD 2.	Type of Document: child's birth certificate	By whom issued and signed: STATE OF IDAHO	Date Issued	Date Orig. Entry: child born Jan. 9, 1934
Class: B	Date of Birth: 28 years old	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: affidavit by older brother	By whom issued and signed: George Benjamin Haskell	Date Issued: 8-26-35	Date Orig. Entry
Class: B	Date of Birth: October 14, 1909	Birth Place: Independance, Idaho	Full Name of Mother: Elina Marie Christensen	Name of Father: Charles Oscar Haskell

QUALIFYING INFORMATION

REGISTRAR CERTIFICATION: I hereby certify that no prior birth certificate has been found in the division of vital statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] of the registrant.

State Registrar

Evidence reviewed by: Betty Miller

Date filed: Aug. 30, 1955

[illegible]

844-902 1028-236

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-852
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARGARET DOROTHEA HUDSON		2. Date Of Birth (month) (day) (year): December 2 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho Kootenai
			b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Ramah Cole Hudson		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Myrtle Adena Scott		9. State or Country of Mother's Birth: Ontario, Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Dorothea Galinke (Mrs. Lee Hudson)	11. Present Address of Registrant: 514 - 32nd St. Lowell, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: September 9 1955	12. Signature of Notary: Paul M. Stocker	13. Notary Commission expires: December 29 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: church record	By whom issued and signed: METHODIST EPISCOPAL CHURCH, W. W. Todd	Date Issued:	Date Orig. Entry: baptized Sept. 18, 1910
	Date of Birth: December 2, 1909	Birth Place: Idaho	Full Name of Mother: Myrtle Hudson	Name of Father: Ramah Hudson
SUPPORTING RECORD 2. Class B	Type of Document: affidavit by parents	By whom issued and signed: Ramah Cole Hudson Myrtle Adena Hudson	Date Issued: 7-19-55	Date Orig. Entry:
	Date of Birth: December 2, 1909	Birth Place: Coeur D'Alene, Kootenai Co. Idaho	Full Name of Mother: Mrytle Adena Scott	Name of Father: Ramah Cole Hudson
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Beaman	Evidence reviewed by: bw Betty Waller		Date Filed: Sept. 26, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 27 1955

SEP 27 1955

FEB 27 1975

296-213-006-751

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-853
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: EUNICE BROADHEAD
2. Date of Birth (month) (day) (year): December 13 1909
3. Color or Race: white
4. Sex: female
5. Place of Birth: Idaho — a. County: Bingham — b. City or Town of Birth: Thomas

FATHER

6. Full Name of Father: Jabez Harford Broadhead
7. State or Country of Father's Birth: Levan, Utah

MOTHER

8. Full Maiden Name of Mother: Mary E. Peabody
9. State or Country of Mother's Birth: Salt Lake City, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eunice Broadhead
11. Present Address of Registrant: RFD#1, Pingree, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on: 21 September 1955.
12. Signature of Notary:
13. Notary Commission expires: 1 October 1956.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
church record	L. D. S. CHURCH		baptized Nov. 10, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
December 13, 1909	Bingham County Thomas, Idaho	Mary Esther Peabody	Jabez Harford Broadhead

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
child's birth certificate	STATE OF IDAHO #207679		child born Nov. 30, 1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
22 years old	Thomas, Idaho		

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
insurance policy	AMERICAN HOME BENEFIT ASSOCIATION, INC. Boise		June 1, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
December 13, 1909			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	bw Betty Waller	Sept. 27, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 27 1955

966-127-020-291

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-878
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WALTER ROFF			2. Date of Birth: (month) June (day) 27 (year) 1909	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: Idaho a. County: Elmore	b. City or Town of Birth: Medbury	
FATHER	6. Full Name of Father: Frank Roff			7. State or Country of Father's Birth: Marzi, Italy	
MOTHER	8. Full Maiden Name of Mother: Frieda Krauth			9. State or Country of Mother's Birth: San Antonio, Texas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Walter Roff		11. Present Address of Registrant: Glenns Ferry, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 17 1955	12. Signature of Notary: Geo H Robinson		13. Notary Commission expires: Feb 14 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: county record of birth	By whom issued and signed: STATE OF IDAHO County of Elmore	Date Issued: 8-24-55	Date Orig. Entry:	
	Date of Birth: June 27, 1909	Birth Place: Medbury, Idaho	Full Name of Mother: Mrs. Frank Roff	Name of Father: Frank Roff	
SUPPORTING RECORD 2. Class B	Type of Document: church record	By whom issued and signed: HOLY FAMILY CHURCH Rev. J.E. Caisse, Payette	Date Issued: 9-25-55	Date Orig. Entry: baptized September, 1926	
	Date of Birth: June 27, 1909	Birth Place: Medbury, Idaho	Full Name of Mother: Frieda Krauth	Name of Father: Frank Roff	
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:	
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: [illegible]	Evidence reviewed by: bw Betty Waller		Date Filed: October 4 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PRH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 5 1959

State File No. [illegible]
Local Reg. No.
Page No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: [illegible]
2. Date of Birth: June 27 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: Tomo, Elmore
6. City or Town of Birth: Mercury
7. State or Country of Father's Birth: Kozel, Italy
8. Full Name of Father: Frank [illegible]
9. State or Country of Mother's Birth: San Antonio, Texas
10. Full Maiden Name of Mother: Frieda [illegible]

ACTIVITY

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Signature of Registrant: [illegible]

Address of Registrant: [illegible]

NOTARY (Seal)

Subscribed and sworn to before me on [illegible]

Signature of Notary: [illegible]

Commission Expires: [illegible]

APPLICATION — DO NOT WRITE IN THIS SPACE

SUPPORTING RECORD 1

Type of Document: county record of birth

Date Issued: [illegible]-24-55

Date Orig. Entry

Date of Birth: [illegible] 27, [illegible]

Full Name of Mother: Mrs. Frank [illegible]

Name of Father: Frank [illegible]

SUPPORTING RECORD 2

Type of Document: [illegible]

Date Issued: [illegible]

Date Orig. Entry

Date of Birth: [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

SUPPORTING RECORD 3

Type of Document: [illegible]

By whom issued and signed: [illegible]

Date Orig. Entry

Date of Birth: [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

QUALIFYING INFORMATION

[illegible] that no prior birth certificate has been found in the Bureau of Vital Statistics for this [illegible] that documentary evidence has been reviewed which substantiates the facts as set forth in the [illegible]

Evidence Reviewed by: [illegible]

Date Filed: [illegible]

STATE OF IDAHO
DELAYED CERTIFICATE OF BIRTH

Class A Records are those made and [illegible] before the Registrant's [illegible]
Class B Records are [illegible] birthday [illegible]

251-110-007-893

Physicians Office Copy

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-886
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF BIRTH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Harrison
b. (Middle): Hill
c. (Last): Beamer

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): October 10 1909

FATHER OF CHILD

7. FULL NAME
a. (First): Bruce
b. (Middle): Bradshaw
c. (Last): Beamer

8. COLOR OR RACE: White

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Hailey, Idaho

11a. USUAL OCCUPATION: Grocery Clerk

11b. KIND OF BUSINESS OR INDUSTRY: Grocery Store

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Calista
b. (Middle): Blanche
c. (Last): Hill

13. COLOR OR RACE: White

14. AGE (At time of this birth): 19 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Illinois

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs. Blanche Beamer — Mother

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: [signature]

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Hailey, Idaho

18d. DATE SIGNED: October 15, 1909

19. DATE REC'D BY LOCAL REG.

20. REGISTRAR'S SIGNATURE

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: 9 mo ~~XXXXX~~ WEEKS

22b. WEIGHT AT BIRTH: 7 LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [X] NO [ ]

Approximate date

Name prophylactic used to prevent Ophthalmia Neonatorum: Agno-3

DELAYED

Form DPH-48001

OCT 10 1955

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

294-215-014-413

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De55-946
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ZELMA MAXINE SIMPSON	2. Date Of Birth (month) May (day) 15 (year) 1909
	3. Color or Race: white; 4. Sex: female; 5. Place of Birth: Idaho; a. County: Canyon	b. City or Town of Birth: N ampa
FATHER	6. Full Name of Father: Earl Roland Simpson	7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Sara Augusta MacArthur	9. State or Country of Mother's Birth: Elmore, Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zelma M. Austin; 11. Present Address of Registrant: P.O. #358 Madera, California
NOTARY (Seal)	Subscribed and sworn to before me on: August 29, 1955	12. Signature of Notary: W W Benson; 13. Notary Commission expires: Aug 1, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: affidavit by mother	By whom issued and signed: Sara MacArthur Bushee	Date issued: 10-20-42	Date Orig. Entry:
	Date of Birth: May 15, 1909; Birth Place: Nampa, Idaho Canyon County	Full Name of Mother: Sara Augusta MacArthur	Name of Father: Earl Roland Simpson	
SUPPORTING RECORD 2. Class B	Type of Document: daughter's birth certificate	By whom issued and signed: STATE OF CALIFORNIA #486 vol. 24	Date issued: 9-23-55	Date Orig. Entry: child born May 16, 1932
	Date of Birth: 23 years old; Birth Place: Nampa, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: insurance application	By whom issued and signed: JEFFERSON STANDARD LIFE INSURANCE CO. N. Car. #845,669	Date issued:	Date Orig. Entry: January 30 1930
	Date of Birth: May 15 1909; Birth Place: Nampa, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: bw Betty Waller	Date Filed: November 1, 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 2 1955

OCT 29 [illegible]

1. Registrant's Full Name at Birth

2. Date of Birth (Month) (Day) (Year)

3. Color or Race

4. Sex

5. Place of Birth (Country)

6. City or Town of Birth

FATHER

6. Full Name of Father

7. State or Country of Father's Birth

MOTHER

8. Full Maiden Name of Mother

9. State or Country of Mother's Birth

APPLICANT

I hereby declare upon oath that the [illegible] are true to the [illegible] and belief.

10. Signature of Registrant

11. Present Address of Registrant

NOTE: [illegible]

Signature of Delayed

Delayed Commissioner Expires

[illegible]

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document

By whom Issued and Signed

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Name of Father

SUPPORTING RECORD 2

Type of Document

By whom Issued and Signed

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Name of Father

SUPPORTING RECORD 3

Type of Document

By whom Issued and Signed

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATE

I hereby certify that my prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that the [illegible] has been reviewed, which substantiates the facts as set forth in the [illegible] statement.

State Registrar

Evidence reviewed

Date filed

November 3, 1955

*Class 1 [illegible]

753-223-032-957

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-981
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Louella Pearl Peck
2. Date of Birth (month) (day) (year): April 23, 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Lincoln
b. City or Town of Birth: Shoshone

FATHER

6. Full Name of Father: Warren Jackson Peck
7. State or Country of Father's Birth: Battle Creek, Utah

MOTHER

8. Full Maiden Name of Mother: Mary Marietta Ivie
9. State or Country of Mother's Birth: Scipio, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louella Margetts
11. Present Address of Registrant: Merlin, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: November 2, 1955
12. Signature of Notary: Harold E. Benner
13. Notary Commission expires: April 25, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Statement by attending physician	C. W. DILL, M.D.	11-2-55	
	Date of Birth / Birth Place April 23 1909, Shoshone, Idaho Lincoln County	**Full Name of Mother** Mary Marietta Ivie	**Name of Father** Warren Jackson Peck	
SUPPORTING RECORD 2. Class A	Bible record	photocopy viewed by this office		near time of birth
	Date of Birth / Birth Place April 23 1909, Shoshone, Idaho	**Full Name of Mother** Mary Ivie Peck	**Name of Father** Warren Jackson Peck	
SUPPORTING RECORD 3. Class B	affidavit by older sister	Tressa M. Mead	11-2-55	
	Date of Birth / Birth Place April 23 1909, Shoshone, Idaho Lincoln County	**Full Name of Mother** Mary Marietta Ivie	**Name of Father** Warren Jackson Peck	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature]
Evidence reviewed by: Betty Waller
Date Filed: November 14 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 15 [redacted]

212-229-044-791

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1000
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Floris Geneva Babb.	2. Date of Birth (month) August (day) 29 (year) 1909
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth a. County: Idaho - Washington	b. City or Town of Birth: Cambridge
FATHER	6. Full Name of Father: James Marion Babb	7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Elva Pearl Grable	9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Floris Geneva Walden; 11. Present Address of Registrant: R-1-Box 108A Ashland Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: November 2 19 55	12. Signature of Notary: Selpha Offenbacher; 13. Notary Commission expires: August 25, 19 55

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement re school record		By whom issued and signed: JACKSON COUNTY SCHOOLS Medford, Oregon	Date issued: 2-11-53	Date Orig. Entry: October 25 1922
Class* B	Date of Birth: 13 years old	Birth Place:	Full Name of Mother:	Name of Father: James Babb	
SUPPORTING RECORD 2.	Type of Document: affidavit by father		By whom issued and signed: James Marion Babb	Date issued: 11-2-55	Date Orig. Entry:
Class B	Date of Birth: August 29, 1909	Birth Place: Cambridge Idaho	Full Name of Mother: Elva Pearl Grable	Name of Father: James Marion Babb	
SUPPORTING RECORD 3.	Type of Document: medical certificate for marriage license		By whom issued and signed: STATE OF OREGON COUNTY OF JACKSON	Date issued: 11-2-55	Date Orig. Entry: May 27 1942
Class B	Date of Birth: August 29 1909	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	November 17 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 17 1955

366-122-036-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1053
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Washington Toone
2. Date of Birth (month) Feb (day) 22 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: ~~Neeley~~, Oneida
b. City or Town of Birth: Neeley

FATHER

6. Full Name of Father: George Henry Toone
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Alice Smith
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George W Toone
11. Present Address of Registrant: 1924 SW 110 st Seattle Wash.

NOTARY (Seal)

Subscribed and sworn to before me on 19th Day of Oct 1955

12. Signature of Notary: Harold Moore
13. Notary Commission expires: Aug 30th 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	church record of birth	L. D. S. CHURCH	4-3-42	entered March 4, 1917
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	February 22, 1909	Neeley, Idaho Oneida County	Mary Alice Smith	George Henry Toone
SUPPORTING RECORD 2. Class B	church record	L. D. S. CHURCH		ordained May 17, 1925
	February 22, 1909	Neeley, Idaho Oneida County	Mary A. Smith	George H. Toone
SUPPORTING RECORD 3. Class B	application for insurance	METROPOLITAN LIFE INSURANCE COMPANY		February 28, 1945
	36 years old			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	December 5 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

2 copy

DEC 0 1955

243-22100X-286

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1064
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma Bucher
2. Date Of Birth (month) (day) (year): Aug 27 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho Bear Lake
b. City or Town of Birth: Montpelier

FATHER

6. Full Name of Father: Fredinand Fredrick Bucher.
7. State or Country of Father's Birth: Switzerland.

MOTHER

8. Full Maiden Name of Mother: Catherine Short
9. State or Country of Mother's Birth: England.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thelma Bucher
11. Present Address of Registrant: 296 Pershing Pocatello

NOTARY (Seal)

Subscribed and sworn to before me on: November 25 1955
12. Signature of Notary: Floyd R. Barber
13. Notary Commission expires: May 28 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	daughter's birth certificate	21 years old	Montpelier Idaho	STATE OF IDAHO #186049				child born Nov. 30, 1930
SUPPORTING RECORD 2. Class B	statement re church record	August 27, 1909	Montpelier Idaho	L. D. S. CHURCH		7-13-55		baptized March 29, 1918
SUPPORTING RECORD 3. Class B	application for marriage license	August 27, 1909	Montpelier Idaho	STATE OF UTAH County of Cache	Katherine Short	7-13-55	F. F. Bucher	April 30 1930

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. L. Benson
Evidence reviewed by: Betty Waller
Date Filed: December 6 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 6 1971

553-212-002-666

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D655-1065
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mabel Delilah Nelson
2. Date of Birth (month) (day) (year): July 12 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Mesa Idaho Adams
b. City or Town of Birth: Mesa Idaho

FATHER

6. Full Name of Father: George R. Nelson
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Essie Viola Woods
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mabel D. Knight
11. Present Address of Registrant: 4234 S.E. Alder St. Portland Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 1. 1955
12. Signature of Notary: H. H. Harvey
13. Notary Commission expires: Jan 1 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	census record	DEPARTMENT OF COMMERCE Bureau of the Census	10-28-55	Census of 1920, Jan. 1
Class* B	Date of Birth: 10 years old	Birth Place: Idaho	Full Name of Mother: Essie Nelson	Name of Father: George Nelson
SUPPORTING RECORD 2.	insurance policy	STATE FARM LIFE INSURANCE CO., #136166		December 23, 1942
Class B	Date of Birth: 33 years old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	son's birth certificate	STATE OF OREGON #8742	8-30-55	child born Nov. 15, 1945
Class B	Date of Birth: 36 years old	Birth Place: Mesa, Idaho	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
I. A. Benson	bw Betty Waller	December 6 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

S27-125-021-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1117
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ralph Milton Esplin	2. Date Of Birth (month) (day) (year): September 25, 1909
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Franklin	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Ether Esplin	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Alice Hardy	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ralph Milton Esplin; 11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: June 14 - 1955	12. Signature of Notary: T. M. Condie; 13. Notary Commission expires: Nov. 29 - 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father	By whom issued and signed: Ether Esplin	Date issued: 7-16-55	Date Orig. Entry:
Class* B	Date of Birth: Sept. 25, 1909; Birth Place: Preston, Idaho	Full Name of Mother: Sarah Alice Hardy	Name of Father: Ether Esplin	
SUPPORTING RECORD 2.	Type of Document: CHURCH RECORD	By whom issued and signed: L.D.S. CHURCH	Date issued: 9-25-55	Date Orig. Entry: baptized March 30, 1918
Class B	Date of Birth: September 25, 1909; Birth Place: Preston, Idaho Franklin County	Full Name of Mother: Sarah Alice Hardy	Name of Father: Ether Esplin	
SUPPORTING RECORD 3.	Type of Document: STATEMENT RE SCHOOL RECORD	By whom issued and signed: EASTSIDE CLASS A SCHOOL DISTRICT NO. 201, Preston Idaho	Date issued: 12-21-55	Date Orig. Entry:
Class B	Date of Birth: September 25, 1909; Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: December 29 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 30 1969

JAN 14 1969

296-102-044-315

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-022
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WALTER HARVEY BROWN
2. Date of Birth (month) November (day) 2 (year) 1909
3. Color or Race: white
4. Sex: male
5. Place of Birth: Idaho — a. County: Washington — b. City or Town of Birth: Weiser

FATHER

6. Full Name of Father: William Thomas Brown
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Susie Ann Lanning
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Walter Harvey Brown
11. Present Address of Registrant: Weiser, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on January 4 1956

12. Signature of Notary: D L Carter
13. Notary Commission expires: February 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document: SOCIAL SECURITY RECORD #518 12 1554
By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service
Date Issued:
Date Orig. Entry: October 12 1937

Date of Birth: November 2 1909
Birth Place: Weiser, Idaho Washington County
Full Name of Mother: Susie Ann Lanning
Name of Father: William Thomas Brown

SUPPORTING RECORD 2.

Class B

Type of Document: DAUGHTER'S BIRTH CERTIFICATE
By whom issued and signed: STATE OF IDAHO #410749
Date Issued:
Date Orig. Entry: child born Aug. 16, 1945

Date of Birth: 35 years old
Birth Place: Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Class B

Type of Document: AFFIDAVIT BY MOTHER
By whom issued and signed: SUSIE ANNA BROWN HERNER
Date Issued: 9-6-55
Date Orig. Entry:

Date of Birth: November 2 1909
Birth Place: Weiser, Idaho Washington County
Full Name of Mother: Susie Anna Brown
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: bw Betty Waller
Date Filed: January 10 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Dist. No.

REGISTRAR'S ... Registrar's Full Name of Birth

Date of Birth (Month) (Day) (Year)

Place of Birth (County)

City or Town of Birth

State or Country of Father's Birth

Full Maiden Name of Mother

State or Country of Mother's Birth

AFFIDAVIT

Present Address of Registrant

Idaho

NOTARY

Notary Commission Expires

February 1957

APPLICATION FOR CERTIFICATE OF BIRTH THIS LINE

Date Issued

Date Orig. Entry

October 1937

Name of Father

Full Name of Mother

Birth Place

Date of Birth

Date Issued

Date Orig. Entry

Name of Father

Full Name of Mother

Birth Place

Date of Birth

Date Issued

Date Orig. Entry

Name of Father

Full Name of Mother

Birth Place

Date of Birth

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing application.

State Registrar

Evidence reviewed by

Date filed

JAN 10 1956

462-104-036-795

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-035
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JAMES-WILBUR-MOSS		2. Date of Birth (month) (day) (year): FEB.-4-1909
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: ~~WOODRUFF~~-ONEIDA; b. City or Town of Birth: WOODRUFF
FATHER	6. Full Name of Father: GEORGE-RILEY-MOSS		7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: ADA-ANN-GREEN		9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: J. W. Moss	11. Present Address of Registrant: 2221-LINCOLN AVE-OGDEN
NOTARY (Seal)	Subscribed and sworn to before me on: January 9 1956	12. Signature of Notary: Mary H Moss	13. Notary Commission expires: April 2 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: CHURCH RECORD	By whom issued and signed: L.D.S. CHURCH	Date Issued:	Date Orig. Entry: blessed May 2, 1909
Class* A	Date of Birth: February 4 1909	Birth Place: Woodruff, Idaho Oneida County	Full Name of Mother: Ada A. Green	Name of Father: George Moss
SUPPORTING RECORD 2.	Type of Document: CHURCH RECORD	By whom issued and signed: L.D.S. CHURCH	Date Issued:	Date Orig. Entry: baptized June 30, 1917
Class B	Date of Birth: February 4 1909	Birth Place: Woodruff, Idaho Oneida County	Full Name of Mother: Ada A. Green	Name of Father: George Moss
SUPPORTING RECORD 3.	Type of Document: AFFIDAVIT BY MIDWIFE	By whom issued and signed: Cecil M. Ward	Date Issued: 12-31-55	Date Orig. Entry:
Class B	Date of Birth: February 4 1909	Birth Place: Woodruff, Idaho Oneida County	Full Name of Mother: Ada Ann Green Moss	Name of Father: George Riley Moss
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	January 10 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 11 1958

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Local Reg. No.
State Reg. No.

REGISTRANT

1. Registrant's Full Name at Birth
2. Date of Birth (Month, Day, Year)
3. Sex
4. Place of Birth (County)
5. City or Town of Birth
6. Full Name of Father
7. State or Country of Father's Birth
8. Full Maiden Name of Mother
9. State or Country of Mother's Birth

I hereby declare that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present Address of Registrant
12. Subscribed and sworn to before me
13. Signature of Notary
14. Notary Commission expires

19__

SUPPORTING RECORD

Type of Document | By whom issued and signature | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

SUPPORTING RECORD

Type of Document | By whom issued and signature | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar | Evidence reviewed by | Date Filed

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the Registrant's fourth birthday.

249-120-032-294

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-038
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lloyd Elwood Smith
2. Date Of Birth (month) May (day) 20 19[illegible]
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Jerome, Idaho - Lincoln
b. City or Town of Birth: Jerome

FATHER

6. Full Name of Father: Samuel Sober Smith
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Flavia Rebecca Sidwell
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lloyd E. Smith
11. Present Address of Registrant: Oakley, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Jan. 6 1956

12. Signature of Notary: [illegible]
13. Notary Commission expires: July 10 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	CHURCH RECORD	L.D.S. CHURCH		baptized Aug. 2, 1917
	Date of Birth May 20 1909 / **Birth Place** Jerome, Idaho	**Full Name of Mother** Flavia Sidwell		**Name of Father** Samuel S. Smith
SUPPORTING RECORD 2. Class B	AFFIDAVIT BY MOTHER	Flavia R. Smith Oakley, Idaho	1-6-56	
	Date of Birth May 20 1909 / **Birth Place** Jerome, Idaho	**Full Name of Mother** Flavia Rebecca Sidwell		**Name of Father** Samuel Sober Smith
SUPPORTING RECORD 3. Class B	APPLICATION FOR INSURANCE	BENEFICIAL LIFE INSURANCE CO. Salt Lake City, Utah		November 3 1925
	Date of Birth May 20 1909 / **Birth Place** Jerome, Idaho	**Full Name of Mother** #59914 Flavia R. Smith		**Name of Father**

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	January 11 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

654-220-001-199

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-052
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: **Aurora Marie Ondarza**		2. Date of Birth (month) **Aug.** (day) **20** (year) **1909**	
	3. Color or Race: **Basque**	4. Sex: **female**	5. Place of Birth: a. County **Ada**	b. City or Town of Birth: **Boise, Idaho**
FATHER	6. Full Name of Father: **Jose Ondarza**		7. State or Country of Father's Birth: **Nachitua, Spain**	
MOTHER	8. Full Maiden Name of Mother: **Escolastica Arriandiaga**		9. State or Country of Mother's Birth: **Elanchove, Spain**	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Aurora Marie Ondarza	11. Present Address of Registrant: 1501 N. 24th St. Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: December 28 1955	12. Signature of Notary: Catherine L. Hall	13. Notary Commission expires: July 00 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Certificate of Baptism	Aug.20,1909	Boise, Idaho	Rt. Rev. K. F. Rowe St. John's Cathedral Boise	Escolastica Arriandiaga	Dec.27,1955	Jose Ondarza	Sept.18,1909
SUPPORTING RECORD 2. Class B	Life Insurance Policy	Aug. 20,1909	Boise, Idaho	Los Angeles, California Occidental Life Insurance	Escolastica Ondarza	Feb. 20,1930		Feb.20,1930
SUPPORTING RECORD 3. Class B	Affidavit by Aunt	Aug.20,1909	Boise, Idaho	Catherine L. Hall-Notary Leandra Letamendi-Aunt		Dec.28,1955		Dec.28,1955
QUALIFYING INFORMATION								

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. J. Benson	Verna Reisch	January 16,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

255-210-040-193

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-105
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Eleanora Deane Peeper
2. Date of Birth (month) Feb. (day) 10 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Shoshone; b. City or Town of Birth Wallace, Idaho

FATHER

6. Full Name of Father: Josiah Peeper
7. State or Country of Father's Birth: Montana

MOTHER

8. Full Maiden Name of Mother: Claribel Rebecca Dickinson
9. State or Country of Mother's Birth: Detroit, Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth E. Grogan formerly Ruth E. Grant Peeper
11. Present Address of Registrant

NOTARY (Seal)

Subscribed and sworn to before me on October 31 1955

12. Signature of Notary: W M Gannon
13. Notary Public in and for the County of Tuolumne, State of California
My Commission Expires Aug. 19, 1956
Strawberry, Calif.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Social Security record	February 10, 1909	Wallace, Idaho	TREASURY DEPARTMENT Internal Revenue Service	Claribel Rebecca Dickinson		Josiah Peeper	July 29 1940
SUPPORTING RECORD 2. Class B	CENSUS RECORD	10 years old	Idaho	DEPARTMENT OF COMMERCE Bureau of the Census	Claribel Dean	1-17-56		Census of 1920 January 1
SUPPORTING RECORD 3. Class B	SON'S BIRTH CERTIFICATE	26 years old	Wallace, Idaho	OREGON STATE BOARD OF HEALTH State Reg. No. 1426		11-29-55		child born May 9, 1935

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	February 2 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 3 1956

255-105-035-396

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-106
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edwin Lester Beem
2. Date of Birth (month) (day) (year): May 5 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Nez Perce
b. City or Town of Birth: Peck

FATHER

6. Full Name of Father: John A. Logan Beem
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Delilah Ellen Troy
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edwin L. Beem
11. Present Address of Registrant: Perrydale, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: January 16 1956
12. Signature of Notary: Rawsm N. Chapin
13. Notary Commission expires: May 3 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	AFFIDAVIT BY OLDER SISTER	VERDIE HUG	10-21-55	
Class* B	Date of Birth: May 5 1909 / Birth Place: Peck, Idaho	Full Name of Mother: Delilah Beem	Name of Father: Logan Beem	
SUPPORTING RECORD 2.	RETURN OF MARRIAGE	C. K. McCormick, County Clerk Union County, State of Oregon	10-21-55	
Class B	Date of Birth: 22 years 17 days old / Birth Place: Peck, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	SCHOOL RECORD	OREGON STATE COLLEGE Corvallis, Oregon	11-19-55	Fall Term 1929-30
Class B	Date of Birth: May 5 1909 / Birth Place: Peck, Idaho	Full Name of Mother	Name of Father: Logan Beem	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Betty Waller	February 2 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

142-109-025-645

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-132
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: SAM E. ADSLEY
2. Date of Birth (month) 8 (day) 9 (year) 1909
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth: a. County: Pollock, IDA. IDAHO
b. City or Town of Birth: Pollock

FATHER

6. Full Name of Father: ERNEST SAMUEL ADSLEY
7. State or Country of Father's Birth: MICHIGAN STATE

MOTHER

8. Full Maiden Name of Mother: AMANDA AUGUSTA WUNSCH
9. State or Country of Mother's Birth: MICHIGAN STATE

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sam E Adsley
11. Present Address of Registrant: 5714 Glenn Rd. + Spokane 63, WASH

NOTARY (Seal)

Subscribed and sworn to before me on 26th day of Jan 1956

12. Signature of Notary: [illegible]
13. Notary Commission expires: Jan. 15, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	SOCIAL SECURITY RECORD #519 - 03 - 5948	August 9 1909	Pollock, Idaho	TREASURY DEPARTMENT Internal Revenue Service	Maud Waunch		Ernest S. Adsley	signed July 7, 1937
SUPPORTING RECORD 2. Class B	AFFIDAVIT BY MOTHER	August 9 1909	Pollock, Idaho	AMANDA AUGUSTA ADSLEY Moses Lake, Washington	Amanda Augusta Wunsch	1-25-56	Ernest Samuel Adsley	
SUPPORTING RECORD 3. Class B	APPLICATION FOR INSURANCE	August 9 1909	Pollock, Idaho	NEW WORLD LIFE INSURANCE CO. Seattle, Washington #64256				dated Nov. 5, 1936

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Brower	Betty Waller	February 13 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

FEB 13 1950

REGISTRAR: Full Name of Birth

Date of Birth (month) (day) (year)

(Person above or other person relating to the registered)

Place of Birth

Full Name of Birth

FATHER: Full Name of Father

State or Country of Fathers Birth

Maiden Name of Mother

State or Country of Mothers Birth

I declare upon oath that the statements are true to the best of my knowledge and belief.

Present Address of Registrant

Notary Commission expired

STATE OF WASHINGTON

J. GIFFREY

COMMISSION EXPIRES

NOTARY

PUBLIC

Date Issued

Date Orig. Entry

Type of Document

Date of Birth

Birth Place

Full Name of Mother

Name of Father

Date Issued

Date Orig. Entry

Type of Document

Date of Birth

Birth Place

Full Name of Mother

Name of Father

Date Issued

Date Orig. Entry

Type of Document

Date of Birth

Birth Place

Full Name of Mother

Name of Father

QUALIFYING INFORMATION

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Chief Registrar

Evidence Reviewed by

Date Filed

219-220-041-655

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-153
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALICE WANONA BARTON
2. Date of Birth (month) FEB. (day) 20 (year) 1909
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: TETON
b. City or Town of Birth: DRIGGS

FATHER

6. Full Name of Father: WILLIAM ETHELBERT BARTON
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: RUTH FENN
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice Wanona Barton
11. Present Address of Registrant: Driggs, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on Feb 11 1956

12. Signature of Notary: Dwight M Evans
13. Notary Commission expires 6-20 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: DAUGHTER'S BIRTH CERTIFICATE	By whom issued and signed: STATE OF IDAHO #410642	Date Issued: 9-7-55	Date Orig. Entry: child born Aug. 24, 1945
	Date of Birth: 36 years old	Birth Place: Driggs, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: RUTH FENN STEVENS Driggs, Idaho	Date Issued: 2-11-56	Date Orig. Entry:
	Date of Birth: February 20 1909	Birth Place: Driggs, Idaho Teton County	Full Name of Mother: Ruth Fenn	Name of Father: William Ethelbert Barton
SUPPORTING RECORD 3. Class B	Type of Document: CHURCH RECORD	By whom issued and signed: L.D.S. CHURCH	Date Issued: 9-11-55	Date Orig. Entry: blessed May 30, 1909
	Date of Birth: February 20 1909	Birth Place: Driggs, Idaho Teton County	Full Name of Mother: Ruth Fenn	Name of Father: William E. Barton

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: Betty Waller
Date Filed: February 20 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 Copy Ad

Form DPH 40067

693-222-003-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-165
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma May Fitzen
2. Date of Birth: (month) Jan (day) 22 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Idaho

FATHER

6. Full Name of Father: Joseph Peter Fitzen
7. State or Country of Father's Birth: Olyphant, Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Susan Steed
9. State or Country of Mother's Birth: Farmington, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thelma May Fitzen
11. Present Address of Registrant: 526 West Greeley, Pocatello

NOTARY (Seal)

Subscribed and sworn to before me on: February 6, 1956
12. Signature of Notary: Ina Car Anderson
13. Notary Commission expires: Feb. 4, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: APPLICATION FOR INSURANCE	By whom issued and signed: IDAHO MUTUAL BENEFIT ASSOCIATION Boise, Idaho	Date Issued	Date Orig. Entry: October 18 1942	
	Date of Birth: January 22 1909	Birth Place: Pocatello Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class B	Type of Document: STATEMENT RE SCHOOL RECORD	By whom issued and signed: SENIOR HIGH SCHOOL Pocatello, Idaho	Date Issued: 2-7-56	Date Orig. Entry	
	Date of Birth: January 22 1909	Birth Place	Full Name of Mother	Name of Father: Joseph Peter Fitzen	
SUPPORTING RECORD 3. Class B	Type of Document: AFFIDAVIT BY FATHER	By whom issued and signed: JOSEPH PETER FITZEN Pocatello, Idaho	Date Issued: 2-6-56	Date Orig. Entry	
	Date of Birth: January 22 1909	Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Susan Steed Fitzen	Name of Father: Joseph Peter Fitzen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	February 20 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 20 1956

819-12-028-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D56-176
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Willis Harris
2. Date of Birth (month) 12 (day) 21 (year) 09
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Kootenai
b. City or Town of Birth: Rathdrum

FATHER

6. Full Name of Father: Lester Allan Harris
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Alta Lee Steele
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George W. Harris
11. Present Address of Registrant: Benton City Wash

NOTARY (Seal)

Subscribed and sworn to before me on February 3 1956

12. Signature of Notary: Florence D. Rogers
13. Notary Commission expires: March 4 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY FATHER		By whom issued and signed: LESTER A. HARRIS Lewiston, Idaho	Date issued: 1-1956	Date Orig. Entry:
Class* B	Date of Birth: December 21, 1909	Birth Place: Rathdrum, Idaho	Full Name of Mother:	Name of Father: Lester A. Harris	
SUPPORTING RECORD 2.	Type of Document: MILITARY RECORD		By whom issued and signed: ARMY OF THE UNITED STATES	Date issued:	Date Orig. Entry: DISCHARGED Nov. 21, 1945
Class B	Date of Birth: December 21, 1909	Birth Place: Rathdrum, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: INSURANCE RECORD		By whom issued and signed: GOVERNMENT EMPLOYEES BENEFIT ASSOCIATION	Date issued:	Date Orig. Entry: February 26 1941
Class B	Date of Birth: December 21 1909	Birth Place: Rathdrum, Idaho	Full Name of Mother:	Name of Father:	

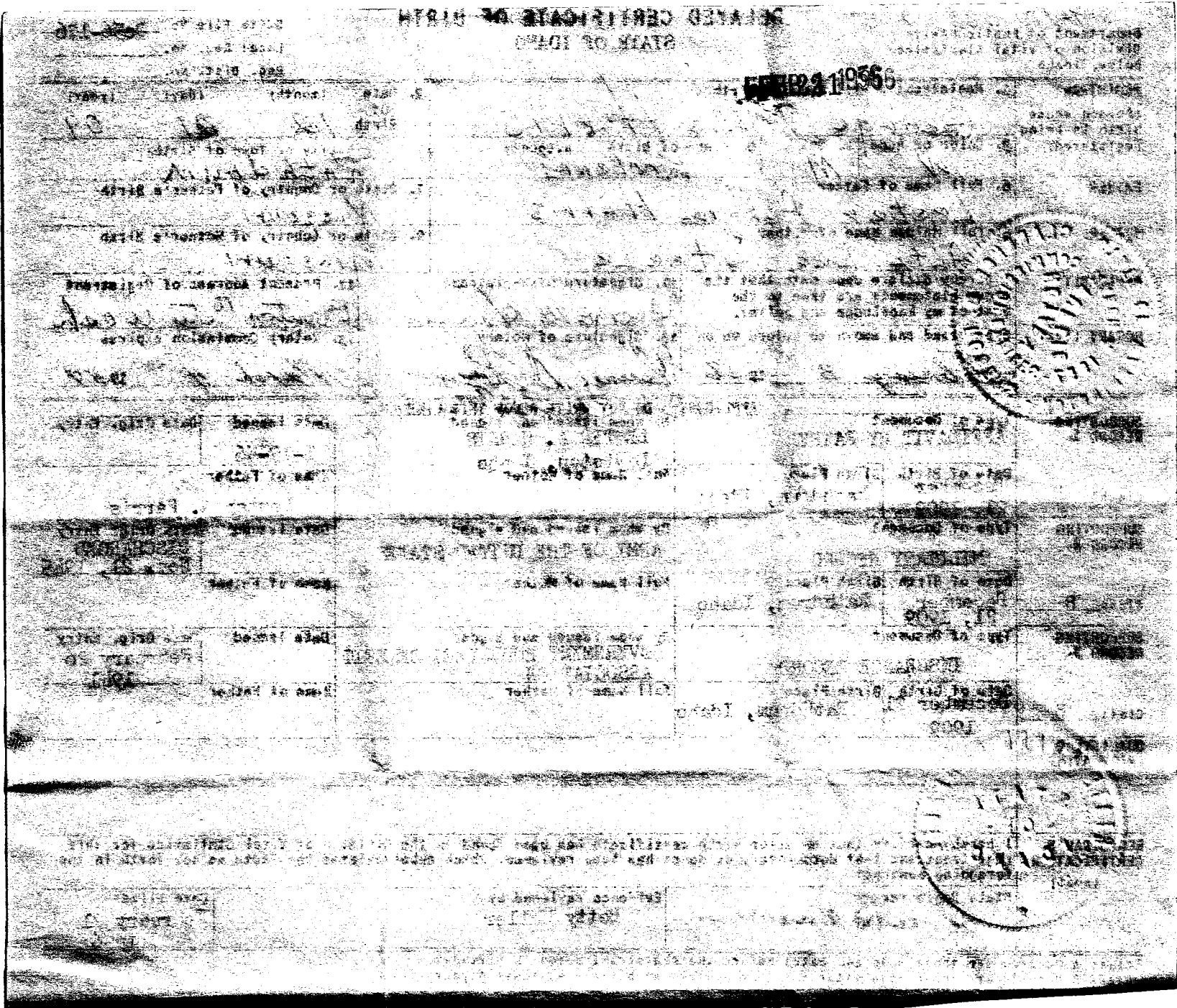
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	February 21 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B are those made after the fourth birthday but are at least 5 years old.



335-219-007-753

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-218
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Helen Clements
2. Date of Birth: (month) 6 (day) 19 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Blaine; b. City or Town of Birth: Hailey Idaho

FATHER

6. Full Name of Father: Aaron Clements
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Hattie Ida Pelgodt Clements
9. State or Country of Mother's Birth: Milwaukee Wisc

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth Helen Clements
11. Present Address of Registrant: Hailey Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Feb. 6 1956
12. Signature of Notary: J. W. Klouis Gardner
13. Notary Commission expires: 4/18 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	AFFIDAVIT BY MOTHER	HATTIE I. CLEMENTS Hailey, Idaho	February, 1956	
	Date of Birth June 19 1909 / **Birth Place** Hailey, Idaho Blaine County	**Full Name of Mother** Hattie Clements	**Name of Father**	
SUPPORTING RECORD 2. Class A	STATEMENT BY ATTENDING PHYSICIAN	DR. R. H. WRIGHT Hailey, Idaho	2-17-56	
	June 19 1909 / Hailey, Idaho Blaine County			
SUPPORTING RECORD 3. Class B	STATEMENT RE SCHOOL RECORD	BLAINE COUNTY CLASS A SCHOOL DISTRICT NO. 61, Hailey, Idaho	2-16-56	
	June 19 1909	Hattie L. Clements	Aaron Clements	

QUALIFYING INFORMATION

ORIGINAL NEWSPAPER NOTICE — THE HAILEY TIMES Hailey, Idaho — issued 2-17-56 — item of June 23, 1909

birth date: June 19, 1909 Hailey, Idaho — parent: Aaron Clements

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
L. A. Benson	bw Betty Waller	March 2, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 2 1956

238-107-040-281

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-237
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lawrence Arthur Schrock			2. Date of Birth (month) (day) (year): March 7 1909
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Idaho Shoshone	b. City or Town of Birth: Larson
FATHER	6. Full Name of Father: Daniel A. Schrock			7. State or Country of Father's Birth: United States
MOTHER	8. Full Maiden Name of Mother: Lulu Alice Shade			9. State or Country of Mother's Birth: United States
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lawrence Arthur Schrock		11. Present Address of Registrant: Power, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: March 6 1956	12. Signature of Notary: [illegible]		13. Notary Commission expires: 6-7 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: SOCIAL SECURITY RECORD		By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service	Date Issued:	Date Orig. Entry: June 8 1937
Class* B	Date of Birth: March 7 1909	Birth Place: Shoshone County Idaho	Full Name of Mother: Lulu Alice Shade	Name of Father: Daniel A Schrock	
SUPPORTING RECORD 2.	Type of Document: STATEMENT RE SCHOOL RECORD		By whom issued and signed: COUNTY SUPERINTENDENT OF SCHOOLS, Terry, Montana	Date Issued: 2-9-56	Date Orig. Entry:
Class B	Date of Birth: March 7 1909	Birth Place:	Full Name of Mother: Lulu Schrock	Name of Father: Daniel A. Schrock	
SUPPORTING RECORD 3.	Type of Document: MARRIAGE LICENSE		By whom issued and signed: STATE OF MONTANA County of Custer	Date Issued:	Date Orig. Entry: July 11 1934
Class B	Date of Birth: 25 years old	Birth Place: Idaho	Full Name of Mother: Lulu Shade	Name of Father: Dan Schrock	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: March 12, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

MAR 13 1958

255-22-021-514

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-282
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GLADYS BENSON
2. Date of Birth: (month) NOVEMBER (day) 12 (year) 1909
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County IDAHO FRANKLIN; b. City or Town of Birth PRESTON

FATHER

6. Full Name of Father: Frank Taft Benson
7. State or Country of Father's Birth: Logan Utah Utah

MOTHER

8. Full Maiden Name of Mother: Elizabeth Eames
9. State or Country of Mother's Birth: Logan, Utah U. S. A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys Benson Nelson
11. Present Address of Registrant: Salt Lake City Utah

NOTARY (Seal)

Subscribed and sworn to before me on: February 8 1956
12. Signature of Notary: Dorothy J. Jensen
13. Notary Commission expires: Sept 21 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
AFFIDAVIT BY MOTHER	ELIZABETH EAMES BENSON Preston, Idaho	1-10-56	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
November 12 1909	Preston, Idaho	Elizabeth Eames Benson	Frank Taft Benson

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SCHOOL RECORD	UTAH STATE AGRICULTURAL COLLEGE, Logan, Utah	8-2-48	matriculated Sept. 26, 1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
November 12, 1909			

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
HOSPITAL RECORD OF DAUGHTER'S BIRTH	HOLY CROSS HOSPITAL Salt Lake City, Utah		child born Dec. 30, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
November 12, 1909	Preston Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	March 16, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 16 1956

315-226-036-269

Department of Public Health
Division of Vital Statistics
Boise, Idaho.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-309
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alverda Emma Landon.	2. Date Of Birth (month) Oct. (day) 26 (year) 1909
	3. Color or Race: White. 4. Sex: Female 5. Place of Birth a. County: Holbrook, Onieda.	b. City or Town of Birth: Holbrook, Idaho.
FATHER	6. Full Name of Father: James Daniel Landon.	7. State or Country of Father's Birth: Saltlake City, Utah.
MOTHER	8. Full Maiden Name of Mother: Amanda Myrtle Sorenson.	9. State or Country of Mother's Birth: Stone, Idaho. Onieda county.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alverda Emma Landon Robson
		11. Present Address of Registrant: 15212 Valley Way Veradale, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: March 12, 1956	12. Signature of Notary: Kathleen M. Taft
		13. Notary Commission expires: March 4, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: DAUGHTER'S BIRTH CERTIFICATE	By whom issued and signed: STATE OF IDAHO #166933	Date issued:	Date Orig. Entry: child born Dec. 17, 1928
Class* B	Date of Birth: 19 years old; Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: APPLICATION FOR INSURANCE	By whom issued and signed: PACIFIC MUTUAL LIFE INSURANCE CO.	Date issued:	Date Orig. Entry: September 6 1938
Class B	Date of Birth: October 26 1909; Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: AMANDA MYRTLE LANDON Dillon, Montana	Date issued: 3-16-56	Date Orig. Entry:
Class B	Date of Birth: October 26 1909; Birth Place: Holbrook, Idaho Oneida County	Full Name of Mother: Amanda Myrtle Sorenson	Name of Father: James Daniel Landon	
QUALIFYING INFORMATION	MARRIAGE LICENSE AFFIDAVIT	STATE OF IDAHO COUNTY OF BINGHAM	SWORN May 15, 1928	issued 12-29-41
	18 years old			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	March 22, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 23 1956

154-113-029-154

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
JUN 5 - 1953
DIVISION OF VITAL STATISTICS

State File No. De56-332
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Theodore Howard Anderson		2. Date of Birth (month) August (day) 13, (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Troy
FATHER	6. Full Name of Father: Thelen Hydroth Anderson		7. State or Country of Father's Birth: Minnesota	
MOTHER	8. Full Maiden Name of Mother: Amy S. Anderson		9. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Theodore Howard Anderson	11. Present Address of Registrant: 3201 B. San Fernando ~~Rd~~ Blvd. Burbank, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 29, 19 53	12. Signature of Notary: [signature]	13. Notary Commission expires: My Commission Expires Nov. 28, 1956	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother		By whom issued and signed: Amy Wilson (nee Amy Anderson)	Date Issued: Mar. 25, 1953	Date Orig. Entry
Class* B	Date of Birth: Aug. 13, 1909	Birth Place: Troy, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: 573-40-6996 APPLICATION FOR SOCIAL SECURITY NUMBER		By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service	Date Issued	Date Orig. Entry: October 1 1949
Class B	Date of Birth: August 13 1909	Birth Place: Troy, Idaho Latah County	Full Name of Mother: Amy Anderson	Name of Father: Hydroth Anderson	
SUPPORTING RECORD 3.	Type of Document: CENSUS RECORD		By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census	Date Issued: 12-31-53	Date Orig. Entry: Census of 1920 January 1
Class B	Date of Birth: 10 years old	Birth Place: Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

Statement re school record — WHITMAN COUNTY SUPERINTENDENT OF SCHOOLS, Colfax, Washington — issued 8-18-54 — school census May 1, 1929

birth date: August 13, 1909

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	March 29, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

2

RECEIVED
JUN 5 - 1953
DIVISION OF VITAL STATISTICS

MAR 29 1956

1. PLACE OF BIRTH
a. County: Ramsey
b. City or Village: St. Paul
c. Name of Hospital or Institution: (If not in hospital, give street address or location)
2. USUAL RESIDENCE OF MOTHER (Where she lives now. Do not use hospital address)
a. State: Minnesota
b. County: Ramsey
c. City or Village: St. Paul
d. Street Address: 1000 Summit Ave.

3. FULL NAME OF CHILD: Stephen Murdoch Anderson
4. SEX: Male
5. THIS BIRTH: Single
6. DATE OF BIRTH: August 13, 1952
7. CERTIFICATE OF BIRTH: 52-MN-
8. FULL MAIDEN NAME OF MOTHER: Jean Ferguson
9. COLOR OR RACE: White
10. AGE AT LAST BIRTHDAY: 25
11. BIRTHPLACE: Minnesota
12. USUAL OCCUPATION: Housewife
13. BIRTHPLACE OF FATHER: Minnesota
14. AGE AT LAST BIRTHDAY: 27
15. USUAL OCCUPATION: Engineer
16. INFORMANT: Jean Ferguson Anderson
17. ATTENDANT: Physician
18. DATE ACCEPTED BY REGISTRAR: August 13, 1952

I HEREBY CERTIFY that I attended the birth of the child named above, who was born alive at the time, date and place stated.

Signature: Jean Ferguson Anderson
Address: 1000 Summit Ave., St. Paul, Minn.

I HEREBY CERTIFY that I supervised the birth of the child named above, who was born alive at the time, date and place stated.

Signature: Dr. Robert Murdoch
Address: 1000 Summit Ave., St. Paul, Minn.

Date Received by Local Registrar: August 13, 1952

Registrar's Signature: [illegible]

Date Filed: August 13, 1952

Registrar's Number: 52-MN-

Date of Birth: August 13, 1952
Birth Place: St. Paul, Minn.
Full Name of Mother: Jean Ferguson Anderson
Maiden Name of Mother: Jean Ferguson
Color or Race: White
Age at Last Birthday: 25
Birthplace of Mother: Minnesota
Occupation of Mother: Housewife
Birthplace of Father: Minnesota
Age at Last Birthday: 27
Occupation of Father: Engineer
Informant: Jean Ferguson Anderson
Address of Informant: 1000 Summit Ave., St. Paul, Minn.
Attendant: Physician
Date Accepted by Registrar: August 13, 1952

Certified that this is a true and correct copy of the record on file in the Division of Vital Statistics, State Department of Health, St. Paul, Minnesota.

Issued: August 15, 1952

Registrar

381409-021-466

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-340
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Artell George Chapman			2. Date Of Birth (month) August (day) 9 (year) 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Preston, Franklin County	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: George Sylvester Chapman			7. State or Country of Father's Birth: Preston, Idaho
MOTHER	8. Full Maiden Name of Mother: Nellie Dowdle			9. State or Country of Mother's Birth: Cove, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Artell G. Chapman		11. Present Address of Registrant: 179 E. 2nd So., Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 22 1956	12. Signature of Notary: Maurine D. Monell		13. Notary Commission expires: April 13 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: CHURCH RECORD	By whom issued and signed: L.D.S. CHURCH	Date Issued:	Date Orig. Entry: blessed Nov. 11, 1909
	Date of Birth: August 9 1909 / Birth Place: Preston, Idaho	Full Name of Mother: Nellie Dowdle		Name of Father: George S. Chapman
SUPPORTING RECORD 2. Class B	Type of Document: SCHOOL RECORD	By whom issued and signed: OREGON STATE COLLEGE Corvallis, Oregon	Date Issued: 1-26-56	Date Orig. Entry: matriculated Sept., 1927
	Date of Birth: August 9 1909 / Birth Place: Preston Idaho	Full Name of Mother:		Name of Father: George S. Chapman
SUPPORTING RECORD 3. Class B	Type of Document: APPLICATION FOR INSURANCE	By whom issued and signed: INTER-MOUNTAIN LIFE INSURANCE COMPANY, Salt Lake City	Date Issued:	Date Orig. Entry: November 28 1925
	Date of Birth: August 9 1909 / Birth Place: Preston Idaho	Full Name of Mother #25864 Nellie D. Chapman		Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bw Betty Waller	April 3, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

APR 4 1979

Registration Dist.	1. Date (month) (day) (year)		
Person whose birth is being registered	2. Color or Race	3. Sex	4. Place of Birth (County)
Mother	5. Full Name of Father	6. Full Name of Mother	7. State or Country of Father's Birth
Mother	8. Full Name of Mother	9. Full Name of Mother	10. State or Country of Mother's Birth
Certificate	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
Notary (Seal)	Subscribed and sworn to before me on	13. Signature of Notary	14. Notary Commission expires

APPLICANT - DO NOT WRITE BELOW THIS LINE

Supporting Record 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Full Name of Mother	Name of Father	
Class				
Supporting Record 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Full Name of Mother	Name of Father	
Class				
Supporting Record 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Full Name of Mother	Name of Father	
Class				
Qualifying Information				

Registrar's Certification	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by	Date Filed
		Peter Weller	April 3, 1956

[illegible]

596-317031-793

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-342
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doris Lucille Erwin		2. Date of Birth (month) August (day) 17 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Lewis; b. City or Town of Birth: Near Ilo
FATHER	6. Full Name of Father: John Lee Erwin		7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Bessie Gillespie		9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Doris L Gray	11. Present Address of Registrant: Rt #1, Pullman, Wash
NOTARY (Seal)	Subscribed and sworn to before me on: March 20 1956	12. Signature of Notary: J M O'Donnell	13. Notary Commission expires: Sept 10 1957

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY FATHER	By whom issued and signed: JOHN LEE ERWIN, Moscow, Idaho	Date Issued: 3-24-56	Date Orig. Entry:
Class* B	Date of Birth: August 17 1909 / Birth Place: Lewis County Idaho	Full Name of Mother: Bessie L. Gillespie	Name of Father: John Lee Erwin	
SUPPORTING RECORD 2.	Type of Document: Statement re BIBLE RECORD	By whom issued and signed: viewed by J. M. O'Donnell, Notary Public, Moscow, Idaho	Date Issued: 4-2-56	Date Orig. Entry:
Class B	Date of Birth: August 17 1909 / Birth Place:	Full Name of Mother: Bessie L. Gillespie	Name of Father: John Lee Erwin	
SUPPORTING RECORD 3.	Type of Document: Statement re SCHOOL RECORD	By whom issued and signed: ASOTIN CONSOLIDATED SCHOOLS, Asotin, Washington	Date Issued:	Date Orig. Entry: entered school Sept. 12, 1921
Class B	Date of Birth: August 17 1909 / Birth Place:	Full Name of Mother:	Name of Father: John Erwin	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Betty Waller	Date Filed: April 5, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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Form DPH 49067

NOV 26 1957

APR 5 1956

Department of Public Health
Bureau of Vital Statistics
Registration No.

Registration Number

Full Name of Birth

Sex

Date of Birth

Place of Birth

Country

Date of Birth

Full Name of Father

Date of Country of Father's Birth

Maiden Name of Mother

Date of Country of Mother's Birth

Present Address of Registrant

Notary Commission expires

Signature of Notary

Type of Document

Date Issued

Date Orig. Entry

Date of Birth

Full Name of Mother

Date of Father

Type of Document

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Date of Father

Type of Document

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Date of Father

Date of Birth

Birth Place

Full Name of Mother

Date of Father

Date Filed

April 5, 1956

755 230-035-396

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-404
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FREDA MARIE GENTRY			2. Date of Birth (month) NOVEMBER (day) 30 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth: IDAHO a. County: NEZ PERCE	b. City or Town of Birth: PECK
FATHER	6. Full Name of Father: Samuel Richard Gentry			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Alice Georgia Crockett			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Freda Marie Gentry		11. Present Address of Registrant: Rt. 1, Box 447 Rainier, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: April 14, 1956	12. Signature of Notary: Alfred S. May		13. Notary Commission expires: Aug. 10, 1956

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY MIDWIFE	By whom issued and signed: BEVA ADDINGTON San Bernandino, California		Date Issued: 7-23-54	Date Orig. Entry:
Class* A	Date of Birth: November 30, 1909	Birth Place: Peck, Idaho	Full Name of Mother: Alice Georgia Crockett		Name of Father: Samuel Richard Gentry
SUPPORTING RECORD 2.	Type of Document: CHURCH RECORD	By whom issued and signed: METHODIST EPISCOPAL Harry F. Gelvin, pastor		Date Issued:	Date Orig. Entry: enrolled March 23, 1913
Class A	Date of Birth: November 30, 1909	Birth Place:	Full Name of Mother:		Name of Father:
SUPPORTING RECORD 3.	Type of Document: MARRIAGE RETURN	By whom issued and signed: COWLITZ COUNTY, WASHINGTON #4439		Date Issued: 3-29-56	Date Orig. Entry: married May 12, 1926
Class B	Date of Birth: 16 years old	Birth Place: Idaho	Full Name of Mother: Alice Crockett		Name of Father: Sanuel Gentry
QUALIFYING INFORMATION	APPLICATION FOR INSURANCE	WEST COAST LIFE INSURANCE CO. San Francisco, California #380837		applied June 8, 1937	
	birth date: November 30, 1909 birthplace: Idaho				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	April 17, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Registration Number [illegible]

Division of Public Health Statistics

Boise, Idaho

Reg. Dist. No.

APR 17 1958

REGISTRANT (Person whose birth is being registered)

1. Name of Birth: [illegible]
2. Date of Birth (month) (day) (year): [illegible] 1909
3. Color of Race: [illegible]
4. Place of Birth (county): [illegible]
5. Place of Birth (city): [illegible]

FATHER

6. Full Name of Father: [illegible] Richard Gentry
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Name of Mother: [illegible] Crockett
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

10. Name of Person who can cash that the above statements are true to the best of his knowledge and belief
11. Signature of Registrant: [illegible]
12. Presence Address of Registrant: [illegible]

NOTARY

13. Subscribed and sworn to before me on: April 14, 1958
14. Signature of Notary: [illegible]
15. Notary Commission expires: Aug. 20, 1958

APPLICATION

SUPPORTING RECORD 1

Type of Document	Date Issued	Date Orig. Entry
[illegible]	7-23-54	

Date of Birth	Birth Place	By whom issued and signed	Name of Father
[illegible]	[illegible]	[illegible]	Samuel [illegible]

SUPPORTING RECORD 2

Type of Document	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]

Date of Birth	Birth Place	By whom issued and signed	Name of Father
[illegible]	[illegible]	[illegible]	

SUPPORTING RECORD 3

Type of Document	Date Issued	Date Orig. Entry
[illegible]	[illegible]	married May 12, 1958

Date of Birth	Birth Place	By whom issued and signed	Name of Father
[illegible]	Idaho	Alice [illegible]	Samuel Gentry

QUALIFYING INFORMATION

APPLICATION FOR INSURANCE — WEST COASTLINE INSURANCE CO. San Francisco, California — applied June 3, 1957

Birth date: November 30, 1909

Birthplace: Idaho

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that an inventory of these has been reviewed, which substantiates the facts as set forth in the [illegible] abstract.

Date Registrar	Examiner reviewed by	Date Filed
[illegible]	[illegible]	April 27, 1958

Please [illegible] those [illegible] the [illegible] Church [illegible] are [illegible]

819-105 1035-866

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-406
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALVIN FRED WILLIAM HARMS		2. Date of Birth (month) OCTOBER (day) 5 (year) 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County IDAHO NEZ PERCE; b. City or Town of Birth JULIETTA
FATHER	6. Full Name of Father: Ernest Harms		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Sophia Hoops		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alvin Fred William Harms	11. Present Address of Registrant: FAIRFIELD, WASH.
NOTARY (Seal)	Subscribed and sworn to before me on: April 12, 1956	12. Signature of Notary: Stewart Simpson	13. Notary Commission expires: Jan. 24, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: APPLICATION FOR SOCIAL SECURITY NUMBER	By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service	Date Issued:	Date Orig. Entry: signed March 4, 1938
	Date of Birth: October 5, 1909 / Birth Place: Julietta Idaho	Full Name of Mother: Sophia Hoops	Name of Father: Ernest Harms	
SUPPORTING RECORD 2. Class B	Type of Document: AFFIDAVIT BY FATHER	By whom issued and signed: ERNEST HARMS Kimball County, Nebraska	Date Issued: 3-26-56	Date Orig. Entry:
	Date of Birth: October 5 1909 / Birth Place: Julietta Idaho	Full Name of Mother: Sophie Hoops	Name of Father: Ernest Harms	
SUPPORTING RECORD 3. Class B	Type of Document: CHURCH RECORD OF CONFIRMATION	By whom issued and signed: TRINITY EVANGELICAL LUTHERAN CHURCH, Ft. Morgan, Colorado	Date Issued:	Date Orig. Entry: confirmed April 5, 1925
	Date of Birth: October 5 1909 / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: bw Betty Waller	Date Filed: April 17, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health
Division of Vital Statistics
Boise, Idaho

State [illegible]
Local Registration
Reg. Dist. No.

APR 17 1956

REGISTRAR'S RECORD	1. Registrar's Full Name at Birth: [illegible] WILLIAM HARMS	2. Date of Birth: Quarter (day) (year) OCTOBER 5 1902	
Person whose birthdate being registered	3. Color or Race: White	4. Sex: male	5. Place of Birth: IDAHO
	6. Country: NEZ PERCE	7. Birth Place: JULIETTA	
FATHER	6. Full Name of Father: Ernest Harms	7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: [illegible] Hoope	9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	9. Sworn to before upon oath that the [illegible] are true to the [illegible] knowledge and belief.	10. Signature of Registrar	11. Present Address of Registrant: [illegible]
	12. Signature of Notary	13. Notary Commission expires: [illegible]	

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued	Date Orig. Entry signed: March 4, 1920
	Date of Birth: October 5 1902	Birth Place: Juliette Idaho	Name of Father: Ernest Harms	
Class		Full Name of Mother: [illegible]		
SUPPORTING RECORD 2	Type of Document: [illegible] FATHER	By whom issued and signed: [illegible] Kimball County, Nebraska	Date Issued: 3-24-56	Date Orig. Entry
	Date of Birth: October 5 1902	Birth Place: Juliette Idaho	Name of Father: Ernest Harms	
Class		Full Name of Mother: Sophie Hoope		
SUPPORTING RECORD 3	Type of Document: [illegible] OF CONFIRMATION	By whom issued and signed: [illegible] CHURCH, [illegible] Morgan, Colorado	Date Issued	Date Orig. Entry: [illegible] 1925
	Date of Birth: October 5 1902	Birth Place	Name of Father	
Class		Full Name of Mother		
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior [illegible] certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been revised, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date filed
	[illegible] Betty Waller	April 17, 1956

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday [illegible]

249-218-06-353

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-524
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rita Martella Smith			2. Date Of Birth: (month) 6 (day) 18 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia County, Idaho	b. City or Town of Birth: Oakley,	
FATHER	6. Full Name of Father: John Shields Smith			7. State or Country of Father's Birth: Tooele, Utah (Aug. 31, 1881)	
MOTHER	8. Full Maiden Name of Mother: Annie LaRetta Nelson Smith			9. State or Country of Mother's Birth: Grantsville, Utah (Nov. 6, 1880)	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rita S. Layton		11. Present Address of Registrant: Oakley, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 24 1956	12. Signature of Notary: Earl Whiteley		13. Notary Commission expires: April 12 - 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: APPLICATION FOR INSURANCE	By whom issued and signed: NEW YORK LIFE INSURANCE CO. #12-136-913		Date Issued:	Date Orig. Entry: September 21 1933
Class* B	Date of Birth: June 18 1909	Birth Place: Oakley Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: AFFIDAVIT BY PARENTS	By whom issued and signed: JOHN S. SMITH RETTA N. SMITH		Date Issued: 3-12-56	Date Orig. Entry:
Class B	Date of Birth: June 18 1909	Birth Place: Oakley, Idaho	Full Name of Mother: Retta N. Smith	Name of Father: John S. Smith	
SUPPORTING RECORD 3.	Type of Document: employment record	By whom issued and signed: Mountain States Telephone & Telegraph Co. Oakley Idaho		Date Issued:	Date Orig. Entry: March 16 1930
Class B	Date of Birth: June 18 1909	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	bw Betty Waller	May 18, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

MAY 18 1960

REGISTRAR (Person Under Birth to be Registered)	1. Registrar's Full Name of Birth: Martella Smith	2. Date of Birth (Month) 5 (Day) 15 (Year) 1950	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Cassia County, Idaho
		6. City or Town of Birth: Oakley	
FATHER	6. Full Name of Father: John Shields Smith	7. State or Country of Father's Birth: Lincoln, Utah (Aug. 31, 1881)	
MOTHER	8. Full Maiden Name of Mother: Annie Lanetta Nelson Smith	9. State or Country of Mother's Birth: Grantsville, Utah (Nov. 3, 1880)	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Oakley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Birth Place: Oakley, [illegible]	Full Name of Mother: [illegible]	Name of Father: John S. Smith	
Class [illegible]				
SUPPORTING RECORD 3	Type of Document: Enrollment record	By whom issued and signed: [illegible] Co. Oakley, Idaho	Date Issued: [illegible]	Date Orig. Entry: March 16 1950
	Date of Birth: [illegible] Birth Place: Idaho	Full Name of Mother: [illegible]	Name of Father: [illegible]	
Class P				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	May 16, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

433225 029-967

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-539
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Bernadine McClain		2. Date Of Birth (month) (day) (year): September 25 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Latah; b. City or Town of Birth: Kendrick, Idaho
FATHER	6. Full Name of Father: William Wellington McClain		7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Allie Latucia Rogers		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emma Bernadine Eldredge	11. Present Address of Registrant: 1504 - 8th St Clarkston, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: May 3rd 19 56	12. Signature of Notary: [signature]	13. Notary Commission expires: Oct. 15 19 57

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: application for insurance	By whom issued and signed: Idaho Mutual Benefit Association #4767	Date Issued:	Date Orig. Entry: issued Feb. 10, 1942
	Date of Birth: September 25, 1909	Birth Place: Kendrick Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: State of Washington MARRIAGE RETURN	By whom issued and signed: County of Asotin City of Clarkston	Date Issued: 5-16-56	Date Orig. Entry: married Aug. 27, 1932
	Date of Birth: 22 years old	Birth Place: Kendrick Idaho	Full Name of Mother: Allie Rogers	Name of Father: William M. McClain
SUPPORTING RECORD 3. Class B	Type of Document: affidavit by older sister	By whom issued and signed: Lanta Branson Clarkston, Washington	Date Issued: 5-3-56	Date Orig. Entry:
	Date of Birth: September 25, 1909	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. L. Branson	Betty Waller	May 22, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 1 copy pd

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 22 1962

1. Name of Child	Emma Bernadine McClain
2. Date of Birth	September 25 1909
3. Color or Race	White
4. Place of Birth	Female Kendrick Latah
5. Place of Birth	Kendrick, Idaho
6. Full Name of Father	William Wellington McClain
7. Place of Birth	California
8. Full Name of Mother	Lillie Latucia Rogers
9. Place of Birth	Oregon
10. Signature of Registrant	
11. Present Address of Registrant	[illegible]
12. Date of Birth	May 3rd 1956
13. Date of Expiration	Oct. 15 1957
Type of Document	Application for Insurance
Date Issued	Jan. 10, 1962
Type of Document	Idaho Mutual Benefit Association
Date Issued	Aug. 27, 1962
Type of Document	Marriage Return for City of Clarkston
Date Issued	Aug. 27, 1962
Type of Document	Affidavit by Sister
Date Issued	[illegible]
Date of Birth	September 25, 1909
Place of Birth	Clarkston, Washington
Name of Father	
Name of Mother	

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that no secondary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Filed: May 22, 1962

Betty [illegible]

814-206-033-391

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-550
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Violet Ellrie Haddon			2. Date Of Birth (month) March (day) 6 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: La Belle, Madison Co	b. City or Town of Birth: La Belle, Idaho.
FATHER	6. Full Name of Father: John Haddon			7. State or Country of Father's Birth: Kaysville, Davis Co Utah
MOTHER	8. Full Maiden Name of Mother: Harriett Rosetta Crapo			9. State or Country of Mother's Birth: Paradise, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Violet Ellrie Haddon		11. Present Address of Registrant: 503-3rd St, Ogden, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: 5th January 1956	12. Signature of Notary: Elva Y. Nielsen		13. Notary Commission expires: My Commission Expires June 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: APPLICATION FOR SOCIAL SECURITY NUMBER 518-22-2109	By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service	Date Issued:	Date Orig. Entry: applied Sept. 29, 1941
	Date of Birth: March 6 1909 / Birth Place: LaBelle Idaho	Full Name of Mother: Harriet Crapo	Name of Father: John Haddon	
SUPPORTING RECORD 2. Class B	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: HARRIETT R. HADDON Preston, Idaho	Date Issued: 3-3-56	Date Orig. Entry:
	Date of Birth: March 6 1909 / Birth Place: LaBelle, Idaho Fremont County	Full Name of Mother: Harriett Rosettie Crapo	Name of Father: John Haddon	
SUPPORTING RECORD 3. Class A	Type of Document: church record	By whom issued and signed: L.D.S. Church Salt Lake City, Utah	Date Issued: 5-16-56	Date Orig. Entry: recorded Apr. 4, 1909
	Date of Birth: March 6 1909 / Birth Place: LaBelle, Idaho Fremont County	Full Name of Mother: Hariet Rosa Crapo	Name of Father: John Haddon	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. I. Benson	Evidence reviewed by: bw Betty Waller	Date Filed: May 23, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 23 1956

395-109-025-293

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-566
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Gale Liedkie			2. Date of Birth (month) December (day) 9 (year) 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: near Caribel
FATHER	6. Full Name of Father: Ernest L. Liedkie			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Phebe Silvernail			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold Gale Liedkie		11. Present Address of Registrant: Craigmont, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 5 January 1956	12. Signature of Notary: Robert A. Strom		13. Notary Commission expires: October 17 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: PHEBE SILVERNAIL LIEDKIE Craigmont, Idaho	Date Issued: 7-13-55	Date Orig. Entry:
Class* B	Date of Birth: December 9 1909 / Birth Place: Caribel, Idaho Idaho County	Full Name of Mother: Phebe Silvernail	Name of Father: Ernest L. Liedkie	
SUPPORTING RECORD 2.	Type of Document: CENSUS RECORD	By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census	Date Issued: 12-23-55	Date Orig. Entry: Census of 1910 April 15
Class B	Date of Birth: 4 months old / Birth Place: Idaho	Full Name of Mother: Phebie Leidkie	Name of Father: Earnest L. Leidkie	
SUPPORTING RECORD 3.	Type of Document: statement re school record	By whom issued and signed: Joint-Independent School District No. 52, Kamiah Idaho	Date Issued: 3-1-56	Date Orig. Entry: entered Sept. 7, 1925
Class B	Date of Birth: 15 years old / Birth Place:	Full Name of Mother:	Name of Father: Earnest Liedkie	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bw Betty Waller	Date Filed: May 29, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 31 1956

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth: [illegible]
	3. Date of Birth: [illegible]	4. Place of Birth: [illegible] County: Idaho
FATHER	5. Full Name of Father: Ernest L. [illegible]	7. State or Country of Father's Birth: Germany
MOTHER	8. Full Name of Mother: [illegible] Silvernail	9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: Cranmont, Idaho
NOTARY	9. Subscribed and sworn to before me	12. Signature of Notary: [illegible]
		13. Notary Commission Expires: October [illegible] 1956

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: PEERE SILVERNAIL LOIDKIE, Cranmont, Idaho	Date Issued: [illegible] Date Orig. Entry: [illegible]
	Date of Birth: December [illegible]	Full Name of Mother: [illegible] Silvernail	Name of Father: Ernest L. Loidkie
Class B			
SUPPORTING RECORD 2.	Type of Document: CENSUS RECORD	By whom issued and signed: DEPARTMENT OF COMMERCE, Bureau of the Census	Date Issued: 12-23-55 Date Orig. Entry: Census of 1920 April 15
	Date of Birth: 4 months old	Full Name of Father: Phebie Loidkie	Name of Father: Earnest L. Loidkie
Class B			
SUPPORTING RECORD 3.	Type of Document: Statement re school record	By whom issued and signed: Joint-Independent School District No. 62, Kamiah, Idaho	Date Issued: 8-1-56 Date Orig. Entry: Entered Sept. 7, 1925
	Date of Birth: 15 years old	Full Name of Mother:	Name of Father: Earnest Liedkie
Class B			
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Betty Vallar	May 29, 1956

Class A records are those made and dated before the Registrant's fourth [illegible]
Class B records are those made after the fourth [illegible] but are at least [illegible]

236-22-003-689

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-629
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lillie Louise Scott
2. Date of Birth (month) (day) (year): Oct. 21, 1909
3. Color or Race: W
4. Sex: F.
5. Place of Birth a. County: Bannock
b. City or Town of Birth: McCammon, Idaho

FATHER

6. Full Name of Father: William Flannely Scott
7. State or Country of Father's Birth: Pennsylvania U.S.A.

MOTHER

8. Full Maiden Name of Mother: Minnie Floyd Whitt
9. State or Country of Mother's Birth: Lewiston Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lillie Louise Scott Evans
11. Present Address of Registrant: Pocatello Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 5-7 19 56

12. Signature of Notary: Sheryl R. Patten
13. Notary Commission expires 7-26 19 56

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: statement re school record
By whom issued and signed: American Falls Public Schools, American Falls Idaho
Date Issued:
Date Orig. Entry: graduated May, 1927
Class* B
Date of Birth: October 21, 1909
Birth Place:
Full Name of Mother:
Name of Father: William F. Scott

SUPPORTING RECORD 2.

Type of Document: affidavit by mother
By whom issued and signed: Minnie Scott Thompson American Falls, Idaho
Date Issued: 5-26-56
Date Orig. Entry:
Class B
Date of Birth: October 21, 1909
Birth Place: McCammon, Idaho Bannock County
Full Name of Mother: Minnie Whitt Scott
Name of Father: William F. Scott

SUPPORTING RECORD 3.

Type of Document: church record
By whom issued and signed: L.D.S. Church Salt Lake City, Utah
Date Issued: 5-4-56
Date Orig. Entry: baptized July 3, 1926
Class B
Date of Birth: October 21 1909
Birth Place: McCammon Idaho
Full Name of Mother: Minnie F. Whitt
Name of Father: William F. Scott

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: Betty Waller
Date Filed: June 13, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IOWA

JUN 14 1956

863-112-021-419

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-683
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EZRA SAMUEL HOLLINGSWORTH			2. Date of Birth (month) February (day) 12 (year) 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth: Idaho a. County: Franklin	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Henry Austin Hollingsworth			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Ann Eliza Martin			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ezra Samuel Hollingsworth	11. Present Address of Registrant: Grace, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: JUN 28 1956 19__		12. Signature of Notary: D. Waters	13. Notary Commission expires: Jan 28 19 57

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father	By whom issued and signed: Henry Austin Hollingsworth Preston, Idaho	Date Issued: 6-19-56	Date Orig. Entry:
Class* B	Date of Birth: February 12, 1909 / Birth Place: Preston, Idaho Franklin County	Full Name of Mother: Ann Eliza Martin	Name of Father: Henry Austin Hollingsworth	
SUPPORTING RECORD 2.	Type of Document: church record	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: baptized Feb. 28, 1917
Class B	Date of Birth: February 12, 1909 / Birth Place: Preston Idaho	Full Name of Mother: Anliza Martin	Name of Father: Austin Hollingsworth	
SUPPORTING RECORD 3.	Type of Document: application for insurance	By whom issued and signed: Metropolitan Life Insurance Co.,	Date Issued:	Date Orig. Entry: applied May 9, 1935
Class B	Date of Birth: February 12, 1909 / Birth Place: Preston Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. L. Benson	Evidence reviewed by: bw Betty Waller	Date Filed: July 2, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Date Filed

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth: Month / Day / Year: February 12 [illegible]	
	3. Sex: Male	4. Place of Birth: Idaho	5. County: Franklin
			6. County or Town of Birth: Preston
FATHER	6. Full Name of Father: [illegible]		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: [illegible]		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD A	Type of Document: Affidavit by Father	By whom issued and signed: [illegible] Preston, Idaho	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD B	Type of Document: church record	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: baptized Feb. 28, [illegible]
Class: P	Date of Birth: February 12, 1909 / Birth Place: Preston Idaho	Full Name of Mother: [illegible]	Name of Father: Austin Hollingsworth	
SUPPORTING RECORD C	Type of Document: application for insurance	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: applied May 9, 1935
Class: R	Date of Birth: February 12, 1909 / Birth Place: Preston Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATE (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Betty Waller	July 2, 1956

Class A Records are those made and dated before the Registrant's Tenth Birthday.
Class B Records are those made after the Tenth Birthday but [illegible]

414-128-036-155

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-695
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verland Jensen Maughan		2. Date Of Birth: (month) June (day) 28 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Weston
FATHER	6. Full Name of Father: George Davenport Maughan		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Mary Matilda Jensen		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verland Jensen Maughan	11. Present Address of Registrant: 1414 Fairmont Road Redondo Beach Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: 6th day of July 1956	12. Signature of Notary: Mary R. Carroll Boise, Idaho	13. Notary Commission expires: Apr. 5 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Certificate of L.D.S. Church	By whom issued and signed: Salt Lake City, Utah	Date Issued: July 15,1942	Date Orig. Entry: July 15,1942
	Date of Birth: June 28,1909 Birth Place: Weston, Idaho	Full Name of Mother: Matilda Jensen	Name of Father: George Maughan	
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit	By whom issued and signed: Mother-Mary Matilda Maughan	Date Issued: May 9,1956	Date Orig. Entry: May 9, 1956
	Date of Birth: June 28,1909 Birth Place: Weston, Idaho	Full Name of Mother: Mary Matilda Jensen	Name of Father: George Davenport Maughan	
SUPPORTING RECORD 3. Class B	Type of Document: Insurance Policy	By whom issued and signed: Newark, New Jersey Prudential Ins. Co.	Date Issued: July 3,1928	Date Orig. Entry: July 3, 1928
	Date of Birth: June 28,1909 Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Verna Reisch	Date Filed: July 6, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

JUL 9 1956

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) June (day) 28 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: County: Oneida; City or Town of Birth: Nelson
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Mary [illegible]	9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY	12. Subscribed and sworn to before me on [illegible] 19[illegible]	13. Signature of Notary: [illegible]	14. Notary Commission Expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of [illegible]	By whom issued and signed: [illegible]	Date Issued: July 15, 1942	Date Orig. Entry: [illegible]
Class B	Date of Birth: June 28, 1909	Birth Place: Nelson, Idaho	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: Mother-Mary [illegible]	Date Issued: May 9, 1950	Date Orig. Entry: [illegible]
Class B	Date of Birth: June 28, 1909	Birth Place: Nelson, Idaho	Full Name of Mother: Mary [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: Insurance Policy	By whom issued and signed: [illegible]	Date Issued: July 7, 1954	Date Orig. Entry: [illegible]
Class B	Date of Birth: June 28, 1909	Birth Place: Idaho	Full Name of Mother:	Name of Father:
QUALIFYING ILLUSTRATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	July 5, 1956

Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but not at least [illegible]

493-230-014-484

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-774
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gladys Ione Miller
2. Date of Birth (month) (day) (year): July 30 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Nampa, Idaho Canyon
b. City or Town of Birth: Nampa

FATHER

6. Full Name of Father: Lawrence L. Miller
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Florence Amelia Maucher
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Arthur A. Steele
11. Present Address of Registrant: Nampa, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 13 1956
12. Signature of Notary: Webster L. Caldwell
13. Notary Commission expires: Aug 29 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit	Mother-Florence Miller	July 26, 1956	
Class* B	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	July 30,1909 Nampa, Idaho	Florence Amelia Maucher	Lawrence L. Miller	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Child's birth certificate	Idaho File #270516 Bureau of Vital Statistics	Aug.31,1938	
Class B	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Age 29 Nampa, Idaho			
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Insurance Policy	Metropolitan Life Ins.	Dec.1,1949	
Class B	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Age 40			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Verna Reisch	July 26, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

JUL 27 1956

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Ladys Lone Miller	2. Date of Birth (month) (day) (year): July 30 1907
	3. Color or Race: White	4. Sex: F
	5. Place of Birth: Nampa, Idaho	6. County: Canyon
		7. City or Town of Birth: Nampa
FATHER	8. Full Name of Father: Lawrence L. Miller	9. State or Country of Father's Birth: Denmark
MOTHER	10. Maiden Name of Mother: Florence Amelia Maucher	11. State or Country of Mother's Birth: Illinois
AFFIDAVIT	19. Declare upon oath that the above facts are true to the best of my knowledge and belief.	20. Signature of Registrant: [illegible]
		21. Present Address of Registrant: [illegible]
	Subscribed and sworn to before me on [illegible]	22. Signature of Notary: [illegible]
		23. Notary Commission expires: [illegible]

REGISTERED L. CALDWELL
STATE OF IDAHO
FOR LIFE

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD	Document: Affidavit	By whom issued and signed: Mother-Florence Miller	Date issued: July 26, 1956
	Date of Birth: Birth Place: July 30, 1907 Nampa, Idaho	Full Name of Mother: Florence Amelia Maucher	Name of Father: Lawrence L. Miller
SUPPORTING RECORD 2	Type of Document: Child's birth certificate	By whom issued and signed: Idaho File #27C516 Bureau of Vital Statistics	Date issued: Aug. 31, 1938
Class B	Date of Birth: Birth Place: Age 29 Nampa, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Ins.	Date issued: Dec. 1, 1949
Class B	Date of Birth: Birth Place: Age 40	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Verna Reisch	July 26, 1956

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

419-215-001-844

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-793
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Lee Martin

2. Date of Birth (month) Feb (day) 15 (year) 1909

3. Color or Race: White | 4. Sex: F | 5. Place of Birth a. County: Near Kuna Ada Idaho | b. City or Town of Birth: Kuna Ada

FATHER

6. Full Name of Father: Frank C. Martin

7. State or Country of Father's Birth: United States

MOTHER

8. Full Maiden Name of Mother: Ella M. Hudelson

9. State or Country of Mother's Birth: United States

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy Lee Martin

11. Present Address of Registrant: 5-10 Hays Boise Idaho

NOTARY (Seal)

Subscribed and sworn to before me on August 1, 1956

12. Signature of Notary: Nina R. Carroll

13. Notary Commission expires: 4-5 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Family Bible	Ella M. Martin - Mother	Feb. 15, 1909	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb. 15, 1909 / 8 miles from Nampa	Ella M. Martin		
SUPPORTING RECORD 2. Class B	Affidavit	By whom issued and signed: Boise Public Schools, Ella M. Martin	Date Issued: Aug. 1, 1956	Date Orig. Entry
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb 15, 1909 / Near Kuna	Ella M. Martin	Frank C. Martin	
SUPPORTING RECORD 3. Class B	School Record	By whom issued and signed: Boise Public School, D. C. DeBeaumont	Date Issued: Aug. 1, 1956	Date Orig. Entry
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb. 15, 1909 /		F. C. Martin	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joan Mowery	Aug 1, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 24 1970

AUG 2 1966

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Local Reg. No.

Reg. Dist. No.

REGISTRAR	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
Person whose birth is being registered	3. Color or Race	4. Sex
	5. Place of Birth (county)	6. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Name of Mother	8. State or Country of Mother's Birth
AFFIDAVIT	I hereby certify upon oath that the above statement is true to the best of my knowledge and belief.	10. Signature of Registrant
		11. Present Address of Registrant
NOTARY	11. Signature of Notary	12. Signature of Notary
		13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Family Bible	By whom issued and signed: Ella M. Martin - mother	Date Issued: Feb. 15, 1909 — Date Orig. Entry
Class B	Date of Birth: Feb. 15, 1909 — Birth Place: 3 miles from Nampa	Full Name of Mother: Ella M. Martin	Name of Father
SUPPORTING RECORD 2	Type of Document: Affidavit	By whom issued and signed: Ella M. Martin	Date Issued: Aug. 1, 1966 — Date Orig. Entry
Class B	Date of Birth: Feb. 15, 1909 — Birth Place: Near Nampa	Full Name of Mother: Ella M. Martin	Name of Father: Frank C. Martin
SUPPORTING RECORD 3	Type of Document: School Record	By whom issued and signed: Boise Public School	Date Issued: Aug. 1, 1966 — Date Orig. Entry
Class B	Date of Birth: Feb. 15, 1909 — Birth Place	Full Name of Mother	Name of Father: F. C. Martin
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documents, evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
R. W. Hanson	Joan Mosby	Aug 1, 1966

Class A Records are those made on the Registrar's Certificate of Birth.
Class B Records are those made after the Registrar's Certificate of Birth.

785-230-010-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-818
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ANABEL VELMA PHILPS
2. Date of Birth: (month) May (day) 30 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: ROBERT WEIR PHILPS
7. State or Country of Father's Birth: SCOTLAND

MOTHER

8. Full Maiden Name of Mother: ETHEL BELLE THOMPSON
9. State or Country of Mother's Birth: SALT LAKE CITY, UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Anabel Velma Stringham
11. Present Address of Registrant: Terreton, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August 6 1956

12. Signature of Notary: J. Lessil Sharp
13. Notary Commission expires: March 17 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Child's certificate	Boise, Idaho Idaho File #49-10035	July 12, 1949	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 40 / Idaho Falls			
SUPPORTING RECORD 2. Class B	Affidavit by Mother	Challis, Idaho Ethel Philps	August 6, 1956	
	May 30, 1909 / Idaho Falls	Ethel Philps	Robert Weir Philps	
SUPPORTING RECORD 3. Class B	Insurance Policy	Boise, Idaho Western States Benefit	May 27, 1946	
	May 30, 1909 / Ida. Falls, Ida.			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Verna Reisch	August 10, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEPARTMENT OF HEALTH
STATE OF IDAHO

AUG 13 1956

249-118-022-231

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-886
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henen Ephraim Smith		2. Date of Birth (month) (day) (year): November 18 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Hibbard
FATHER	6. Full Name of Father: Robert Smith		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Drucilla Blanchard		9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Henen Ephraim Smith	11. Present Address of Registrant: Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 25 1956	12. Signature of Notary: T. W. Smith	13. Notary Commission expires: Jan 24th 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Fred Parker, Jr.-Clerk L.D.S. Church	Date Issued: May 10,1910	Date Orig. Entry: Mar. 6, 1910
Class* B	Date of Birth: November 18,1909	Birth Place: Hibbard, Idaho	Full Name of Mother: Drucilla Blanchard	Name of Father: Robert Smith
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor	By whom issued and signed: Jane Kendricks	Date Issued: August 1, 1956	Date Orig. Entry:
Class B	Date of Birth: November 18,1909	Birth Place: Hibbard, Idaho	Full Name of Mother: Druscilla Blanchard Smith	Name of Father: Robert Smith
SUPPORTING RECORD 3.	Type of Document: Fremont County Record	By whom issued and signed: St. Anthony, Idaho Maude Bird-Deputy Recr.	Date Issued: June 27,52	Date Orig. Entry:
Class A	Date of Birth: 11-18-09	Birth Place: Hibbard	Full Name of Mother: Drucilla Blanchard	Name of Father: Robert Smith
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Verna Reisch	Date Filed: August 10,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 12

85-2-210-010-113

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-920
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VESSA HESS			2. Date Of Birth: (month) April (day) 10 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Goshen, Idaho a. County: Bonneville	b. City or Town of Birth: Goshen (near Idaho Falls)	
FATHER	6. Full Name of Father: Orin Moroni Hess			7. State or Country of Father's Birth: Farmington, Utah	
MOTHER	8. Full Maiden Name of Mother: Annie Somes Jackson			9. State or Country of Mother's Birth: Paradise, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vessa Hess Thomas		11. Present Address of Registrant: 2126 Crater Lake Avenue Medford, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: August 6 19 56	12. Signature of Notary: Ethel McIntyre		13. Notary Commission expires: MY COMMISSION EXPIRES MARCH 5th, 1960 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by Father	By whom issued and signed: Idaho Falls, Idaho Orin M. Hess		Date Issued: July 7, 1956	Date Orig. Entry
	Date of Birth: April 10, 1909	Birth Place: Goshen, Idaho	Full Name of Mother: Annie Somes Jackson Hess	Name of Father: Orin M. Hess	
SUPPORTING RECORD 2. Class B	Type of Document: Church Record	By whom issued and signed: Certificate of Blessing		Date Issued: Apr. 24, 1931	Date Orig. Entry
	Date of Birth: Apr. 10, 1909	Birth Place: Goshen, Idaho	Full Name of Mother: Annie Jackson Hess	Name of Father: Orin Moroni Hess	
SUPPORTING RECORD 3. Class B	Type of Document: Child's birth certificate	By whom issued and signed: Oregon File #6371		Date Issued: June 12, 1946	Date Orig. Entry
	Date of Birth: Age 37	Birth Place: Shelley, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

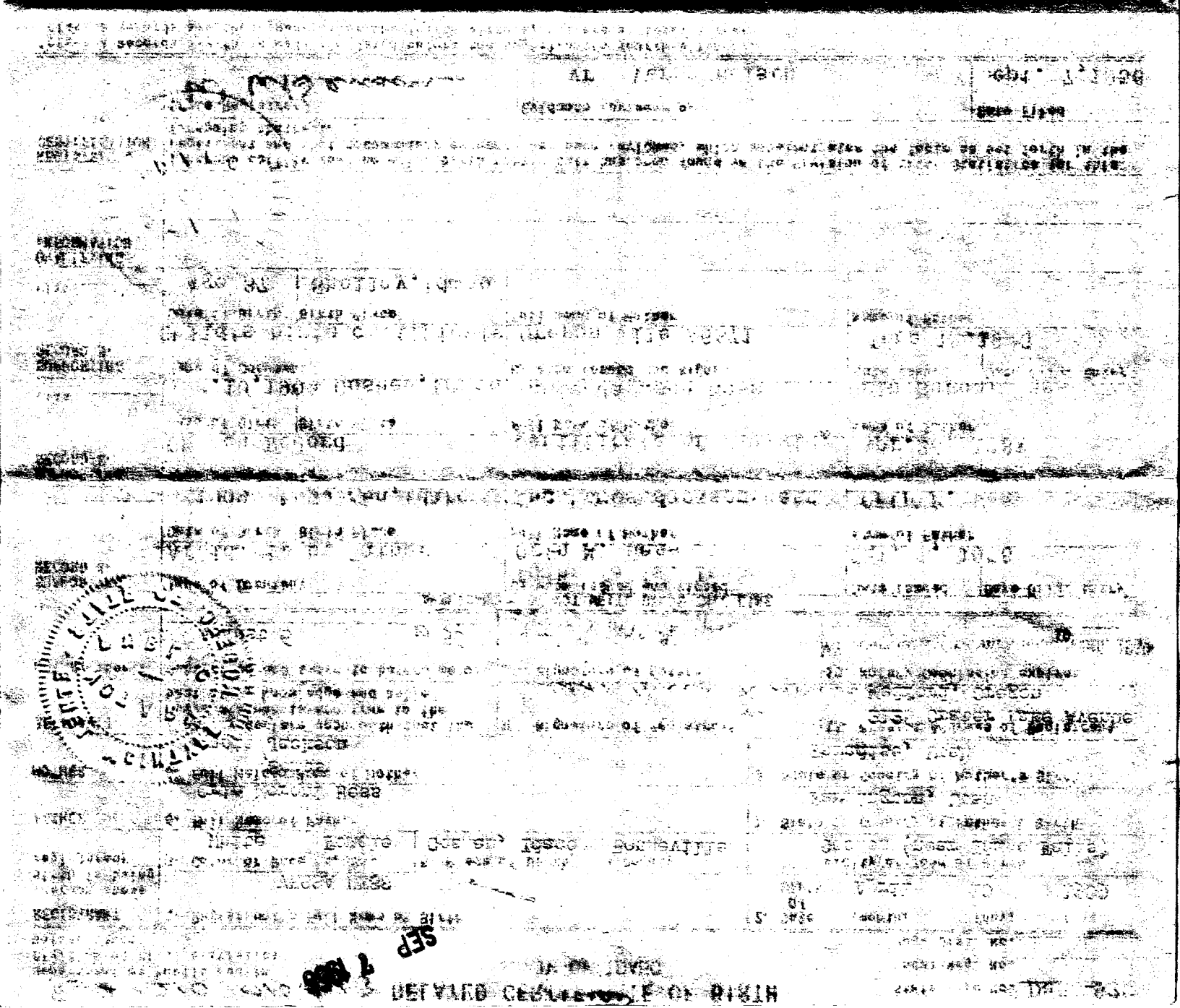
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	vr Verna Reisch	Sept. 7, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



912-105-01

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
SEP 13 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-946
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Fielding Rasmussen
2. Date Of Birth (month) April (day) 8 (year) 1909
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: Coltman Bonneville
b. City or Town of Birth: Coltmen

FATHER

6. Full Name of Father: George Henry Rasmussen
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Rose Smith (Rasmussen)
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John F. Rasmussen
11. Present Address of Registrant: Terreton Idaho

NOTARY (Seal)

Subscribed and sworn to before me on September 10 1956

12. Signature of Notary: Idaho W. Smith
13. Notary Commission expires: 3-3 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Social Security Record	Treasury Department	9-12-38	
	Date of Birth: April 8, 1909 — Birth Place: Coltman, Idaho	Full Name of Mother: Rose Smith	Name of Father: George Henry Rasmussen	
SUPPORTING RECORD 2. Class B	Church Record	By whom issued and signed: Terreton, Idaho L.D.S. Church	Date Issued: Aug. 31, 56	Date Orig. Entry
	Date of Birth: April 8, 1909 — Birth Place: Coltman, Idaho	Full Name of Mother: Rose Smith	Name of Father: George H. Rasmussen	
SUPPORTING RECORD 3. Class B	Insurance Policy	By whom issued and signed: Gem State Mutual Assoc.	Date Issued: May 29, 56	Date Orig. Entry: Oct. 29, 1947
	Date of Birth: April 9, 1909 — Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna Reisch	Sept. 13, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-H0067

SEP 13 1956

796-225-040-258

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-959
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Genevieve Agnes Grover		2. Date Of Birth (month) (day) (year): December 25 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Enaville
FATHER	6. Full Name of Father: Benjamin Alfred Grover		7. State or Country of Father's Birth: Menominie, Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Elnora Idell Keyes		9. State or Country of Mother's Birth: Holgate, Ohio	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Genevieve McNabb	11. Present Address of Registrant: 848 No. Lenard, Montebello Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 17 1956	12. Signature of Notary: Mary Lou Roberts NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA	13. Notary Commission expires: March 6 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by mother	Elnora Grover	July 30,	1956
	Date of Birth / Birth Place: December 25, 1909 / Enaville, Ida.	Full Name of Mother: Benjamin Alfred Grover	Name of Father: Elnora Idell Keyes	
SUPPORTING RECORD 2. Class B	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Ins.	Date Issued: Sept. 24,	Date Orig. Entry: 1947
	Date of Birth / Birth Place: December 25, 1909 / Enaville, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: December	Date Orig. Entry: 14, 1937
	Date of Birth / Birth Place: December 25, 1909 / Enaville, Idaho	Full Name of Mother: Elnora Kayes Grover	Name of Father: Ben A. Grover	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	vr Verna Reisch	Sept. 17, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 17 1956

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Genevieve Agnes Grover	2. Date of Birth (month) (day) (year): December 25 1950
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Shoshone	6. City or Town of Birth: Bnaville
FATHER	6. Full Name of Father: Benjamin Alfred Grover	7. State or Country of Father's Birth: Menominie, Wisconsin
MOTHER	8. Full Maiden Name of Mother: Minora Ideal Royes	9. State or Country of Mother's Birth: Belgate, Ohio
APPLICANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19 [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible]

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Idavit by mother	By whom issued and signed: Minora Grover	Date Issued: July 30, 1956	Date Orig. Entry
	Date of Birth: December 25, 1950	Full name of Father: Benjamin Alfred Grover	Name of Father: Minora Ideal Royes	
	Place of Birth: Bnaville, Ida.			
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Ins.	Date Issued: Sept. 24, 1947	Date Orig. Entry
	Date of Birth: December 25, 1950	Full name of Mother:	Name of Father:	
	Place of Birth: Bnaville, Idaho			
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: [illegible]	Date Issued: December 14, 1957	Date Orig. Entry
	Date of Birth: December 25, 1950	Full name of Mother: Minora Ideal Royes	Name of Father: Ben A. Grover	
	Place of Birth: Bnaville, Idaho			
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (cont.)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: [illegible]	Evidence reviewed by: VT Verna Nelson	Date Filed: Sept. 17, 1956	

Class A Records are those made and [illegible] the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

866-203-619-399

Department of Public Health
Division of Vital Statistics
Boise, Idaho

SEP 12 1956

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-961
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDITH MAE HOWELL			2. Date Of Birth (month) FEB (day) 2 (year) 1909	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: CUSTER	b. City or Town of Birth	
FATHER	6. Full Name of Father: THOMAS LEROY HOWELL			7. State or Country of Father's Birth: IDAHO	
MOTHER	8. Full Maiden Name of Mother: MABEL JENNIE CRIDDLE			9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Howell Kirtley		11. Present Address of Registrant: CEDAR CITY, UTAH	
NOTARY (Seal)	Subscribed and sworn to before me on: September 7 1956	12. Signature of Notary: J. Lesil Sharp		13. Notary Commission expires: March 17 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother		By whom issued and signed: Mabel J. Howell	Date Issued: September 13, 1956	Date Orig. Entry
Class* B	Date of Birth: February 2, 1909	Birth Place: Custer Co., Idaho	Full Name of Mother: Mabel Jennie Criddle	Name of Father: Thomas LeRoy Howell	
SUPPORTING RECORD 2.	Type of Document: School record		By whom issued and signed: Challis, Idaho Evelyn Baxter-Clerk	Date Issued: Sept. 14, 56	Date Orig. Entry: Sept. 1923
Class B	Date of Birth: Age 14	Birth Place:	Full Name of Mother:	Name of Father: Thomas Howell	
SUPPORTING RECORD 3.	Type of Document: Family Bible record		By whom issued and signed: Mabel Howell Thomas L. Howell	Date Issued: September 13, 1956 Record viewed by Notary	Date Orig. Entry
Class B	Date of Birth: February 2, 1909	Birth Place: East Fork, Idaho	Full Name of Mother: Mabel Howell	Name of Father: Thomas L. Howell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Verna Reisch	Date Filed: Sept. 17, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 12 2008

SEP 05 2008

667-225-029-318

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-968
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Myrle Fox			2. Date Of Birth (month) Dec (day) 25 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Juliaetta, Latah	b. City or Town of Birth: Juliaetta
FATHER	6. Full Name of Father: Frank Joseph Fox			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Taylor			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle Myrle Dussault		11. Present Address of Registrant: Cashmere, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: November 10, 1955	12. Signature of Notary: Ella Homan		13. Notary Commission expires: Jan. 21 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: son's birth certificate	By whom issued and signed: Washington State Board of Health	Date Issued: 10-4-48	Date Orig. Entry: child born April 15, 1932
	Date of Birth: 22 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: Social Security record	By whom issued and signed: Treasury Department	Date Issued: July 14,	Date Orig. Entry: 1945
	Date of Birth: December 25, 1909	Birth Place: Juliaetta, Ida.	Full Name of Mother:	Name of Father: Frank Fox
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by mother	By whom issued and signed: Mary Ellen Taylor Scott Fox	Date Issued: September	Date Orig. Entry: 13, 1956
	Date of Birth: December 25, 1909	Birth Place: Juliaetta, Idaho	Full Name of Mother: Mary Ellen Taylor	Name of Father: Frank Joseph Fox
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W L Benson	Evidence reviewed by: bw Verna Reisch	Date Filed: Sept.18,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF [illegible]

SEP 18 1956

Department of Public Health
Division of Vital Statistics

REGISTRANT	1. Mother's Full Name of Birth	2. Date (Month) (Day) (Year)
Birth Name	[illegible]	[illegible]
Birth Place	3. Place of Birth	4. City or Town of Birth
Registrar	[illegible]	[illegible]
FAIR	5. Full Name of Father	7. State or Country of Father's Birth
	[illegible]	[illegible]
MOTHER	8. Maiden Name of Mother	9. State or Country of Mother's Birth
	[illegible]	[illegible]
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant
	[illegible]	[illegible]
NOTARY	Subscribed and sworn to before me on	12. Notary Commission Expires
	[illegible]	[illegible]

APPLICANT

SUPPORTING RECORD 1	Type of Document	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]
		Name of Father	
		Name of Father	
SUPPORTING RECORD 2	Type of Document	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]
	Date of Birth	Full Name of Father	Name of Father
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (Seal)	[illegible]		
	State Registrar	Evidence Reviewed by	Date Filed
	[illegible]	[illegible]	[illegible]

335-213-026-314

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-974
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lillie Ruth Clegg
2. Date of Birth: (month) June (day) 13 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Idaho — a. County: Jefferson — b. City or Town of Birth: Rigby

FATHER

6. Full Name of Father: Lyman Francis Clegg
7. State or Country of Father's Birth: Heber City, Utah

MOTHER

8. Full Maiden Name of Mother: Sylvia Ruth Campbell
9. State or Country of Mother's Birth: Kaysville, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lillie Ruth Clegg
11. Present Address of Registrant: 384 Willard Pocatello Ida.

NOTARY (Seal)

Subscribed and sworn to before me on _____ 19____

12. Signature of Notary: Hazel L. Hurlbert.
13. Notary Commission expires: Sept. 1 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Baptism
By whom issued and signed: M. E. Brown, Bishop L.D.S. Church
Date Issued:
Date Orig. Entry: July 1, 1917
Class* B
Date of Birth: June 13, 1909
Birth Place: Rigby, Idaho
Full Name of Mother: Sylvia Campbell
Name of Father: Lyman F. Clegg

SUPPORTING RECORD 2.

Type of Document: Certificate of Blessing
By whom issued and signed: Vern W. Tomlinson-Bishop L.D.S. Church
Date Issued: Nov. 29, 1955
Date Orig. Entry: Oct. 13, 1909
Class B
Date of Birth: June 13, 1909
Birth Place: Rigby, Idaho
Full Name of Mother: Sylvai Campbell
Name of Father: Lyman Clegg

SUPPORTING RECORD 3.

Type of Document: Family and Church Record
By whom issued and signed: M. E. Brown-Bishop L.D.S.
Date Issued:
Date Orig. Entry:
Class B
Date of Birth: June 13, 1909
Birth Place: Rigby, Idaho
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar:
Evidence reviewed by: Joan Mowery
Date Filed: Sept. 18, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

SEP 19 1958

JAN 21 1974

799-205-028-619

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED OCT 1 - 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1015
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zena Mahala Girton			2. Date of Birth (month) (day) (year): December 5 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Dalton Gardens
FATHER	6. Full Name of Father: Charles B. Girton			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Edith Grace Warner			9. State or Country of Mother's Birth: Vermont
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zena Mahala Stephens		11. Present Address of Registrant: 178 DeHaven Street Milton-Freewater, Oregon.
NOTARY (Seal)	Subscribed and sworn to before me on: August 20 19 56	12. Signature of Notary: Henry Kaye		13. Notary Commission expires: May 7 19 57

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: February	Date Orig. Entry: 14, 1947
Class* B	Date of Birth: December 5, 1909 / Birth Place: Dalton, Idaho	Full Name of Mother: Edith Grace Warner	Name of Father: Charles Bickett Girton	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Milton-Freewater, Ore. Central Grade School	Date Issued: Sept. 19, 56 1924	Date Orig. Entry:
Class B	Date of Birth: December 5, 1909 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Father	By whom issued and signed: Charles B. Girton	Date Issued: September	Date Orig. Entry: 24, 1956
Class B	Date of Birth: December 5, 1909 / Birth Place: Idaho Dalton Gardens,	Full Name of Mother: Edith Grace Warner	Name of Father: Charles B. Girton	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Verna Wilson	Date Filed: Oct. 3, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Date of Birth December 5 1900

Name of Town of Birth

Dalton Arena

Date or County of Mother's Birth

Idaho

Name of County of Mother's Birth

Vermont

619-229-004-245

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 10 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1087
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verda Ludell Ward		2. Date Of Birth (month) Sept (day) 29 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake County; b. City or Town of Birth: Bloomington, Idaho
FATHER	6. Full Name of Father: George Henry Ward		7. State or Country of Father's Birth: Idaho, Bloomington
MOTHER	8. Full Maiden Name of Mother: Clarissa Bunderson		9. State or Country of Mother's Birth: Idaho, Ft. Charles
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verda Ludell Ward	11. Present Address of Registrant: 86 No. First East, Brigham City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 17th 1956	12. Signature of Notary: [signature]	13. Notary's Commission expires: May 5th 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: County Record	By whom issued and signed: Sam V. Tunks, Recorder Bear Lake County	Date Issued: Sept.13,56	Date Orig. Entry:
	Date of Birth: September 29,1909	Birth Place: Bloomington,Ida.	Full Name of Mother: Clarissa Bunderson	Name of Father: Geo Ward
SUPPORTING RECORD 2. Class B	Type of Document: Certificate of Baptism	By whom issued and signed: W. M. Thornock-Clerk L.D.S. Church	Date Issued: Nov.4,1917	Date Orig. Entry: Sept.29,1917
	Date of Birth: September 29, 1909	Birth Place: Idaho Bloomington,	Full Name of Mother: Clarissa Bunderson	Name of Father: Geo. H. Ward
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by Mother	By whom issued and signed: Clarissa B. Ward	Date Issued: October	Date Orig. Entry: 13, 1956
	Date of Birth: September 29, 1909	Birth Place: Bloomington,Idaho	Full Name of Mother: Clarissa Bunderson Ward	Name of Father: George Henry Ward
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: vr Verna Wilson	Date Filed: Oct. 17,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DRH #0067

769-22-C20-268

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1096
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Lucille Gorby
2. Date Of Birth (month) (day) (year): August 21 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Elmore
b. City or Town of Birth: Glenn's Ferry

FATHER

6. Full Name of Father: Harry C. Gorby
7. State or Country of Father's Birth: Cameron — West Virginia

MOTHER

8. Full Maiden Name of Mother: Nellie Louree Boyce
9. State or Country of Mother's Birth: Soldier, Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen L. Gorby
11. Present Address of Registrant: 1315 Grove - Boise Ida

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 19 1956
12. Signature of Notary: Irene Wiot
13. Notary Commission expires: April 6 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible Record	Nellie Gorby, Mother	1911	

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 21, 1909	Glenn's Ferry, Ida.		

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	S.T. Hawkins President	Dec. 21, 1939	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 21, 1909	Idaho		

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Nellie L. Gorby-Mother	Oct. 19, 1956	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 21, 1909	Glenn's Ferry, Ida	Nellie Louree Boyce	Harry C. Gorby

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joan Mowery	Octo. 19, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

419-230-030-239

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1109
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Annie May Marshall			2. Date Of Birth (month) August (day) 30 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Salmon
FATHER	6. Full Name of Father: Charles Albert Marshall			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Amy Elzina Stine			9. State or Country of Mother's Birth: Salmon, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Annie M DeCora		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on Oct. 15 1956	12. Signature of Notary: Frederick Hughes Snook		13. Notary Commission expires Sept. 21 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by father		By whom issued and signed: Salmon, Idaho Charles A. Marshall	Date Issued: August 13, 1956	Date Orig. Entry
	Date of Birth: August 30, 1909	Birth Place: Salmon, Idaho	Full Name of Mother: Amy Elzina Stine Marshall	Name of Father: Charles Albert Marshall	
SUPPORTING RECORD 2. Class B	Type of Document: Marriage License		By whom issued and signed: Lemhi County, Idaho W. W. Simmonds-Recorder	Date Issued: Sept. 24, 56	Date Orig. Entry: Nov. 26, 1930
	Date of Birth: Age 21	Birth Place: Salmon, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class B	Type of Document: Insurance Policy		By whom issued and signed: San Francisco, California West Coast Line Ins. Co.	Date Issued: August 13, 1931	Date Orig. Entry
	Date of Birth: Age 22	Birth Place:	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: vr Verna Wilson	Date Filed: Oct. 23, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

DELAYED CERTIFICATE OF BIRTH

OCT 23 1958

Department of Public Health
Division of Vital Statistics
Boise, Idaho 413-223-023-255

RECEIVED
OCT 31 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1152
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Name at Birth: Myrtle Azalia Malmstrom	2. Date of Birth (month) Aug. (day) 23 (year) 1909
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: a. County: Emmett Idaho Gem Co.	b. City or Town of Birth: Emmett, Idaho
FATHER	6. Full Name of Father: Ariel Joshua Malmstrom	7. State or Country of Father's Birth: Mapleton Utah
MOTHER	8. Full Maiden Name of Mother: Bertha Pearl Kendall	9. State or Country of Mother's Birth: Springville Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle A. Malmstrom, coppersmith; 11. Present Address of Registrant: Box 1170 Yakima, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 12, 1950	12. Signature of Notary: Leona M. Perry; 13. Notary Commission expires: Feb. 5, 1950

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Family Record	By whom issued and signed: Ariel J. Malstrom	Date issued: Viewed	Date Orig. Entry: Photostat copy
	Date of Birth: Aug. 23 1909; Birth Place: Emmett	Full Name of Mother: Bertha Pearl Kendall	Name of Father: Ariel Joshua Malmstrom	
SUPPORTING RECORD 2. Class B	Type of Document: Church Record	By whom issued and signed: L.D.S. Emmett Ward	Date issued: Mar. 20th	Date Orig. Entry: , 1910
	Date of Birth: Augs. 23, 1910; Birth Place: Emmett	Full Name of Mother: Bertha Kendall	Name of Father: Arial Mahlstrom	
SUPPORTING RECORD 3. Class B	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Ins.Co.	Date issued: July 28,	Date Orig. Entry: 1941
	Date of Birth: age 32; Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Straubhar	Nov. 1, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

RECEIVED DELAYED CERTIFICATE OF BIRTH

Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

Local Reg. No.
Reg. Dist. No.

NOV 2 1956

REGISTRAR'S CERTIFICATION (Reverse Whose Birth is Being Registered)

1. Registrar's Number of Birth: [illegible]
2. Date of Birth: (month) (day) (year) [illegible]
3. Color or Race: [illegible] 4. Place of Birth: [illegible] 5. Birth or Town of Birth: [illegible]
6. Full Name of Father: [illegible]
7. State or Country of Father's Birth: [illegible]
8. Full Maiden Name of Mother: [illegible]
9. State or Country of Mother's Birth: [illegible]

AFFIDAVIT: I hereby certify that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]

NOTARY: Subscribed and sworn to before me on [illegible]

12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible]

APPLICATION TO NOT ADDED SOLDY THIS LINE

SUPPORTING RECORD 1: Type of Document: Family Record
By whom issued and signed: Ariel C. Malone
Date Issued: [illegible] Date Orig. Entry: [illegible]
Date of Birth: [illegible] Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD 2: Type of Document: Church Record
By whom issued and signed: [illegible]
Date Issued: [illegible] Date Orig. Entry: [illegible]
Date of Birth: [illegible] Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD 3: Type of Document: Insurance Policy
By whom issued and signed: Metropolitan Life Ins. Co.
Date Issued: July 23, 1941 Date Orig. Entry: [illegible]
Date of Birth: [illegible] Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]

CLASSIFIED INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the Reporting Abstract.

State Registrar: [illegible]
Evidence reviewed by: [illegible]
Date Filed: Nov. 1, 1956

Class A Records are those made and data before the Registrar's Certificate
Class B Records are those made after the fourth birthday but [illegible]

Form DPH 88061

996-214-025-331

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1168
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Ruth Irwin		2. Date of Birth (month) June (day) 14 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho County; b. City or Town of Birth: Goff
FATHER	6. Full Name of Father: Noah C. Irwin		7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Ellen Mae Clark		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy Ruth Berkus	11. Present Address of Registrant: Grangeville, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 3, 1956	12. Signature of Notary: N. C. MacGregor	13. Notary Commission expires: Oct. 1 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Census of 1920	By whom issued and signed: U.S. Dept. of Commerce	Date Issued: 10-22-56	Date Orig. Entry: 1-1-20
	Date of Birth: age 10	Birth Place: Idaho	Full Name of Mother: Ellen M. Irwin	Name of Father: Noah C. Irwin
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by Father	By whom issued and signed: Noah C. Irwin	Date Issued: Aug. 11,	Date Orig. Entry: 1956
	Date of Birth: June 14, 1909	Birth Place: Goff	Full Name of Mother: Ellen May Irwin	Name of Father: Noah C. Irwin
SUPPORTING RECORD 3. Class B	Type of Document: Insurance Policy	By whom issued and signed: The Mutual Life Insurance Company of New York	Date Issued: April 10, 1933	Date Orig. Entry:
	Date of Birth: June 14, 1909	Birth Place: Goff	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barron	Evidence reviewed by: Shirley Straubhar	Date Filed: Nov. 7, 1956	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 7 1956

State Registrar
Vital Statistics
Boise, Idaho

Registrar's Full Name of Birth

Date of Birth: June 14, 1900

Sex: Female

Place of Birth: Idaho County

Date of Birth: Oct

Father: Noah C. Irwin

State of Country of Father's Birth: Washington

Mother: Ellen Mae Clark

State of Country of Mother's Birth: Idaho

AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Signature of Registrant

Present Address of Registrant: Grangeville, Idaho

NOTARY (S-1): Subscribed and sworn to before me on

Signature of Notary

Notary Commission expires

SUPPORTING RECORD: Type of Document: Affidavit

By whom issued and signed: Noah C. Irwin

Date Issued: 10-22-13

Date Orig. Entry: 1-1-26

Date of Birth: June 14, 1900

Birth Place: Idaho

Full Name of Mother: Ellen Mae Clark

Name of Father: Noah C. Irwin

Class: B

SUPPORTING RECORD: Type of Document: Insurance Policy

By whom issued and signed: The Mutual Life Insurance Company of New York

Date Issued: Apr 1, 19[illegible]

Date Orig. Entry: 1956

Date of Birth: June 14, 1900

Birth Place: Idaho

Full Name of Mother: Ellen Mae Clark

Name of Father: Noah C. Irwin

Class: B

DUPLICATING INFORMATION

CERTIFICATION (seal): I hereby certify that the [illegible] has been [illegible] Vital Statistics for this registration [illegible] foregoing abstract.

State Registrar

Evidence reviewed by: Stanley Strangeman

Date Filed: Nov. 7, 1956

Registrar's Records are those made and dated at the registration [illegible]

395-128-[illegible]

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 5 - 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1171
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carmon Riddle Tingey		2. Date Of Birth (month) (day) (year): May 28 1909
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Gray, Idaho
FATHER	6. Full Name of Father: Perry G. Tingey		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Hattie May Riddle		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carmon Riddle Tingey	11. Present Address of Registrant: Gray, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 18, 1956	12. Signature of Notary: Joseph O. Eggett	13. Notary Commission expires: May 15, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Child's birth certificate	Utah File #4254	November	5, 1939
	Date of Birth: Age 30	Birth Place: Gray, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: Insurance Policy	By whom issued and signed: Galveston, Texas American Nat'l. Ins. Co.	Date Issued: 1938	Date Orig. Entry:
	Date of Birth: May 28, 1909	Birth Place: Grays, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by person present at birth	By whom issued and signed: Mae T. Kunz	Date Issued: Nov. 2, 1956	Date Orig. Entry:
	Date of Birth: May 28, 1909	Birth Place: Gray	Full Name of Mother: Hattie May Riddle	Name of Father: Perry G. Tingey
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by: vw Shirley Straubhar	Date Filed: Nov. 7, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 cc. p.

Form DPH 49067

STATE OF IDAHO

NOV 8 1956

1. Name of Birth: Ruth Riddle Tingey	2. Date of Birth: May 28 1908
3. Color or Race: White	4. Sex: Male
5. Place of Birth: Bonneville	Gray, Idaho
6. Full Name of Father: Harry G. Tingey	7. State or Country of Father's Birth: Utah
8. Maiden Name of Mother: Bettie May Riddle	9. State or Country of Mother's Birth: Missouri
10. Signature of Registrant	11. Present Address of Registrant: Gray, Idaho
12. Signature of Notary	13. Notary Commission expires

Sworn to before me on

Type of Document	Date Issued	Date Orig. Entry	
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Type of Document	Date Issued	Date Orig. Entry	
Date of Birth	Birth Place	Full Name of Mother	Name of Father

Qualifying Information

Registrar's Certification (seal)

I hereby certify that no prior birth certificate has been found in the Registrar's Office for this Registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Evidence reviewed by | Date Filed

Class A Records are those made and filed before the Registrant's fourth birthday.
Class B Records are those made after the Registrant's fourth birthday but are at least 1 year old.

555-209-042-236

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1192
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ada Mae Neely
2. Date of Birth (month) (day) (year): June 9 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Twin Falls
b. City or Town of Birth: Twin Falls

FATHER

6. Full Name of Father: Robert Jasper Neely
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Anna Elizabeth Scott
9. State or Country of Mother's Birth: Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ada Mae Bentley
11. Present Address of Registrant: 104 Willow Road, Bellingham, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on NOV 13 1956 19____

12. Signature of Notary: [illegible]
13. Notary Commission expires: June 29 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Application for Social Security Account Number	U.S. Treasure Department	Dec. 2, 1936	
	Date of Birth: June 9, 1909 / Birth Place: Twin Falls, Ida.	Full Name of Mother: Anna Elizabeth Scott	Name of Father: Robert Jasper Neely	
SUPPORTING RECORD 2. Class B	Insurance Record	Northern Life Ins. Co.	June 8, 1936	
	Date of Birth: June 9, 1909 / Birth Place: Twin Falls, Ida.	Full Name of Mother: Anna Elizabeth Neely	Name of Father: Robert Jasper Neely	
SUPPORTING RECORD 3. Class B	School Record	Wilfred Burgess; Principal	Date issued: Sept. 26, 1956	Date Orig. Entry: Feb. 24, 1927
	Date of Birth: June 9, 1909 / Birth Place:	Full Name of Mother:	Name of Father: R. J. Neely	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L B	Shirley Straubhar	Nov. 16, 1956

*Class A Records are those made and filed before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 10067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Local Reg. No. [illegible]

Reg. Dist. No. [illegible]

APR 30 1974

NOV 16 1956

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Month (month) (day) (year) of Birth
	3. Color or Race (a) Sex	5. Place of Birth (a) County
		6. City or Town of Birth
FATHER	6. Full Name of Father	7. Place of Country of Father's Birth
MOTHER	8. Full Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant
NOTARY	12. Signature of Notary	13. Notary Commission expires

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father

Class

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father

Class

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name Registrar	Evidence reviewed by	Date Filed
		Nov. 11, 1956

Class A Records are those made [illegible]

Class B Records are those made [illegible]

791-224-034 248

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 15 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1193
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BERTHA HAZEL GRANT			2. Date Of Birth (month) March (day) 24 (year) 1909
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Nezperce
FATHER	6. Full Name of Father: WILLIAM SHERMAN GRANT			7. State or Country of Father's Birth: Mo.
MOTHER	8. Full Maiden Name of Mother: LILLIE MAY PORTER			9. State or Country of Mother's Birth: Mo.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha Hazel Berry		11. Present Address of Registrant: Nezperce, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 7 July 19 56	12. Signature of Notary: [illegible]		13. Notary Commission expires: 2/25 19 57

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Sister	By whom issued and signed: Iva May Austin	Date Issued: July 18, 1956	Date Orig. Entry
Class* B	Date of Birth: Mar. 24, 1909	Birth Place: Nezperce	Full Name of Mother: Lillie May Porter	Name of Father: William Sherman Grant
SUPPORTING RECORD 2.	Type of Document: Son's Birth Certificate	By whom issued and signed: Idaho 221026	Date Issued: April 5, 1934	Date Orig. Entry
Class B	Date of Birth: age 25	Birth Place: Nezperce	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Great Western Mutual Association	Date Issued: August 1, 1941	Date Orig. Entry
Class B	Date of Birth: Mar. 24, 1909	Birth Place: Nezperce	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by: Shirley Straubhar	Date Filed: Nov. 16, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

NOV 18 1956

864-230-001-491

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1200

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Frances Young			2. Date Of Birth (month) Jan 30 (day) (year) 1909
	3. Color or Race: white	4. Sex: F.	5. Place of Birth: Idaho a. County: Ada	b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: Jason W. Young			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Nannie Belle Drake			9. State or Country of Mother's Birth: Texas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle F Young Sullivan		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: November 19 1956	12. Signature of Notary: Neva L. Carroll Boise Idaho		13. Notary Commission expires: 4-5 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Nannie Young- Mother		Date Issued: Nov. 19, 1956	Date Orig. Entry
B	Date of Birth: Jan. 30, 1956	Birth Place: Meridian, Idaho	Full Name of Mother: Nannie Belle Drake	Name of Father: Jason W. Young	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Ins. Po.		Date Issued: june 1955	Date Orig. Entry
B	Date of Birth: Jan. 30 1909	Birth Place: Meridian, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho- 265964		Date Issued: Mar. 23, 1938	Date Orig. Entry
B	Date of Birth: Age 29	Birth Place: Meridian, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joan Mowery	Date Filed: Nov. 19, 1956

FORM BH 56067

NOV 20 1956

APR 10 1958

AUG 19 2003

DECEASED

292-103-014-292

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1244
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Worthington Kibble			2. Date Of Birth (month) Nov. (day) 3 (year) 1909	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Parma Canyon	b. City or Town of Birth: Parma Idaho.	
FATHER	6. Full Name of Father: N. S. Roy Kibble			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Mabel May Kibble			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Kenneth W. Kibble	11. Present Address of Registrant: 1907 N. 18th., Boise Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov - 28 1956		12. Signature of Notary: Benj. F. Harrison Boise, Idaho	13. Notary Commission expires: April 12th 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother		By whom issued and signed: Mabel May Kibble	Date Issued: Dec.1,1956	Date Orig. Entry:
Class* B	Date of Birth: Nov 3,1909	Birth Place: Parma, Idaho	Full Name of Mother: Mabel May Kibble	Name of Father: N.S.Roy Kibble	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: Oregon Life Ins. Co. Policy # 31108	Date Issued: June 30,1926	Date Orig. Entry: June 30,1926
Class B	Date of Birth: Nov 3,1909	Birth Place: Parma, Idaho	Full Name of Mother: Mabel May Kibble	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Membership Statement		By whom issued and signed: United Brotherhood of Carpenters & Joiners of America	Date Issued: June 28, 1941	Date Orig. Entry:
Class B	Date of Birth: Nov 3, 1909	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by: Joyce B. Foltz	Date Filed: Dec 7, 1956	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 7 1966

NOV 19 1974

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]-1244

Local Reg. No.

Reg. Dist. No.

REGISTRANT	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
Person Birth Registered	[illegible]	Nov. [illegible] 1909
	3. Color or Race	4. Place of Birth (Country)
	[illegible]	[illegible]
		Ideho
FATHER	5. Full Name of Father	6. Date or Country of Father's Birth
	[illegible] Roy Kibble	Nebraska
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
	Mabel May Kibble	[illegible]
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
		11. Present Address of Registrant
		[illegible] 10 [illegible]
SEAL	Subscribed and sworn to before me on	12. Signature of Notary
	[illegible]	13. Notary Commission expires
		[illegible]

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Aryadavit by Mother	Mabel May Kibble	Dec. 1, 1966
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	Nov 3, 1909 / Parma, Idaho	Mabel May Kibble	M.S. Roy Kibble
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Insurance Policy	Oregon Life Ins. Co.	June 30, 1926 / June 30, 1926
	Date of Birth / Birth Place	Policy # 31108	Name of Father
Class H	Nov 3, 1909 / Parma, Idaho	Full Name of Mother: Mabel May Kibble	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Membership Statement	United Brotherhood of Carpenters & Joiners of America	June 28, 1941
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
Class H	Nov 3, 1909		
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (Seal) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[illegible] Benson	[illegible] Holtz	Dec 7, 1966

Class A Records are those made and date before the Mother's [illegible] Birthday.
Class B Records are those made after [illegible] Birthday and [illegible] Class C Records are

285-211-042-764

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1270
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VADA ROWENA SHEARING		2. Date Of Birth (month) AUGUST (day) 11 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth: IDAHO a. County: TWIN FALLS b. City or Town of Birth: BUHL
FATHER	6. Full Name of Father: Ernest George Shearing		7. State or Country of Father's Birth: Bodney, England
MOTHER	8. Full Maiden Name of Mother: Jeannette Gould		9. State or Country of Mother's Birth: Caney, Montgomery Co., Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Max Vada Bond	11. Present Address of Registrant: 3103 Aldersgood Ave. Bellingham Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 14 1956	12. Signature of Notary: [signature]	13. Notary Commission expires: Oct. 24 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: JEANNETTE SMITH Bellingham, Washington	Date issued: 8-18-55	Date Orig. Entry:
Class* B	Date of Birth: August 11 1909 / Birth Place: Buhl, Idaho Twin Falls County	Full Name of Mother: Jeannette Gould	Name of Father: Earnest George Shearing	
SUPPORTING RECORD 2.	Type of Document: SON'S BIRTH CERTIFICATE	By whom issued and signed: CITY OF BELLINGHAM DEPT. OF HEALTH, Bellingham, Wash.	Date issued: 10-27-55	Date Orig. Entry: child born Aug. 30, 1936
Class B	Date of Birth: 27 years old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Application for Social Security Account No.	By whom issued and signed: U.S. Treasury Dept. Internal Revenue Service	Date issued: Sept. 1,	Date Orig. Entry: 1942
Class B	Date of Birth: Aug. 11, 1909 / Birth Place: Twin Falls Co. Buhl, Idaho	Full Name of Mother: Jeanette Gould	Name of Father: George Ernest Shearing	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Shirley Straubhar	Dec.13,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Public Health
Boise, Idaho

DEC 14 1956

State File No.
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant — Full Name at Birth
2. Date of Birth (Month) (Day) (Year)
3. Color or Race — 4. Sex — 5. Place of Birth — a. County — b. City or Town of Birth
6. Full Name of Father — 7. State or Country of Father's Birth
8. Full Maiden Name of Mother — 9. State or Country of Mother's Birth

FATHER

MOTHER

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and Sworn to before me on

10. Signature of Registrant — 11. Present Address of Registrant
12. Signature of Notary — 13. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD #

Type of Document — By whom issued and signed — Date Issued — Date Orig. Entry

Date of Birth — Birth Place — Full Name of Mother — Name of Father

Class

SUPPORTING RECORD #

Type of Document — By whom issued and signed — Date Issued — Date Orig. Entry

Date of Birth — Birth Place — Full Name of Mother — Name of Father

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the division of vital statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar — Evidence reviewed by — Date Filed

Class 1 Records are those made and dated before the Registrant's fourth birthday.
Class 2 Records are those made after the fourth birthday but are not [illegible] years old.

493-19-026-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1301

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Alfred Miller			2. Date of Birth (month) (day) (year): July 19 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Garfield, Jefferson (formerly Fremont)	b. City or Town of Birth: Garfield
FATHER	6. Full Name of Father: Charlie Albert Miller			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Margery Margaret Bramwell			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: W. A. Miller		11. Present Address of Registrant: Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 24th 1956	12. Signature of Notary: Grant L. Young		13. Notary Commission expires: 8/31 1958

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Margery M. Miller		Date Issued: Dec. 26, 1956	Date Orig. Entry:
	Date of Birth: July 19, 1909	Birth Place: Jefferson Co., Garfield, Idaho	Full Name of Mother: Margery Margaret Bramwell	Name of Father: Charlie Albert Miller	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Rigby 1st Ward, Rigby Stake, L.D.S. Church		Date Issued: May 9, 1950	Date Orig. Entry: May 9, 1950
	Date of Birth: July 19, 1909	Birth Place: Jefferson Co., Garfield, Idaho	Full Name of Mother: Margery Margaret Bramwell	Name of Father: Charlie Albert Miller	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Life Insurance Company		Date Issued: Mar. 15, 1935	Date Orig. Entry:
	Date of Birth: July 19, 1909	Birth Place: Garfield, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Shirley Straubhar	Date Filed: Dec. 21, 1956

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

DEC 31 1956

Date of Birth	Date (month)	Year
	July 19 1909	
Place of Birth	Account (formerly)	
White Male Garfield, Jefferson	Fremont)	Garfield
Full Name of Father		Name of Country of Mother's Birth
Charlie Albert Miller		Utah
Full Maiden Name of Mother		State of Country of Mother's Birth
Mercery Margaret Bramwell		Utah
Signature of Registrant		Present Address of Registrant
		Rigby, Idaho
Signature of Notary		Notary Commission Expires
		8/31 1958

Dec. 24th 1956

Date of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth, Birth Place		Date of Father	
Date of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth, Birth Place	Full Name of Mother	Name of Father	
Date of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth, Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
		Dec. 31, 1956

FORM 38 [illegible]

343-103-001-986

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 57-010
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Blaude Taft Tucker
2. Date Of Birth: (month) April (day) 3 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County Meridian Ada b. City or Town of Birth [redacted] Meridian

FATHER

6. Full Name of Father: Arland Andrew Tucker
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Mell Nora Rhodes
9. State or Country of Mother's Birth: Arkansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Blaude Taft Tucker
11. Present Address of Registrant: Kuna Idaho RT 2

NOTARY (Seal)

Subscribed and sworn to before me on January 11th. 1956

12. Signature of Notary: L. M. Ward Kuna Ida
13. Notary Commission expires: April 20th. 1959

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*	Type of Document # 9355 Insurance Policy	By whom issued and signed: Pacific National Life Assurance Co., Utah	Date Issued: May 26,1931	Date Orig. Entry
	Date of Birth: April 3,1909 / Birth Place: Meridian, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class	Type of Document: Child's Birth Certificate	By whom issued and signed: on file-Vital Statistics, Idaho #206808	Date Issued	Date Orig. Entry: child born Oct 12,1932
	Date of Birth: Age 23 / Birth Place: Meridian, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class	Type of Document: Affidavit by Mother	By whom issued and signed: Mell N. Tucker	Date Issued: Jan. 4, 57	Date Orig. Entry
	Date of Birth: Apr 3,1909 / Birth Place: Meridian, Idaho	Full Name of Mother: Mell N. Tucker,	Name of Father: Arland A. Tucker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Bernice Foltz	Jan. 4, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PRH #0067

JAN 7 1957

962-225-037-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-013

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Florence Cleo Robertson
2. Date of Birth (month) (day) (year): JAN 25 1909
3. Color or Race: WHITE
4. Sex: F.
5. Place of Birth a. County: BRUNEAU OWYHEE
b. City or Town of Birth: BRUNEAU, IDAHO

FATHER

6. Full Name of Father: BENJAMIN FRANKLIN ROBERTSON
7. State or Country of Father's Birth: BENTON CO. ARKANSAS

MOTHER

8. Full Maiden Name of Mother: LUANNE GRAHAM
9. State or Country of Mother's Birth: BENTON CO. ARKANSAS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Florence Cleo Robertson Gibson
11. Present Address of Registrant: Bruneau, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on: January 2, 1957

12. Signature of Notary: Sam O. Hall
13. Notary Commission expires: Jan. 9, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Sister		By whom issued and signed: Martha E. Heuitt	Date Issued: Jan. 2, 1957	Date Orig. Entry:
	Date of Birth: Jan. 25, 1909	Birth Place: Owyhee County, Bruneau, Idaho	Full Name of Mother: Luanne Graham Robertson	Name of Father: Benjamin Franklin Robertson	
SUPPORTING RECORD 2.	Type of Document: Son's Birth Certificate		By whom issued and signed: Idaho #187529	Date Issued:	Date Orig. Entry: Child born on Dec. 11,1930
	Date of Birth: age 21	Birth Place: Bruneau, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Application for Marriage License		By whom issued and signed: Elko County, Nevada	Date Issued: Dec. 10, 1956	Date Orig. Entry: Aug. 20,1928
	Date of Birth: age 19	Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Beeson	Shirley Straubhar	Jan. 4,1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 7 1957

317-18-001-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-023

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Daniel Brown Taggart			2. Date Of Birth (month) Dec. (day) 18 (year) 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Boise	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Howard Ward Taggart			7. State or Country of Father's Birth: Philadelphia, Pa.
MOTHER	8. Full Maiden Name of Mother: Mary Agnes Brown (Taggart)			9. State or Country of Mother's Birth: Williamsport, Pa.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Daniel B. Taggart		11. Present Address of Registrant: Corry, Pa.
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 7 1957	12. Signature of Notary: Mrs. Lois C. Huth Corry, Pa.		13. Notary Commission expires: Jan. 29 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

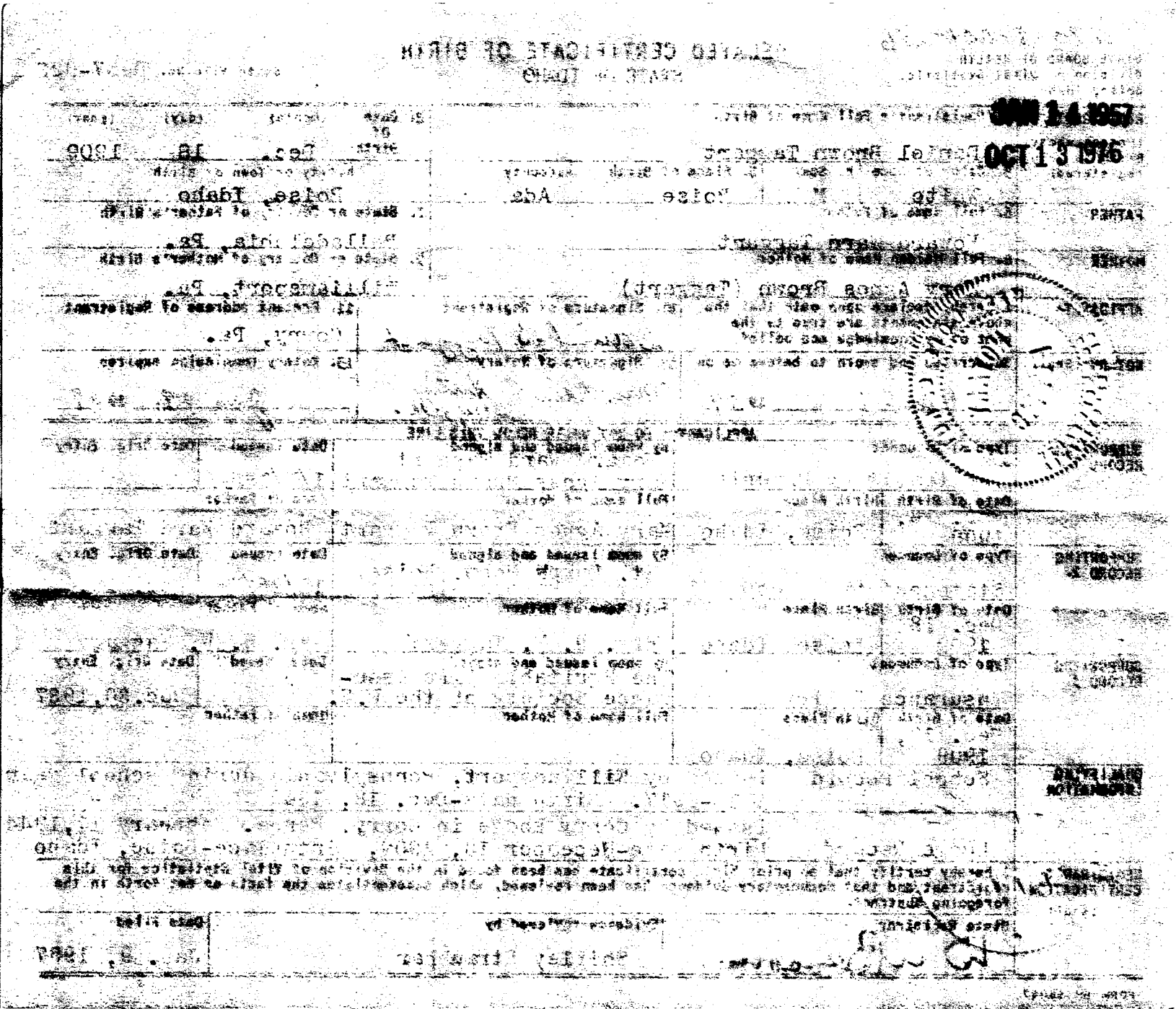
SUPPORTING RECORD 1.	Type of Document: Affidavit by Parents	By whom issued and signed: Howard Ward Taggart, Mary Agnes Brown Taggart	Date Issued: 1/7/1957	Date Orig. Entry:
	Date of Birth: Dec. 18, 1909 / Birth Place: Boise, Idaho	Full Name of Mother: Mary Agnes Brown Taggart	Name of Father: Howard Ward Taggart	
SUPPORTING RECORD 2.	Type of Document: Statement from Hospital	By whom issued and signed: St. Luke's Hosp. Boise, Teresa Harmon(signer)	Date Issued: 12/26/56	Date Orig. Entry: Dec. 18, 1909
	Date of Birth: Dec. 18, 1909 / Birth Place: Boise, Idaho	Full Name of Mother: Mrs. H. W. Taggart	Name of Father: Mr. H. W. Taggart	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: The Equitable Life Assurance Society of the U.S.	Date Issued:	Date Orig. Entry: Dec.30,1937
	Date of Birth: Dec. 18, 1909 / Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION	School record	issued by Williamsport, Pennsylvania during school year 1916-1917. Birth date-Dec. 18, 1909		
	Lodge Record	issued by Corry Lodge in Corry, Penna. February 17,1944 Birth date-December 18, 1909, Birthplace-Boise, Idaho		

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Straubhar	Jan. 9, 1957

FORM BH 56067



JAN 14 1957

OCT 13 1976

Registrant's Full Name of Birth		2. Date of Birth (Month) (day) (year)
Daniel Brown Tangert		Dec. 18 1909
Registrant's Sex	3. Place of Birth	County or Town of Birth
Wite M	Boise Ada	Boise, Idaho
FATHER	4. Full Name of Father	1. State or Country of Father's Birth
Vowanawarn Tangert		Philadelphia, Pa.
MOTHER	5. Full Maiden Name of Mother	2. State or Country of Mother's Birth
Mary Agnes Brown (Tangert)		Williamsport, Pa.
AFFIDAVIT	6. Person Declare upon oath that the above statements are true to the best of my knowledge and belief	11. Present Address of Registrant
		Corry, Pa.
NOTARY	7. Subscribed and sworn to before me on	13. Notary Commission Expires

APPLICANT TO SEE WHITE BRIDGE PRINTING

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth Birth Place	Full Name of Mother	Date of Birth	
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth Birth Place	Full Name of Mother	Date of Birth	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth Birth Place	Full Name of Mother	Date of Birth	
QUALIFYING INFORMATION	Robert Rachel [illegible] Williamsport, Pennsylvania [illegible]			
	[illegible]			
	[illegible]			
	[illegible]			
CERTIFICATION	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing Abstract.			
	State Registrar	Evidence reviewed by	Date filed	
		Shirley Strawbar	Jan. 9, 1957	

863-706-028-863

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-029
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marget Arvida Holstine
2. Date of Birth (month) Feb. (day) 6th (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: [redacted], Kootenai
b. City or Town of Birth: Harrison

FATHER

6. Full Name of Father: Ermine Albert Holstine
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Mina Marie Holstine
9. State or Country of Mother's Birth: Norway

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marget Arvida Holstine
11. Present Address of Registrant: 2011 Fifth Avenue, Seattle, Washington

NOTARY (Seal)

Subscribed and sworn to before me on June 27 19 56

12. Signature of Notary: M. Ouellette
13. Notary Commission expires: Jan. 3, 1958

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	church record	I. Bakkau, Pastor		baptized April 21, 1909
Class* A	Date of Birth: February 6, 1909 / Birth Place:	Full Name of Mother: Mina Holstine	Name of Father: Ermine Holstine	
SUPPORTING RECORD 2.	application for insurance	Western Life Insurance Helena, Montana		applied Feb. 28, 1948
Class B	Date of Birth: February 6, 1909 / Birth Place: Harrison Idaho	Full Name of Mother: Mina M. Holstine	Name of Father: Erman A. Holstine	
SUPPORTING RECORD 3.	Affidavit by Mother	Mina Holstine	12/18/56	
Class B	Date of Birth: Feb. 6, 1909 / Birth Place: Harrison, Idaho	Full Name of Mother: Mina Holstine	Name of Father: Erman Holstine	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bW Shirley Straubhar	Jan. 11, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 11 1957

Local Reg. No.

Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Full Name of Birth: Marget Arvida Holstine	2. Date of Birth (month) (day) (year): Feb. 6th 1909
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: ~~Harrison~~, Kootenai; 6. County:	6. City or Town of Birth: Harrison
FATHER	6. Full Name of Father: Ermine Albert Holstine	7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Mina Marie Holstine	9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: 2011 Ninth Avenue, Seattle, Washington
NOTARY (Seal)	Subscribed and sworn to before me on June 27 19 56	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: church record	By whom issued and signed: T. Bakkau, Pastor	Date Issued: April 21, 1909
	Date of Birth: February; Birth Place:	Full Name of Mother: Mina Holstine	Name of Father: Ermine Holstine
SUPPORTING RECORD 2	Type of Document: application for insurance	By whom issued and signed: Western Life Insurance, Helena, Montana	Date Issued: Feb. 26, 1948
Class B	Date of Birth: February 6, 1909; Birth Place: Harrison, Idaho	Full Name of Mother: Mina M. Holstine	Name of Father: Erman A. Holstine
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
Class [illegible]	Date of Birth: Feb. 6, [illegible]; Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	DW [illegible]	Jan. 21, 1957

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

313-206-036-514

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-065
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Mabel Caldwell
2. Date of Birth (month) (day) (year): October 6 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Oneida
b. City or Town of Birth: Malad

FATHER

6. Full Name of Father: John Caldwell
7. State or Country of Father's Birth: Idaho, USA

MOTHER

8. Full Maiden Name of Mother: Emily Vaughan
9. State or Country of Mother's Birth: Idaho, USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mabel C. Westergard
11. Present Address of Registrant: Milford Utah

NOTARY (Seal)

Subscribed and sworn to before me on January 27th 1956

12. Signature of Notary: Vernon M Burns
13. Notary Commission expires: July 16th 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: AFFIDAVIT BY OLDER SISTER	By whom issued and signed: VERNAL CALDWELL DAVID Malad City, Idaho	Date Issued: 6-21- 55	Date Orig. Entry:
	Date of Birth: October 6 1909 / Birth Place: Malad, Idaho	Full Name of Mother: Emily Vaughan Caldwell	Name of Father: John Caldwell	
SUPPORTING RECORD 2. Class B	Type of Document: CENSUS RECORD	By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census	Date Issued: 3-10-55	Date Orig. Entry: Census of 1920 January 1
	Date of Birth: 10 years old / Birth Place: Idaho	Full Name of Mother: Emily Caldwell	Name of Father: John Caldwell	
SUPPORTING RECORD 3. Class B	Type of Document: Church Record	By whom issued and signed: Salt Lake City, Utah L.D.S. Church	Date Issued: 1/15/57	Date Orig. Entry: May 7, 1922
	Date of Birth: Oct. 6, 1909 / Birth Place: Malad, Oneida County, Idaho	Full Name of Mother: Emily Vaughn	Name of Father: John Caldwell	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	bw Shirley Straubhar	Jan. 25, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 28 1957

693-208-009-646

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-097
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUBYE JOSEPHINE WILEY	2. Date Of Birth (month) (day) (year): APRIL 8 1909
	3. Color or Race: WHITE; 4. Sex: FEMALE; 5. Place of Birth a. County: BONNER	b. City or Town of Birth: GRANITE
FATHER	6. Full Name of Father: SAMUEL ARTHUR WILEY	7. State or Country of Father's Birth: NORTH DAKOTA
MOTHER	8. Full Maiden Name of Mother: JOSEPHINE O'DONNELL	9. State or Country of Mother's Birth: WASHINGTON
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rubye Josephine Capato; 11. Present Address of Registrant: 1122 E NEBRASKA SPOKANE WASH
NOTARY (Seal)	Subscribed and sworn to before me on: October 8 - 1956	12. Signature of Notary: [signature]; 13. Notary Commission expires: NOV. 4 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by Mother	By whom issued and signed: Josephine Evans	Date issued: 10-8-56	Date Orig. Entry:
	Date of Birth: April 8, 1909; Birth Place: Bonner County, Granite, Idaho	Full Name of Mother: Josephine Evans	Name of Father: Samuel Arthur Wiley	
SUPPORTING RECORD 2. Class B	Type of Document: School Record	By whom issued and signed: Board of Education, Kootenai Co., Coeur d'alene	Date issued: 10-15-56	Date Orig. Entry: Sept. 1920
	Date of Birth: age 11; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Marriage License	By whom issued and signed: Kootenia Co., Idaho	Date issued:	Date Orig. Entry: 11-5-26
	Date of Birth: age 17; Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

Insurance Policy Issued by the Metropolitan Life Insurance Co.

Issued Oct. 19, 1936 Age at that time 27Years

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Shirley Straubhar	Feb. 4, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

FEB 4 1957

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible]
	3. Color or Race (a. Sex) (b. Place of Birth) (c. County)	(d. City or Town of Birth)
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission: [illegible]

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: [illegible]	Full Name of Father: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: School Record	By whom issued and signed: [illegible]	Date Issued: 10-15-[illegible]	Date Orig. Entry: Sept. 1920
	Date of Birth: Age 11	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3	Type of Document: Marriage License	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: 11-5-26
	Date of Birth: Age 17	Full Name of Father:	Name of Father:	

QUALIFIED INFORMATION: Insurance Policy Issued by the Metropolitan Life Insurance Co.

Issued Oct. 19, [illegible] at that time 27 years

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] Registrar.

Name of Registrar	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	Feb. 4, 1957

[illegible]

799-209-20-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-144

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gladys Madolin Priest
2. Date Of Birth (month) (day) (year): October 9 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Taylor
b. City or Town of Birth: Idaho

FATHER

6. Full Name of Father: William Edward Priest
7. State or Country of Father's Birth: Ogden Utah

MOTHER

8. Full Maiden Name of Mother: Mable Josephine Young
9. State or Country of Mother's Birth: Kanarra Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys M. Miller
11. Present Address of Registrant: 456 West 16th

NOTARY (Seal)

Subscribed and sworn to before me on: November 20 1956
12. Signature of Notary: Raymond C. Hill
13. Notary Commission expires: May 1 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	L.D.S. Taylor Ward	Certificate old.	obviously June 1,1910
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	Oct. 9, 1909	Bingham County Taylor, Idaho	Mabel Young	William E. Priest
SUPPORTING RECORD 2.	Insurance Policy	American Home Benefit Association	4-16-50	
	Oct. 9, 1909			
SUPPORTING RECORD 3.	Son's Birth Certificate	Idaho #356429		Child born 7-31-42
	age 32	Taylor, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	SS Shirley Straubhar	Feb. 14, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 14 1957

1. Place of Birth	2. Date of Birth	3. Sex
4. Child's Name	5. Place of Birth	6. Twin, Triplet, etc.
7. Father's Full Name	8. Birthplace of Father	9. Age of Father
10. Mother's Full Maiden Name	11. Birthplace of Mother	12. Age of Mother
13. Number of Previous Children	14. Number of Living Children	15. Number of Deceased Children
16. Occupation of Father	17. Kind of Business or Industry	18. Occupation of Mother
19. Informant	20. Mailing Address	21. Relationship to Child
22. Date Filed	23. Registrar	

Certificate of Birth Registered

Date Filed: Feb. 14, 1957

Registrar: [illegible]

STATE OF IDAHO

493-110-006-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-157

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: **Orville L. Miller**

2. Date of Birth (month) (day) (year): **May 10, 1909**

3. Color or Race: **White**

4. Sex: **male**

5. Place of Birth a. County: **Bingham**

b. City or Town of Birth: **Shelley**

FATHER

6. Full Name of Father: **Nelson Miller**

7. State or Country of Father's Birth: **Utah**

MOTHER

8. Full Maiden Name of Mother: **Etta Langstaff**

9. State or Country of Mother's Birth: **England**

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Orville L Miller

11. Present Address of Registrant: **Shelley, Idaho.**

NOTARY (Seal)

Subscribed and sworn to before me on: **January 9, 1957**

12. Signature of Notary: L Dean Jensen

13. Notary Commission expires: **June 16, 1959**

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Parents	Nelson Miller Etta L. Miller	1/10/57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 10, 1909	Shelley, Idaho	Etta Miller	Nelson Miller

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Bankers Life Co.	1/21/1944	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 10, 1909	Shelley, Idaho		

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Daughter's Birth Cert.	L.D.S. Hospital Idaho Falls, Idaho		Child born July 8, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 10, 1909	Shelley, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Barrow	SS Shirley Straubhar	Feb. 15, 1957

FORM BH 56067

FEB 18 1957

714-104-022-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-190

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Stanley Gaddie			2. Date Of Birth (month) Nov. (day) 4 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Home Fremont	b. City or Town of Birth: Sugar City	Idaho
FATHER	6. Full Name of Father: Stanley Williams Gaddie			7. State or Country of Father's Birth: Lehi, Utah	
MOTHER	8. Full Maiden Name of Mother: Christie Sanders			9. State or Country of Mother's Birth: Farmington, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert S. Gaddie		11. Present Address of Registrant: 905 Military Drive, Salt Lake City 8, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: February 18 1957	12. Signature of Notary: Jean N. Woodland		13. Notary Commission expires: June 5 19 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Sugar Ward. L.D.S. Church		Date Issued:	Date Orig. Entry: 2-6-1910
	Date of Birth: Nov. 4, 1909	Birth Place: Fremont County Sugar, Idaho	Full Name of Mother: Christie Sanders	Name of Father: Stanley W. Gaddie	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Life Insurance Company		Date Issued: 4-16-1937	Date Orig. Entry:
	Date of Birth: Nov. 4, 1909	Birth Place: Sugar City, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Son's Birth Certificate	By whom issued and signed: State of Utah		Date Issued: 3-8-1950	Date Orig. Entry: Child born 2-9-1948
	Date of Birth: age 38	Birth Place: Sugar City, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Straubhar	Date Filed: Feb. 27, 1957

FORM BH 56067

FEB 27 1957

693-121-044-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-204

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Shelby Isom Williams
2. Date of Birth (month) March (day) 21, (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Washington
b. City or Town of Birth: Weiser

FATHER

6. Full Name of Father: Charles David Williams
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Lilly May Ritchie
9. State or Country of Mother's Birth: Texas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Shelby Isom Williams
11. Present Address of Registrant: Mackay Idaho

NOTARY (Seal)

Subscribed and sworn to before me on February 26 1957
12. Signature of Notary: Hazel L. Hurlbert.
13. Notary Commission expires: Sept. 28, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by Father
By whom issued and signed: Charles David Williams
Date Issued: 2-26-57
Date Orig. Entry:
Date of Birth: March 21, 1909
Birth Place: Weiser, Idaho
Full Name of Mother: Lilly May Ritchie
Name of Father: Charles David Williams

SUPPORTING RECORD 2.

Type of Document: Original Record of Birth on File in Weiser, Idaho #298 Book 1, Page 10
By whom issued and signed: County Recorder Weiser, Idaho, Washington co.
Date Issued: 3-1-57
Date Orig. Entry: June 5, 1909
Date of Birth: March 21,1909
Birth Place: Weiser, Idaho
Full Name of Mother: Lily May Williams
Name of Father: Charles David Williams

SUPPORTING RECORD 3.

Type of Document: Family Bible Record
By whom issued and signed:
Date Issued: Entered in ago- 1944
Date Orig. Entry: Bible 10 years
Date of Birth: March 21,1909
Birth Place:
Full Name of Mother:
Name of Father: Charles David Williams

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: sc Joyce B. Foltz
Date Filed: March 4,1957

FORM BH 56067

MAR 4 1957

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child (Full Name at Birth)		2. Date of birth (month) (day) (year)	
[illegible]		March 21,	[illegible]
3. Sex	4. Color or race	5. Place of birth (county)	6. City or town of birth
Male		Washington	[illegible]
7. Name of father		8. State or country of father's birth	
Charles David Williams		[illegible]	
9. Maiden name of mother		10. State or country of mother's birth	
[illegible] May [illegible]		[illegible]	

I hereby certify that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant	12. Signature of Notary	13. Notary Commission expires
[illegible]	[illegible]	[illegible]

Date of birth	Place of birth	Date issued	Date Orig. Entry
March 21, [illegible]	[illegible], Idaho		
Name of father	Name of mother		
Charles David Williams	Lily May [illegible]		
Date of birth	Place of birth	Date issued	Date Orig. Entry
March 21, [illegible]	[illegible], Idaho	3-1-57	June 5, [illegible]
Name of father	Name of mother		
Charles David Williams	Lily May Williams		
Date of birth	Place of birth	Date issued	Date Orig. Entry
March 21, [illegible]	[illegible], Idaho		Entered in Bible 10 years ago - [illegible]
Name of father	Name of mother		
Charles David Williams			

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this individual and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date filed
[illegible]	[illegible]	March 4, 1957

168230-001-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-205

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Goldie Emma King Johnson		2. Date Of Birth (month) June (day) 30 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Ada; b. City or Town of Birth: Kuna
FATHER	6. Full Name of Father: Lawson Lorwell King		7. State or Country of Father's Birth: Missouri - Bates County
MOTHER	8. Full Maiden Name of Mother: Isa Belle Green		9. State or Country of Mother's Birth: Tenn.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Goldie Emma King Johnson	11. Present Address of Registrant: Route 5 Nampa Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 14 1957	12. Signature of Notary: Norma Weaver	13. Notary Commission expires: 1-6 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: Lawson Lorwell King	Date Issued: 1-15-57	Date Orig. Entry:
	Date of Birth: June 30, 1909 / Birth Place: Kuna, Idaho	Full Name of Mother: Isa Belle King (Green)	Name of Father: Lawson Lorwell King	
SUPPORTING RECORD 2.	Type of Document: Son's Birth Certificate	By whom issued and signed: Idaho #210492	Date Issued:	Date Orig. Entry: Child born 2-22-33
	Date of Birth: age 23 / Birth Place: Kuna, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Class A School Dist NO. 3 Kuna, Idaho	Date Issued: 1-21-57	Date Orig. Entry: Sept. 5, 1925
	Date of Birth: June 30, 1909 / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION	Grange Record — Issued by Mora Grange Mrs. Carl Stroebel — Date Orig. Entry July 7, 1923			
	age 14			
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: D W Benson	Evidence reviewed by: Shirley Straubhar		Date Filed: Mar. 4, 1957

FORM BH 56067

MAR 15 1957

183227004-231

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-209
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Veldron Geneal Ahlmstrom
2. Date of Birth (month) (day) (year): August 27th 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bear Lake; b. City or Town of Birth: Montpelier Idaho

FATHER

6. Full Name of Father: Martin William Ahlmstrom
7. State or Country of Father's Birth: Stockholm Sweden

MOTHER

8. Full Maiden Name of Mother: Rose Ida Blaser
9. State or Country of Mother's Birth: Switzerland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Veldron Geneal Ahlmstrom
11. Present Address of Registrant: 1128 North Harrison Kronek

NOTARY (Seal)

Subscribed and sworn to before me on: Feb 21 1957
12. Signature of Notary: F. E Tydeman
13. Notary Commission expires: Feb 20 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Family Friend	Anna Sommers Blaser	2-21-57	
Class* B	Date of Birth: Aug. 27, 1909 / Birth Place: Montpelier, Idaho	Full Name of Mother: Rose Ida Blaser Ahlmstrom	Name of Father: Martin William Ahlmstrom	
SUPPORTING RECORD 2.	School Record	Pocatello, Idaho High School	2-5-57	1924-25
Class B	Date of Birth: August 27, 1909 / Birth Place: Bear Lake County, Montpelier, Idaho	Full Name of Mother: Mrs. M.W. Ahlmstrom	Name of Father: Mr. M. W. Ahlmstrom	
SUPPORTING RECORD 3.	Daughter's Birth Certificate	Idaho #206869	3-1-57	Child born 9-28-32
Class B	Date of Birth: age 23 / Birth Place: Montpelier, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Shirley Straubhar	Mar. 5, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 5 1957

143-205.001-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-221
221

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Beatrice Jullion		2. Date Of Birth (month) 12 (day) 5 (year) 09
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Eagle, Idaho Ada; b. City or Town of Birth: Eagle
FATHER	6. Full Name of Father: Alfred Jullion		7. State or Country of Father's Birth: France
MOTHER	8. Full Maiden Name of Mother: Buena Vista Sonner		9. State or Country of Mother's Birth: Goodland, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances McBirney	11. Present Address of Registrant: Route 4, Box 110, Boise, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: March 6 1957	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Cathedral - Boise	Date issued:	Date Orig. Entry: May 3, 1910
	Date of Birth: December 5, 1909	Birth Place:	Full Name of Mother: Buena Sonner	Name of Father: Alfred Jullion
SUPPORTING RECORD 2.	Type of Document: Affidavit by Grandfather	By whom issued and signed: Hirschel Sonner - Grandfather	Date issued: 3-1-57	Date Orig. Entry:
	Date of Birth: December 5, 1909	Birth Place: Eagle, Idaho	Full Name of Mother: Buena Vista Sonner	Name of Father: Alfred Jullion
SUPPORTING RECORD 3.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: State of Idaho #226647	Date issued: Child's Birthdate November 4, 1934	Date Orig. Entry:
	Date of Birth: Age 24	Birth Place: Eagle, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Cooper	3-6-57

FORM BH 56067

FEB 1 1971

MAR 7 1957

569-118-026-381

RECEIVED Delayed Report

FEB 27 1957

De57-249

United States Department of Commerce
Bureau of C... **Division of Vital Statistics**

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 55
Reg. Dist. No. 640

1. PLACE OF BIRTH
(a) County Jefferson (b) City
(c) Street Address or R.F.D.No. Rigby R. D 2
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: Confined at home.
In Hosp. or Mat. Home ... days.
IN **THIS** county 8 years 0 month 6 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City
(d) Street Address or R.F.D.No. Rigby R.D 2
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Rigby, R.D. 2 Idaho

3. RESIDENCE of FATHER (city, State) Rigby RD 2 Idaho

4. FULL NAME OF CHILD Clyde James Nord

5. Date of Birth (Month, day year) Sept 18, 1909

6. Sex Boy 7. Twin or Triplet ... If so—born 1st, 2nd, 3rd ... 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oscar James Nord
11. Color or Race White 12. Age at time of THIS birth 21 yrs.
13. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della Chase
17. Color or Race White 18. Age at time of THIS birth 21 yrs
19. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno 3 1%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was b alive (born alive, stillborn) at 12 noon M. on the date and at the place stated above, and that personal particulars were furnished by Della Chase Nord (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 2/25/57 (Date received) (b) Mrs A B Eckersell (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

25. Attendant's **OWN signature** H. A. Anderson M.D. (D.O., Midwife, etc.)
and address Rigby Idaho Date

State of ...
County of ... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ... (Related to (or) acquainted with) ... as ... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..., who attended (Name of attendant at birth) said birth ... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

... Signature

... P. O. Address

Subscribed and sworn to before me on this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

Use only **BLACK** Ink or **BLACK** Record typewriter ribbon in completing this certificate. Mail **COMPLETED** certificate in envelope bearing **FIRST-CLASS** postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

319-111-026-533

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-283
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LAWRENCE RAYMOND CARR
2. Date of Birth (month) September (day) 11 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Jefferson
b. City or Town of Birth: Annis

FATHER

6. Full Name of Father: Edwin Myron CARR
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Sylvia Ellis
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lawrence R Carr
11. Present Address of Registrant: Lorenzo Idaho

NOTARY (Seal)

Subscribed and sworn to before me on March 2 1957

12. Signature of Notary: Martin L. Green
13. Notary Commission expires: January 26 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Certificate of Blessing	Annis Ward; Rigby Stake L.D.S.	2-25-57	9-26-1909
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 11, 1909 / Jefferson Co., Annis, Idaho	Sylvia Ellis	Edwin M. Carr	
SUPPORTING RECORD 2. Class B	Insurance Policy	Gem State Mutual Life Association	8-26-35	
	Sept. 11, 1909 / Annis, Idaho		E. M. Carr	
SUPPORTING RECORD 3. Class B	Son's Birth Certificate	Idaho #434421		Child born 2-20-1944
	age 37 / Annis, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	SS Shirley Straubhar	Mar. 19, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

795101-033-132

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-289

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Henry Pieper
2. Date Of Birth: (month) July (day) 1, (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Madison; b. City or Town of Birth: Rexburg

FATHER

6. Full Name of Father: Heinrich Friedrich Christian Pieper
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Emma Frieda Alber
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Henry Pieper
11. Present Address of Registrant: Rigby, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 14th of March 1957

12. Signature of Notary: Hope B Jones
13. Notary Commission expires: Jun 30 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Father	Heinrich Friedrich Christian Pieper	10-12-56	
	Date of Birth: July 1, 1909 / Birth Place: Madison County, Rexburg, Idaho	Full Name of Mother: Emma Frieda Alber	Name of Father: Heinrich Friedrich Christian Pieper	
SUPPORTING RECORD 2.	Church Record	Rigby First Ward, Rigby Stake L.D.S. church	10-12-56	8-1-1909
	Date of Birth: July 1, 1909 / Birth Place: Madison County, Rexburg, Idaho	Full Name of Mother: Emma Frieda Alber	Name of Father: Henry Frederic Christian Pieper	
SUPPORTING RECORD 3.	Passport	U.S. of America Dept. of State	1-15-30	
	Date of Birth: July 1, 1909 / Birth Place: Rexburg, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	ss Shirley Straubhar	Mar. 19, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 19 1957

REGISTRANT

1. Registrant's Full Name at Birth

2. Date of Birth (month) (day) (year)

3. Color or Race

4. Sex

5. Place of Birth

6. County

7. City or Town of Birth

FATHER

8. Full Name of Father

9. State or Country of Father's Birth

MOTHER

10. Full Maiden Name of Mother

11. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

12. Signature of Registrant

13. Present Address of Registrant

NOTARY (Seal)

Subscribed and sworn to before me on

14. Signature of Notary

15. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document

By whom issued and signed

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Name of Father

SUPPORTING RECORD 2.

Type of Document

By whom issued and signed

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Name of Father

QUALITY INDEX

REGISTRAR + OF ADMINISTRATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the Proposed Statement.

State Registrar

Evidence reviewed by

Date Filed

Mar. 15, 1957

SS Shirley Strauchar

STATE BOARD OF HEALTH

IDAHO

213-104-006-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-297

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WAYNE BATES BACON			2. Date Of Birth (month) Feb. (day) 4 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: FRANK BACON			7. State or Country of Father's Birth: Vicksburg, Mich.
MOTHER	8. Full Maiden Name of Mother: Osceola Bates			9. State or Country of Mother's Birth: Taylorsville, Ill.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wayne Bates Bacon		11. Present Address of Registrant: 834 West Center Pocatello, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: March 9, 1957	12. Signature of Notary: Grace Bustline		13. Notary Commission expires: August 3, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Record of Birth filed in Bingham Co., Idaho	By whom issued and signed: Deputy Joyce Womack	Date Issued: 3-24-42	Date Orig. Entry: shortly after birth
	Date of Birth: Feb. 4, 1909 / Birth Place: Blackfoot, Idaho	Full Name of Mother: Ola Bates Zeigler	Name of Father: Frank Bacon	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: U.S. Army	Date Issued: 10-10-45	Date Orig. Entry:
	Date of Birth: Feb. 4, 1909 / Birth Place: Blackfoot, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: 5-8-1922	Date Orig. Entry:
	Date of Birth: age 13 / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: D. W. Barson	Evidence reviewed by: Shirley Straubhar	Date Filed: March 22, 1957	

FORM BH 56067

MAR 25 1957

284-117-02K-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-310

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Heber Hal Shulsen
2. Date Of Birth (month) (day) (year): august 17 1909
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: was just Gooding now that part is Gooding
b. City or Town of Birth: Ranch near Wendell

FATHER

6. Full Name of Father: Heber albert Shulsen
7. State or Country of Father's Birth: Nevada Utah

MOTHER

8. Full Maiden Name of Mother: Lulie maria Burgon
9. State or Country of Mother's Birth: Nevada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: H. Hal Shulsen
11. Present Address of Registrant: 1523½ Webster St. Alameda California

NOTARY (Seal)

Subscribed and sworn to before me on: January 19 1957
12. Signature of Notary: L. D. Jencies
13. Notary Commission expires: September 10 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Uncle	Guy R. Burgon	1-22-57	
	Date of Birth: Aug. 17, 1909 / Birth Place: Wendell, Idaho	Full Name of Mother: Lulie M. Burgon Shulsen	Name of Father: Heber Albert Shulsen	
SUPPORTING RECORD 2.	Discharge Papers	U. S. Army	6-26-43	
	Date of Birth: age 33 / Birth Place: Gooding County Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Lodge Record	Castro Valley Lodge No. 713, F.&A.M. Castro Valley, California	2-1-57	9-6-1951
	Date of Birth: Aug. 17, 1909 / Birth Place: Gooding County, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. E. Benson	ss Shirley Straubhar	Mar. 26, 1957

FORM BH 56067

MAR 26 1951

Affidavit	[illegible]	[illegible]	[illegible]
Date of birth	Birth Place	Date of Father	
1909	Kendall, Idaho	[illegible]	Heber Albert Swalsen
Type of Business		By whom issued and signed	Date Issued / Date Orig. Entry
[illegible]		[illegible]	[illegible]
Birth Place		Full Name of Mother	Name of Father
[illegible]	Goodin County Idaho		
Date of Incident		By whom issued and signed	Date Issued / Date Orig. Entry
Lodge Record		Cassino Valley Lodge No. [illegible]	9-6-1951
Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible] 1909	Goodin County Idaho	[illegible]	

STATE BOARD OF MILITARY AFFAIRS

154-103-039-192

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-319

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harvey George Anderson			2. Date Of Birth (month) May (day) 3rd (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Power	b. City or Town of Birth: Arbon, Idaho
FATHER	6. Full Name of Father: Ezra Taft Anderson			7. State or Country of Father's Birth: Mendon, Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Evelyn Arbon			9. State or Country of Mother's Birth: Salt Lake City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harvey George Anderson		11. Present Address of Registrant: Arbon, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 19th 19 57	12. Signature of Notary: Alfred B. Gordon		13. Notary Commission expires: August 18, 1957 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class B	Type of Document: Affidavit by father		By whom issued and signed: Ezra Taft Anderson Clayton, Idaho	Date issued: 2-3-56	Date Orig. Entry:
	Date of Birth: May 3, 1909	Birth Place: Arbon, Idaho Power County	Full Name of Mother: Sarah Evelyn Arbon Anderson	Name of Father: Ezra Taft Anderson	
SUPPORTING RECORD 2.	Type of Document: Application for Social Security Number		By whom issued and signed: U. S. Treasury Dept.	Date issued:	Date Orig. Entry: 8-13-38
	Date of Birth: 5-3-09	Birth Place: Power Co. Arbon, Idaho	Full Name of Mother: Sarah Evline Arbon	Name of Father: Ezra Taft Anderson	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Occidental Life Ins. Co.	Date issued: 7-6-31	Date Orig. Entry: 6-16-31
	Date of Birth: 5-3-09	Birth Place: Arbon, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. A. Benson	Nancy Richards	3-27-57

FORM BH 56067

[illegible]AYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Date File No. [illegible]

MAR 28 [illegible]

1. Name of Birth: [illegible] Anderson	2. Date of Birth: (month) May (day) 3rd (year) 1909		
3. Sex: Male	4. Place of Birth: Lower	5. Name of Town of Birth: Arbon, Idaho	
6. Name of Father: Sara Taft Anderson	7. State or Country of Father's Birth: Kentucky, Utah		
8. Maiden Name of Mother: Sarah Evelyn Arbon	9. State or Country of Mother's Birth: Salt Lake City, Utah		
10. Signature of Registrar	11. Proper Address of Registrar: Arbon, Idaho		
12. Signature of Mother	13. Mother's Assumption expires: August 23, 1959-1960		

Type of Document: Dr. Evelyn Arbon	Date Issued: [illegible]	Date Orig. Entry: [illegible]	
Type of Document: Sarah Evelyn Arbon Anderson	Date Issued: Sarah Taft Anderson		
Type of Document: Application for Social Security Number	Date Issued: U. S. Treasury Dept.	Date Orig. Entry: 6-15-33	
Date of Birth: 5-3-09	Birth Place: Arbon, Idaho	Name of Father: Sarah Evline Arbon	Name of Father: Sara Taft Anderson
Type of Document: Insurance Policy	Date Issued: Occidental Life Ins. Co.	Date Orig. Entry: 7-6-31	Date Orig. Entry: 6-16-31
Date of Birth: 5-3-09	Birth Place: Arbon, Idaho	Name of Father:	

QUALIFYING INFORMATION

[illegible] that no prior birth certificate has been found in the Division of Vital Statistics for this registration [illegible] that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] Contract.

Signature	Evidence reviewed by: Nancy Richards	Date Filed: 3-27-57

FORM [illegible]

214-117026-153

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-322

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Alvin Adam Sauer			2. Date Of Birth (month) August (day) 17 (year) 1909
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Grant Jefferson	b. City or Town of Birth: Grant Idaho.
FATHER	6. Full Name of Father: William Sauer			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Agnes Anlauf			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alvin Adam Sauer		11. Present Address of Registrant: Rigby #1. Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: March 20th 1957	12. Signature of Notary: George M. Lawson		13. Notary Commission expires: Dec. 12, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Lewisville Ward, Rigby Stake L.D.S.	Date Issued: 3-21-57	Date Orig. Entry: 2-4-1922
	Date of Birth: August 17, 1909 / Birth Place: Jefferson Co., Grant, Idaho	Full Name of Mother: Agnes Anlauf	Name of Father: William Sauer	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister	By whom issued and signed: Katherine Margaret Sauer Amundsen	Date Issued: 3-20-57	Date Orig. Entry:
	Date of Birth: Aug. 17, 1909 / Birth Place: Jefferson Co., Grant, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Lodge Record	By whom issued and signed: B.P.O. Elks Lodge Idaho Falls, Idaho	Date Issued: 3-19-57	Date Orig. Entry: 12-3-1946
	Date of Birth: Aug. 17, 1909 / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Shirley Straubhar	March 28, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

[redacted]

1. Name of child (First, middle, last)	2. Sex	3. Date of birth (Month, day, year)	4. Place of birth (City or town, county, state)	

5. Name of father (First, middle, last)	6. Birthplace (State or country)	7. Age at time of birth of child

8. Maiden name of mother	9. Birthplace (State or country)	10. Age at time of birth of child

11. Mailing address of parents	12. Number of previous children born alive to this mother	13. Number of previous children now living

14. Signature of informant	15. Relationship to child	16. Mailing address of informant

17. Signature and address of person who prepared this report (if other than informant)	18. Title of person signing	19. Date signed (Month, day, year)

20. Where was birth registered? (City or town, county, state)	21. Date registered (Month, day, year)	22. Registrar's number

23. Name of person who registered birth	24. Signature of registrar	25. Date signed (Month, day, year)

26. Name of person who filed this report	27. Signature of person who filed this report	28. Date filed (Month, day, year)

29. Name of person who certified this report	30. Signature of person who certified this report	31. Date certified (Month, day, year)

32. Name of person who issued this report	33. Signature of person who issued this report	34. Date issued (Month, day, year)

35. Name of person who filed this report	36. Signature of person who filed this report	37. Date filed (Month, day, year)

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98. Name of person who filed this report	99. Signature of person who filed this report	100. Date filed (Month, day, year)

101. Name of person who certified this report	102. Signature of person who certified this report	103. Date certified (Month, day, year)

104. Name of person who issued this report	105. Signature of person who issued this report	106. Date issued (Month, day, year)

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524. Name of person who certified this report	525. Signature of person who certified this report	526. Date certified (Month, day, year)

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753-116-004-632

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-333
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leslie Heber Peterson
2. Date Of Birth (month) (day) (year): Sept. 16 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: St Charles Bear Lake
b. City or Town of Birth: St Charles

FATHER

6. Full Name of Father: Augustus Heber Peterson
7. State or Country of Father's Birth: Idaho, Bear Lake Co.

MOTHER

8. Full Maiden Name of Mother: Ellen Ulela Peterson nee Olson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leslie H Peterson
11. Present Address of Registrant: RT #2 - EMMETT, IDA

NOTARY (Seal)

Subscribed and sworn to before me on: Feb. 7, 1957
12. Signature of Notary: [signature]
13. Notary Commission expires: 9/14 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class*

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own Child's Birth Certificate	State of Idaho #376575	Child's Birthdate July 18, 1943	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 33	St. Charles, Idaho		

SUPPORTING RECORD 2.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Father	Agustus H. Peterson	3-5-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 16, 1909	St. Charles, Idaho	Ellen Ulela Olson	Agustus H. Peterson

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Pacific Mutual Life Insurance Company of Calif.		May 8, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 16, 1909	Idaho	Ellen Peterson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Shirley Cooper	3-29-57

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics

State File No. 1957-332

Local Reg. No.

Reg. Dist. No.

REGISTRATION DISTRICT

1. Child's Present Name (If not yet named, so state)

2. Sex: Female

3. Date of Birth (Month) (Day) (Year): 12 [illegible] 1957

4. City or Place of Birth

5. Place of Birth: County

6. If Not in Hospital, Give Street Address

7. Name of Father

8. Father's Full Name at Birth

9. Father's Color or Race

10. Father's Birthplace (State or Foreign Country)

11. Father's Age at Last Birthday (Years)

12. Father's Occupation

13. Father's Business or Employer

14. Mother's Maiden Name

15. Mother's Color or Race

16. Mother's Birthplace (State or Foreign Country)

17. Mother's Age at Last Birthday (Years)

18. Mother's Occupation

19. Mother's Business or Employer

20. Number of Previous Children Born Alive to Mother

21. Present Address of Informant

22. Relationship of Informant to Child

23. Informant's Signature

24. Date Signed

25. Name and Address of Person Who Attended Birth

26. Address of Birth Place

27. Name of Doctor

28. Date Signed

29. Name and Address of Person Who Prepared Data

30. Date Prepared

31. Name of Registrar

32. Date Registered

33. Remarks

34. Date Delayed Certificate Filed

35. Evidence Received by

36. Date Filed

3-29-57

Shirley Dwyer

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on

Signature of Applicant

Date Issued

By Whom Issued and Signed

Date Issued

By Whom Issued and Signed

Type of Document

Date of Birth

Place of Birth

Name of Father

Maiden Name of Mother

Date Issued

Date Recd. Entry

Class

Idaho

Ada County

Ella Nola Olson

Agnes H. Peterson

3-5-57

445-17-1033-763

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-338
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marvin A. (Initial only) Dunn			2. Date of Birth (month) October (day) 17 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg, Idahb
FATHER	6. Full Name of Father: Ezra Thomas Dunn			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Della L. Gold			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Marvin A. Dunn	11. Present Address of Registrant: 2301 Annandale Road Falls Church, Va.
NOTARY (Seal)	Subscribed and sworn to before me on: April 3, 1957		12. Signature of Notary: John R Kaye	13. Notary Commission expires: My Commission Expires May 14, 1958.

DISTRICT OF COLUMBIA SS.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: United States Army Discharge		By whom issued and signed: Kenneth Goodall Major Separation Center-Colo.	Date Issued: 9-25-45	Date Orig. Entry:
	Date of Birth: Oct. 17, 1909	Birth Place: Rexburg, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: School Record		By whom issued and signed: Class A School Dist. #25 Pocatello, Idaho	Date Issued: 2-18-57	Date Orig. Entry: 1-26-1920
	Date of Birth: Oct. 17, 1909	Birth Place:	Full Name of Mother: Della Dunn	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by uncle, present at time of birth		By whom issued and signed: L. L. Gold	Date Issued: 3-18-57	Date Orig. Entry:
	Date of Birth: Oct. 17, 1909	Birth Place: Madison County, Idaho	Full Name of Mother: Della L. Gold	Name of Father: Ezra Thomas Dunn	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: SS Nancy Richards	Date Filed: 4-2-57

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 6 1970

169-23-206-545

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-343

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leila Margaret Jorgensen			2. Date of Birth (month) July (day) 31 (year) 1909	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Kimball	
FATHER	6. Full Name of Father: Anthony Jorgensen			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Margaret Nielsen			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Leila Margaret Jorgensen Pipton	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on February 26 1957		12. Signature of Notary: L. Durr Jensen	13. Notary Commission expires June 16 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: Kimball Ward L.D.S.	Date Issued:	Date Orig. Entry: 9-5-1909
	Date of Birth: July 31, 1909	Birth Place: Bingham Co., Kimball, Idaho	Full Name of Mother: Margaret Nielsen	Name of Father: Antony Jorgensen	
SUPPORTING RECORD 2.	Type of Document: Daughter's Birth Cert.		By whom issued and signed: Idaho Falls L.D.S. Hospt. Idaho Falls, Idaho	Date Issued:	Date Orig. Entry: Child born July 3, 1940
	Date of Birth: July 31, 1909	Birth Place: Kimball, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: (re: Statement from Insurance Company applic.)		By whom issued and signed: Gem State Mutual Association, Inc.	Date Issued: 3-20-57	Date Orig. Entry: 2-28-1951
	Date of Birth: July 31, 1909	Birth Place: Kimball, Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Nancy Richards SS	April 3, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

APR 3 1957

REGISTRAR'S RECORD	1. Full Name of Birth: Leila Margaret Jorgensen	2. Date of Birth (month) July (day) 31 (year) 1909	
	3. Sex: White Female	4. Place of Birth: Kimball Bingham	5. City or Town of Birth: Kimball
FATHER	6. Full Name of Father: Anthony Jorgensen	7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Name of Mother: Margaret Nielsen	9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
	13. Subscribed and sworn to before me on February 26 1957	14. Signature of Notary	15. Notary Commission expires June 16 1959

DECEASED

SUPPORTING RECORD	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Full Name of Mother	Name of Father	
SUPPORTING RECORD	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Full Name of Mother	Name of Father	
SUPPORTING RECORD	Type of Document: From Transcript (Mormon)	By whom issued and signed: Gem State Mutual Association, Inc.	Date Issued: 3-20-57	Date Orig. Entry: 4-20-1951
	Date of Birth: July 31	Full Name of Mother: Kimball, Idaho	Name of Father: —	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar	Evidence reviewed by: Fanny Richards	Date Filed: April 5, 1957	

863-12-066-294

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-357
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clay Holloway		2. Date Of Birth (month) (day) (year): March 21 * 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Ora Clay Holloway		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Pearl Brunson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clay Holloway	11. Present Address of Registrant: Nampa, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 4-4-1957	12. Signature of Notary: E. B. Driggs	13. Notary Commission expires: July 12 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*_____	Type of Document: Photostatic copy of original Social Security Application	By whom issued and signed: U. S. Treasury Department	Date Issued: 7-21-37	Date Orig. Entry: - -
	Date of Birth: March 21, 1909; Birth Place: Blackfoot, Idaho	Full Name of Mother: Pearl Brunson	Name of Father: Ora Holloway	
SUPPORTING RECORD 2. Class_____	Type of Document: Own Child's Birth Certificate	By whom issued and signed: State of Idaho #439779	Date Issued: Child's Birthdate 7-12-47	Date Orig. Entry: - -
	Date of Birth: Age 38; Birth Place: Blackfoot, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class_____	Type of Document: Insurance Policy	By whom issued and signed: New York Life Insurance Company	Date Issued: 12-17-1927	Date Orig. Entry:
	Date of Birth: March 21, 1909; Birth Place: Blackfoot, Idaho	Full Name of Mother: Pearl Holloway	Name of Father: Ora Holloway	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Cooper	April 4, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PRH #0067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 4 1957

393-20-007-913

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-379

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bessie Little		2. Date of Birth (month) August (day) 10, (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Bellevue
FATHER	6. Full Name of Father: John Hope Little		7. State or Country of Father's Birth: New York - U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Minnie Ethel Ralls		9. State or Country of Mother's Birth: Missouri. U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bessie Little Stanford	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: April 3, 1957	12. Signature of Notary: Alice A. York	13. Notary Commission expires: Feb. 28 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Social Security Account No.	By whom issued and signed: U.S. Treasury Dept.	Date Issued: 1-11-1943	Date Orig. Entry:
	Date of Birth: Aug. 10, 1909 / Birth Place: Blaine County, Bellevue, Idaho	Full Name of Mother: Minnie Ethel Ralls	Name of Father: John Hope Little	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister	By whom issued and signed: Ruth Gladys Weber	Date Issued: 12-4-56	Date Orig. Entry:
	Date of Birth: Aug. 10, 1909 / Birth Place: Bellevue, Idaho	Full Name of Mother: Minnie Ethel Little	Name of Father: John H. Little	
SUPPORTING RECORD 3.	Type of Document: Blaine County Record of Birth-Page 110 - No. 182	By whom issued and signed: George F. McCoy, Blaine Co. Recorder	Date Issued: 3-28-1957	Date Orig. Entry: soon after birth
	Date of Birth: Aug 10,1909 / Birth Place: Bellevue, Idaho	Full Name of Mother: Minnie Ralls	Name of Father: John Little	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: ss Joyce B. Foltz	Date Filed: April 10, 1957	

FORM BH 56067

APR 11 1957

1. Registrant's Full Name at Birth: Russia Little	2. Date of Birth (month) August (day) 10, (year) 1909	
3. Color or Race: White	4. Sex: Female	5. Place of Birth: Blaine
6. Full Name of Father: John Hope Little	7. State or Country of Father's Birth: [illegible]	
8. Full Maiden Name of Mother: Minnie Ethel Falls	9. State or Country of Mother's Birth: [illegible]	
10. Signature of Registrant: [illegible]	11. Present Address of Registrant:	
12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]	

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document: Application for Social Security Account No.	By whom issued and signed: U.S. Treasury Dept.	Date Issued: 1-11-1943	Date Orig. Entry:
Date of Birth: Aug. 10, 1909	Place of Birth: Blaine County, Bellevue, Idaho	Full Name of Mother: Minnie Ethel Falls	Name of Father: John Hope Little
Type of Document: Affidavit by Sister	By whom issued and signed: Ruth Gladys Reeer	Date Issued: 12-4-56	Date Orig. Entry:
Date of Birth: 1909	Place of Birth: Bellevue, Idaho	Full Name of Mother: Minnie Ethel Little	Name of Father: John H. Little
Type of Document: Blaine County Record of Birth-Page 110 - No. 182	By whom issued and signed: George F. McCoy, Blaine Co. Recorder	Date Issued: 3-28-1957	Date Orig. Entry: soon after birth
Date of Birth: Aug 10, 1909	Place of Birth: Bellevue, Idaho	Full Name of Mother: Minnie Falls	Name of Father: John Little

Certificate of Birth

Certificate of Birth

State Registrar: [illegible] Benson	Evidence reviewed by: Joyce B. Foltz	Date filed: April 10, 1957

249-218-018-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-412

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leah Kathryn Surridge			2. Date of Birth (month) (day) (year): Dec. 18 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Stites, Idaho — Clearwater	b. City or Town of Birth: Stites	
FATHER	6. Full Name of Father: Jack or John E. Surridge			7. State or Country of Father's Birth: Harspter, Idaho	
MOTHER	8. Full Maiden Name of Mother: Montezuma Lewis			9. State or Country of Mother's Birth: Hallowell, Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mae Kathryn Surridge		11. Present Address of Registrant: 918 Cedar Spokane Wn	
NOTARY (Seal)	Subscribed and sworn to before me on: 4th day of April 1957	12. Signature of Notary: Mabel E. Thorpe		13. Notary Commission Expires: March 14 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by family friend & neighbor at time of birth	By whom issued and signed: Mae Tollefson		Date Issued: 1-23-57	Date Orig. Entry:
	Date of Birth: Dec. 18, 1909	Birth Place: Stites, Idaho	Full Name of Mother: Monta L. Lewis Surridge O'Rourke		Name of Father: Jack Surridge
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: The Prudential Insurance Co. of America		Date Issued: 12-16-1929	Date Orig. Entry:
	Date of Birth: Dec. 18, 1909	Birth Place: -----	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: School record	By whom issued and signed: Spokane Public Schools, Spokane, Washington		Date Issued: 3-7-57	Date Orig. Entry: 1-28-1921
	Date of Birth: age 11	Birth Place: -----	Full Name of Mother: Monta Surridge		Name of Father: -----
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	ss Nancy Richards	April 17, 1957

FORM BH 56067

APR 17 1957

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE LEGAL OF MEMORY
Division of Vital Statistics
Boise, Idaho

Date Filed No. 1957-012

REGISTRAR	1. Registrant's Full Name at Birth: Ah Kathryn Surridge	2. Date of Birth (month) Dec. (day) 18 (year) 1900	
Person whose Birth is Being Registered	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Stites, Idaho; Country: Clearwater
			6. City or Town of Birth: Stites
FATHER	8. Full Name of Father: Jack or John E. Surridge		7. State or Country of Father's Birth: Harmony, Idaho
MOTHER	9. Full Maiden Name of Mother: Susanna Lewis		9. State or Country of Mother's Birth: McDowell, Kansas
APPLICANT	10. Person declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: [illegible]
NOTARY	12. Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission Expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Family Friend	By whom issued and signed: [illegible]	Date Issued: 1-23-57	Date Orig. Entry
	Date of Birth: Dec. 18, 1900	Full Name of Mother: Monta L. Lewis Surridge Ohlmarie	Jack Surridge	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: The Prudential Insurance Co. of America	Date Issued: 12-16-1929	Date Orig. Entry
	Date of Birth: Dec. 18, 1900	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Social Record	By whom issued and signed: Spokane Public Schools, Spokane, Washington	Date Issued: 3-2-57	Date Orig. Entry: 1-23-1921
	Date of Birth: Dec. 18	Full Name of Mother: Monta Surridge	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATE: I hereby certify that an prior birth certificate has been found in the Division of Vital Statistics for this registration. That documentary evidence has been reviewed, which substantiates the facts as set forth in the above registration.

State Registrar	Evidence reviewed by: Nancy Richards	Date Filed: April 17, 1957

659-122-032-85

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-438
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GEORGE WILLARD VERBURG		2. Date Of Birth (month) February (day) 22 (year) 1909	
	3. Color or Race: Cau.	4. Sex: Male	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Heyburn
FATHER	6. Full Name of Father: Edwin Verburg		7. State or Country of Father's Birth: Holland	
MOTHER	8. Full Maiden Name of Mother: Jennie Hein		9. State or Country of Mother's Birth: Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Willard Verburg	11. Present Address of Registrant: McGill, Nevada	
NOTARY (Seal)	Subscribed and sworn to before me on Mar. 19, 1957	12. Signature of Notary: D K Stark	13. Notary Commission expires: Aug. 31, 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: certified copy of original birth record	By whom issued and signed: Deputy Lincoln County, Idaho	Date Issued: 3-22-57	Date Orig. Entry: 2-22-1909	
	Date of Birth: Feb. 22, 1909	Birth Place: Heyburn, Idaho	Full Name of Mother: Jennie Hein Verburg	Name of Father: Edwin Verburg	
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by sister (born April, 1897)	By whom issued and signed: Magdalene J. Timmerman	Date Issued: 4-9-57	Date Orig. Entry:	
	Date of Birth: Feb. 22, 1909	Birth Place: Heyburn, Idaho	Full Name of Mother: Jennie Hein Verburg	Name of Father: Edwin Verburg	
SUPPORTING RECORD 3. Class B	Type of Document: Bible record	By whom issued and signed: Original viewed by George E. Redford, Notary Public, Rupert,	Date Issued: on 4-5-57	Date Orig. Entry: shortly after birth	
	Date of Birth: Feb. 22, 1909	Birth Place: ---	Full Name of Mother: Jennie Hein	Name of Father: Edwin Verburg	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Beacom	mr Nancy Richards	April 23, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

RELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Res. Dist. No.

APR 23 1957

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: [illegible] WILLARD VERBURG	2. Date of Birth (month) (day) (year): February 22 1909	
	3. Color or Race: Cau.	4. Sex: Male	5. Place of Birth: Lincoln County
		6. City or Town of Birth: Heyburn	
FATHER	6. Full Name of Father: Edwin Verburg	7. State or Country of Father's Birth: Holland	
MOTHER	8. Full Maiden Name of Mother: Jennie Hein	9. State or Country of Mother's Birth: Michigan	
CERTIFICATION	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: McGill, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on 19[illegible]	12. Signature of Notary	13. Notary Commission expires 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of original birth record	By whom issued and signed: Lincoln County, Idaho	Date Issued: 3-22-57	Date Orig. Entry: 2-22-1909
	Date of Birth: [illegible]	Birth Place: [illegible]	Name of Father: [illegible]	
Class				
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Magdalene J. Tim[illegible]	Date Issued: 4-9-57	Date Orig. Entry:
	Date of Birth: [illegible]	Birth Place: Heyburn, Idaho	Full Name of Mother: Jennie Hein Verburg	Name of Father: Edwin Verburg
Class B				
SUPPORTING RECORD 3.	Type of Document: Bible record	By whom issued and signed: Original signed by Wesley [illegible] Medford, Notary Public, Rupert	Date Issued: 4-5-57	Date Orig. Entry: shortly after birth
	Date of Birth: [illegible]	Birth Place: ---	Full Name of Mother: Jennie Hein	Name of Father: Edwin Verburg
Class B				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible] Agency Nicaragua	April 23, 1957

Class A [illegible]
Class B Records are those [illegible]

239-210-014-168

RECEIVED
MAY 24 1957
Division of Vital Statistics

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-552
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. Rural
   (d) Name of Hospital of Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county 3 years 3 months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. Rural
   (e) How long has **MOTHER** lived in Idaho? 3 mo. yrs.
   (f) Mother's mailing address (For registration notice): Nampa Ida.
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Nampa Ida

4. **FULL NAME OF CHILD** Helen Louise Strait

5. **DATE OF BIRTH** (Month, day, year) June 10 1909

6. Sex Female

7. Twin or Triplet x If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Guy Strait

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Bradford co. Penna
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl F Johnson

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace Blount co Tenn
(City or Town) (State or foreign country)

20. Exact Occupation Housewife Domestic

21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol. Ag. Nit.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at - M. on the date and at the place stated above, and that personal particulars were furnished by Pearl F Strait (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** J H Murray M.D. (M.D., Midwife, etc.)
and address 3 1/2 mi. ne Nampa Ida Date Mar 18 1957

26. (a) ..... (Date received) (b) W W Benson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? None

Describe: —

(2) Birth Injury? None

Describe: —

(3) Was mother given a Wasserman before delivery?

Yes..... No. X ..... Pos..... Neg.....

(e) Signature of Physician:

J. T. Murray M.D.

RECEIVED

293-119-038-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-559

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LLOYD NICHOLAS SILVER			2. Date Of Birth (month) (day) (year): January 19, 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette, Idaho	
FATHER	6. Full Name of Father: Drayton Alonzo Silver			7. State or Country of Father's Birth: North Carolina	
MOTHER	8. Full Maiden Name of Mother: Dora Ellen Robinson			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lloyd Nicholas Silver		11. Present Address of Registrant: 955 Dearborn, Salem Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: April 6, 1957	12. Signature of Notary: Carley Jean Watkins		13. Notary Commission expires: October 12, 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Selective Service Registration	By whom issued and signed: Federal Records Depot, Selective Service, Portland, Ore.	Date Issued: 4-23-57	Date Orig. Entry: Oct. 29, 1940	
	Date of Birth: Jan. 19, 1909	Birth Place: Payette, Idaho	Full Name of Mother: ---	Name of Father: Drayton Alonzo Silver	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Asotin County, Washington	Date Issued: 4-2-57	Date Orig. Entry: May 1, 1921	
	Date of Birth: Jan. 19, 1909	Birth Place: ---	Full Name of Mother: Mrs. Dora Silver	Name of Father: D. A. Silver	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt age 67	By whom issued and signed: Bessie Silver Friddles	Date Issued: 5-16-57	Date Orig. Entry:	
	Date of Birth: Jan. 19, 1909	Birth Place: Payette, Idaho	Full Name of Mother: Dora Ellen Robinson Silver	Name of Father: Drayton Alonzo Silver	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by: nr Nancy Richards	Date Filed: May 27, 1957

FORM BH 56067

MAY 28 1957

572-119-038-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-590

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eugene Woods Egbert			2. Date of Birth (month) (day) (year): May 19, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County	b. City or Town of Birth: Payette, Idaho
FATHER	6. Full Name of Father: Keith Eugen Egbert			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Margaret Elizabeth Nanney			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eugene Woods Egbert		11. Present Address of Registrant: 17## Greenwood Ave. Torrance, California
NOTARY (Seal)	Subscribed and sworn to before me on: May 28 1957	12. Signature of Notary: Albert Benson		13. Notary Commission expires: May 18 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle Age 59	By whom issued and signed: W. C. Nanney		Date Issued: Feb 13,1943	Date Orig. Entry:
	Date of Birth: May 19,1909	Birth Place: Payette, Idaho	Full Name of Mother: Margaret Elizabeth Nanney	Name of Father: Keith E. Egberg	
SUPPORTING RECORD 2.	Type of Document: #900298 Life Insurance Policy	By whom issued and signed: Postal Union Life Insurance Company		Date Issued:	Date Orig. Entry: Nov 26, 1945
	Date of Birth: May 19,1909	Birth Place: Payette, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: #10717 Chauffeur's License	By whom issued and signed: State of Idaho		Date Issued: 11-27-1940	Date Orig. Entry:
	Date of Birth: May 19,1909	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: A. W. Benson	Evidence reviewed by: Joyce B. Foltz		Date Filed: June 6, 1957	

FORM BH 56067

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Pe67-690

JUN 6 1957

REGISTRANT (Person whose birth is being registered)	1. Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race	4. Sex
	5. Place of Birth	6. County
		7. City or Town of Birth
FATHER	8. Full Name of Father	9. State or Country of Father's Birth
MOTHER	10. Full Maiden Name of Mother	11. State or Country of Mother's Birth
APPLICANT	12. Signature of Registrant	13. Present Address of Registrant
	14. Signature of Notary	15. Notary Commission expires

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Liberty Uncle Age 69	By whom issued and signed: W. C. Hanney	Date Issued: Feb 13, 1943	Date Orig. Entry
	Date of Birth: May 14, 1909	Birth Place: Payette, Idaho	Full Name of Mother: Margaret Elizabeth Hanney	Name of Father: Keith E. Wyberg
SUPPORTING RECORD 2	Type of Document: Life Insurance Policy #000298	By whom issued and signed: Postal Union Life Insurance Company	Date Issued: Nov 26, 1943	Date Orig. Entry
	Date of Birth: May 19, 1909	Birth Place: Payette, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3	Type of Document: Chauffeur's License #10717	By whom issued and signed: State of Idaho	Date Issued: 11-27-1940	Date Orig. Entry
	Date of Birth: May 19, 1909	Birth Place:	Full Name of Mother:	Name of Father:

GRAND FILING INFORMATION

MEMORANDUM OF CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence reviewed by	Date Filed
R. Benson	Joyce D. Foltz	June 6, 1957

395-209-016-352

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-641

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Livingston			2. Date Of Birth (month) Oct (day) 9 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Elba Idaho
FATHER	6. Full Name of Father: John D. Livingston			7. State or Country of Father's Birth: Salt Lake City Utah
MOTHER	8. Full Maiden Name of Mother: Stella Ann Lessey.			9. State or Country of Mother's Birth: Elba Cassia Co. Idaho.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara Livingston Lemmon		11. Present Address of Registrant: Rigby Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: May 3. 1957	12. Signature of Notary: [illegible] Rigby Idaho		13. Notary Commission expires: 1-20 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Stella Ann Lessey Livingston	Date Issued: 4-30-57	Date Orig. Entry:	
	Date of Birth: Oct. 9, 1909	Birth Place: Cassia Co. Elba, Idaho	Full Name of Mother: Stella Ann Lessey Livingston	Name of Father: John D. Livingston	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: Elba Ward, LDS Church	Date Issued: 12-5-1909	Date Orig. Entry: Dec. 5, 1909	
	Date of Birth: Oct. 9, 1909	Birth Place: Cassia Co. Elba, Idaho	Full Name of Mother: Stella Lessey	Name of Father: John Livingston	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #150368	Date Issued:	Date Orig. Entry: child born Dec. 23, 1926	
	Date of Birth: age 17	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	mr Nancy Richards	June 20, 1957

FORM BH 56067 1 Copy Mail

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

JUN 27 1957

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race 4. Sex 5. Place of Birth 6. County	7. Date of Birth (month) (day) (year)
FATHER	8. Full Name of Father	9. State or Country of Father's Birth
MOTHER	10. Full Maiden Name of Mother	11. State or Country of Mother's Birth
AFFIDAVIT	12. Sworn declare upon oath that the above statements are true to the best of my knowledge and belief	13. Signature of Registrant 14. Present Address of Registrant
NOTARY (Seal)	15. Subscribed and sworn to before me on	16. Signature of Notary 17. Notary Commission expires

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Stella Ann Lessey Livingston	Date Issued: 4-20-57	Date Orig. Entry
	Date of Birth: 1909	Place of Birth: Elba, Idaho	Date of Birth: Stella Ann Lessey Livingston	Date of Birth: [illegible]
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: Elba Ward, LDS Church	Date Issued: 12-5-1909	Date Orig. Entry: Dec. 5, 1909
	Date of Birth: Oct. 7, 1909	Place of Birth: Cassia Co. Elba, Idaho	Full Name of Mother: Stella Lessey	Name of Father: John Livingston
SUPPORTING RECORD 3.	Type of Document: Ownership of birth certificate	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: Child born Dec. 28, 1926
	Date of Birth:	Place of Birth:	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing [illegible].

Registrar's Signature	Evidence reviewed by: [illegible]	Date Filed: June 20, 1957

FORM NO. [illegible]

219-125 : 021-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-642

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sherman Coolas Baxter
2. Date Of Birth: (month) July (day) 25 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Franklin; b. City or Town of Birth: Banida Idaho

FATHER

6. Full Name of Father: Don Coolas Baxter
7. State or Country of Father's Birth: Aurora Utah Sevier county

MOTHER

8. Full Maiden Name of Mother: Olive Irene Sleight
9. State or Country of Mother's Birth: Paris Idaho Bear Lake County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sherman C. Baxter
11. Present Address of Registrant: Rt. 3 Blackfoot Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 21st 1957
12. Signature of Notary: Dean Williams
13. Notary Commission expires: Aug 1st 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	LDS Church Banida, Idaho	2-15-26	Aug. 25, 1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 25, 1909	Franklin County Banida, Idaho	Olive Irene Sleight	Don C. Baxter

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Beneficial Protective Assoc., Inc.	12-20-45	Dec. 18, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 25, 1909	Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #272526		child born Oct. 3, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 29	Banida, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Bergon	nr Nancy Richards	June 20, 1957

FORM BH 56067

JUN 21 1967

275201-039-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-653

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gladys Evelyn Stearman
2. Date Of Birth (month) (day) (year): Sept. 1 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Power
b. City or Town of Birth: American Falls

FATHER

6. Full Name of Father: Wesley Raymond Stearman
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Luvena Melissa Johnson
9. State or Country of Mother's Birth: Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys Stearman Kelley
11. Present Address of Registrant: R.1 Meridian Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: June 24. 1957
12. Signature of Notary: Frances A Fisher
13. Notary Commission expires: Dec. 5 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #3349	Security State Life Insurance Co. of Idaho	Feb 1,1952	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept 1,1909	American Falls, Idaho		

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Uncle	W. L. Johnson	June 24,1957	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept 1,1909	American Falls,Ida	Luvena Melissa Johnson	Wesley Raymond Stearman

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own Child's Birth Certificate	on file, Idaho #245062		child born June 20,1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 26	American Falls, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	June 24, 1957

FORM BH 56067

MAY 1 1967

JUN 25 1967

DEC 4 1973

792-216-014-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-658

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WINIFRED MAY GIBBENS		2. Date Of Birth (month) 3 (day) 16 (year) 1909	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: NAMPA CANYON	b. City or Town of Birth: NAMPA
FATHER	6. Full Name of Father: WILLIAM LESLIE GIBBENS		7. State or Country of Father's Birth: COLORADO	
MOTHER	8. Full Maiden Name of Mother: ISABELLE BLANCH STODDARD		9. State or Country of Mother's Birth: NEBRASKA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Winifred M Harrah	11. Present Address of Registrant: KUNA IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: June 26 1957	12. Signature of Notary: G. S. Pride	13. Notary Commission expires: 11/23 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at time of this birth	By whom issued and signed: Mrs. Mabel C. Sebree	Date Issued: June 10, 1957	Date Orig. Entry
	Date of Birth: March 16, 1909 / Birth Place: Nampa, Idaho	Full Name of Mother: Isabelle Blanch Gibbens	Name of Father: William Leslie Gibbens	
SUPPORTING RECORD 2.	Type of Document: Photostatic copy of original Social Security Application	By whom issued and signed: Treasury Department Internal Revenue Service	Date Issued:	Date Orig. Entry: Feb. 3, 1948
	Date of Birth: March 16, 1909 / Birth Place: Nampa, Idaho	Full Name of Mother: Isabelle Blanche Stoddard	Name of Father: William Leslie Gibbens	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Equitable Life Assurance Society	Date Issued:	Date Orig. Entry: Dec. 24, 1935
	Date of Birth: March 16, 1909 / Birth Place: Nampa, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Shirley Cooper	June 26, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

JUN 27 1957

REGISTRANT	1. Registrant's Full Name at Birth: Winifred Mae Gibbens	2. Date of Birth (month) (day) (year): 3 14 1957
	3. Name of Mother: Mabel E.	4. Place of Birth: Nampa Canyon
		5. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: William Leslie Gibbens	7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Isabelle Blanch Stoddard	9. State or Country of Mother's Birth: Nebraska
APPLICANT	10. Person declared upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: Kuna Idaho
	12. Signature of Registrant: [illegible]	13. Notary Commission expires: [illegible]
	14. Sworn to before me on: [illegible]	15. Signature of Notary: [illegible]

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Affidavit by person present at birth	By whom issued and signed: Mrs. Mabel E. [illegible]	Date issued: June 30, [illegible]
	Date of Birth: March 16, 1939	Full Name of Mother: Isabelle Blanch Gibbens	Name of Father: William Leslie Gibbens
	Place of Birth: Nampa, Idaho	By whom issued and signed: Treasury Department Internal Revenue Service	Date issued: Feb. [illegible] 1946
SUPPORTING RECORD 2	Type of Document: Photostatic copy of original Social Security Application	Full Name of Mother: Isabelle Blanche Stoddard	Name of Father: William Leslie Gibbens
	Date of Birth: March 16, 1939	By whom issued and signed: Equitable Life Assurance Society	Date issued: Dec. 24, 1938
	Place of Birth: Nampa, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3	Type of Document: Insurance Policy		
	Date of Birth: March 16, 1939		
	Place of Birth: Nampa, Idaho		

QUALIFYING ISSUANCE

RECORD CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] that the documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible]

	Evidence reviewed by: Shirley Gooser	Date filed: June 26, 1957

238-214-025-314

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-659
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wanda Roseanna Schooler
2. Date of Birth (month) (day) (year): July 14 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Hager man (at home)
b. City or Town of Birth: Hagerman Idaho

FATHER

6. Full Name of Father: Charles Wilber Schooler
7. State or Country of Father's Birth: Decater, Texas

MOTHER

8. Full Maiden Name of Mother: Rosetta Campbell
9. State or Country of Mother's Birth: Grand Junction, Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wanda Roseanna Schooler
11. Present Address of Registrant: 2606 ½ 4th La Grande

NOTARY (Seal)

Subscribed and sworn to before me on: March 28, 1957
12. Signature of Notary: Forrest J Reynolds
13. Notary Commission expires: July 23, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: School Record
By whom issued and signed: Shoshone Public Schools, Shoshone, Idaho
Date Issued: 6-15-57
Date Orig. Entry: 1926-27 school year

Class* B
Date of Birth: July 14, 1909
Birth Place: Hagerman, Idaho
Full Name of Mother: ---
Name of Father: Chas. Schooler

SUPPORTING RECORD 2.

Type of Document: Affidavit by mother
By whom issued and signed: Rosetta Schooler
Date Issued: 3-28-57
Date Orig. Entry:

Class B
Date of Birth: July 14, 1909
Birth Place: Hagerman, Idaho
Full Name of Mother: Rosetta Campbell Schooler
Name of Father: Chas. Wilber Schooler

SUPPORTING RECORD 3.

Type of Document: Hospital Certificate of own child's birth
By whom issued and signed: Grande Ronde Hospital, LaGrande, Oregon
Date Issued:
Date Orig. Entry: child born Sept. 9, 1942

Class B
Date of Birth: July 14, 1909
Birth Place: Hagerman, Idaho
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: D W Benson
Evidence reviewed by: Nancy Richards
Date Filed: June 26, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. D57-659

Local Reg. No.

Reg. Dist. No.

JUN 27 1957

REGISTRAR

1. Name of Birth: Wanda Rosanna Schooler

2. Date of Birth: July 17, 1907

3. Color or Race: a. Sex: b. Place of Birth: a. County: Hayes Kansas Tayer Mary

4. Place of Birth: City or Town of Birth: Hayes Kansas Tayer Mary

5. Full Name of Father: Charles Wilber Schooler

6. State or Country of Father's Birth: Texas

7. Full Maiden Name of Mother: Rosetta Campbell

8. State or Country of Mother's Birth: Grand Junction Colorado

AFFIDAVIT

9. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

Notary (Seal)

12. Subscribed and sworn to before me on March 21, 19 57

13. Signature of Notary

14. Notary Commission expires: May 23, 19 59

APPLICATION

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: School Record

Date of Birth: Birth Place: Hagerman, Idaho

By whom issued and signed: Shoshone Public Schools, Shoshone, Idaho

Full Name of Mother

Date Issued: 6-15-57

Date Orig. Entry: 1926-27 school year

Name of Father: Chas. Schooler

SUPPORTING RECORD 2.

Type of Document: Affidavit by mother

Date of Birth: July 17, 1907

Hagerman, Idaho

By whom issued and signed: Rosetta Schooler

Full Name of Mother: Rosetta Campbell Schooler

Date Issued: 5-30-57

Date Orig. Entry

Name of Father: Chas. Wilber Schooler

SUPPORTING RECORD 3.

Type of Document: Certificate of own child's birth

Date of Birth: July 17, 1907

Birth Place: Hagerman, Idaho

By whom issued and signed: Grande Ronde Hospital, LaGrande, Oregon

Full Name of Mother

Date Issued

Date Orig. Entry: child born Sept. 3, 1942

Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person, and that documentary evidence has been reviewed, which substantiates the facts as far forth in the foregoing affidavit.

Signature

Evidence reviewed by: Nancy Richards

Date Filed: June 26, 1957

Class A Records are those [illegible] Registrant's fourth birthday.

Class B Records are those [illegible] fourth birthday but are at least [illegible] years old.

255-203-040-655

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-678

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Benjestorf
2. Date Of Birth: (month) April (day) 3 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Shoshone; b. City or Town of Birth: Wallace, Idaho

FATHER

6. Full Name of Father: Henry Benjestorf
7. State or Country of Father's Birth: St. Louis, Missouri

MOTHER

8. Full Maiden Name of Mother: Louisa Wendt
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen Kerley
11. Present Address of Registrant: 2039 So. Ross, Santa Ana, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: June 6 1957
12. Signature of Notary: Leonard E. Jonson
13. Notary Commission expires: Nov. 14 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Feb. 8, 1944
	Date of Birth: April 3, 1909 / Birth Place: Shoshone Co. Wallace, Idaho	Full Name of Mother: Louise Wendt	Name of Father: Henry L. Benjestorf	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Louisa Wendt Benjestorf	Date Issued: 6-6-57	Date Orig. Entry:
	Date of Birth: April 3, 1909 / Birth Place: Wallace, Idaho	Full Name of Mother: Louisa Wendt Benjestorf	Name of Father: Henry Benjestorf	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Texas #275	Date Issued: 5-20-57	Date Orig. Entry: child born Jan. 26, 1927
	Date of Birth: age 17 / Birth Place: Wallis, Ida.	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Bynum	Nancy Richards	July 2, 1957

FORM BH 56067

APR 29 1958

JUL 9 1957

MAY 2 1958

942-215-036-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-685

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fay Russell		2. Date Of Birth (month) May (day) 15. (year) 1909.
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Malad Oneida; b. City or Town of Birth: Malad.
FATHER	6. Full Name of Father: Charles Henry Russell.		7. State or Country of Father's Birth: Chicken Creek Utah Juab Co.
MOTHER	8. Full Maiden Name of Mother: Sabarina Cyrina King		9. State or Country of Mother's Birth: Monroe Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fay Russell (Hillon)	11. Present Address of Registrant: 383 so 1st W.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 28 1957	12. Signature of Notary: Drucilla J. Powell	13. Notary Commission expires: Oct 8 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License		By whom issued and signed: Emery Co., Utah	Date issued: 3-19-57	Date Orig. Entry: March 25, 1926
	Date of Birth: age 16	Birth Place: ---	Full Name of Mother: ---	Name of Father: Charles H. Russell	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt born Jan. 20, 1882		By whom issued and signed: Lillia Russell Westwood	Date issued: 6-11-57	Date Orig. Entry:
	Date of Birth: May 15, 1909	Birth Place: Oneida Co. Malad, Idaho	Full Name of Mother: Sabarina Cyrina King	Name of Father: Charles Henry Russell	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Utah	Date issued:	Date Orig. Entry: child born March 16, 1946
	Date of Birth: age 36	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	nr Nancy Richards	July 5, 1957

FORM BH 56067

JUL 8

253-107-005-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-716

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JAMES MELLVILLE KELLY		2. Date of Birth: (month) JUNE (day) 7 (year) 1909	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: a. County ~~ST. MARIES~~-BENEWAH	b. City or Town of Birth: ST. MARIES
FATHER	6. Full Name of Father: LE ROY KELLY		7. State or Country of Father's Birth: EDINBURG, INDIANA	
MOTHER	8. Full Maiden Name of Mother: MYRTLE Mc GHEE		9. State or Country of Mother's Birth: COLUMBIA, MISSOURI	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Mellville Kelly	11. Present Address of Registrant: 43-792 TOWNE INDIO, CALIFORNIA	
NOTARY (Seal)	Subscribed and sworn to before me on: July 2 1957	12. Signature of Notary: Mary H. Capelle	13. Notary Commission expires: March 27 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Myrtle McGhee (Kelly)Robinson	Date Issued: 5-13-43	Date Orig. Entry:
	Date of Birth: June 7, 1909 / Birth Place: St. Maries, Idaho	Full Name of Mother: Myrtle McGhee	Name of Father: LeRoy Kelly	
SUPPORTING RECORD 2.	Type of Document: Hospital Certificate of own child's birth	By whom issued and signed: Murphy Memorial Hospital Whittier, California	Date Issued:	Date Orig. Entry: child born Jan. 20, 1947
	Date of Birth: June 7, 1909 / Birth Place: St. Maries, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Order of Railway Employees	Date Issued: 11-1-46	Date Orig. Entry: Oct. 29, 1946
	Date of Birth: June 7, 1909 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

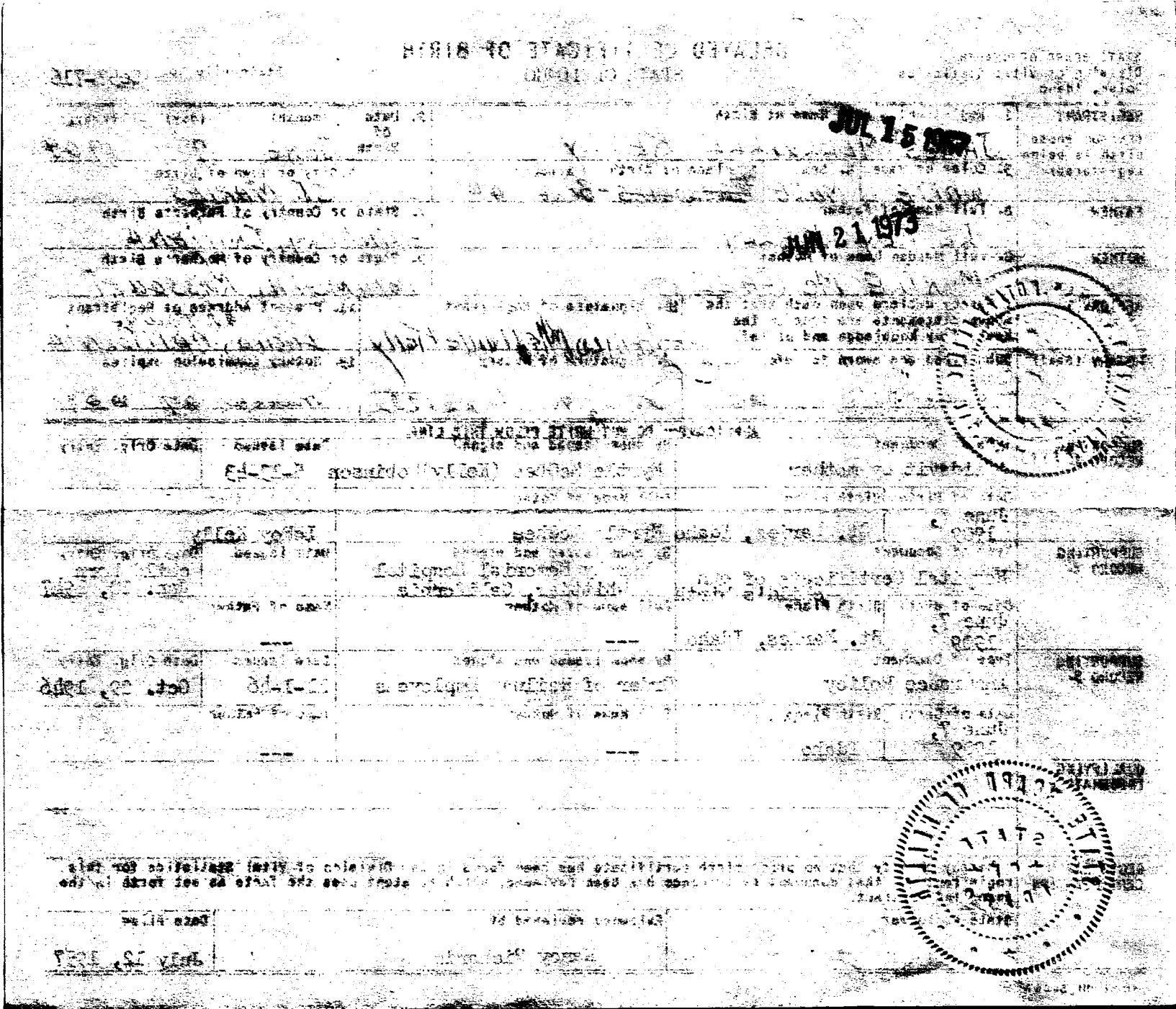
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Bowman	Nancy Richards	July 12, 1957

FORM BH 56067

I Certified


JUL 15 1975
JUN 21 1973

319-204-023-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-740

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lela Belle Carruth			2. Date of Birth (month) (day) (year): June 4, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gem	b. City or Town of Birth: Emmett, Idaho
FATHER	6. Full Name of Father: James William Carruth			7. State or Country of Father's Birth: Salt Lake City, Utah
MOTHER	8. Full Maiden Name of Mother: Mary Ann Katherine Johanson			9. State or Country of Mother's Birth: Salt Lake City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lela B Peterson		11. Present Address of Registrant: 1145 S. 16th St - Salem, Ore
NOTARY (Seal)	Subscribed and sworn to before me on: July 13 1957	12. Signature of Notary: Helen S. Zumwalt		13. Notary Commission expires: April 10 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Mother's Affidavit	By whom issued and signed: Mrs. J. W. Carruth	Date Issued: 5-6-57	Date Orig. Entry:
	Date of Birth: June 4, 1909 / Birth Place: Gem Co. Emmett, Idaho	Full Name of Mother: Mary Ann Katherine Johanson	Name of Father: James William Carruth	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Twin Falls County Board of Education, Twin Falls, Ida.	Date Issued: 5-11-57	Date Orig. Entry: Sept. 10, 1915
	Date of Birth: age 6 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Marion County, Salem, Oregon	Date Issued: 6-14-56	Date Orig. Entry: Aug. 9, 1927
	Date of Birth: age 18 yrs., 2 mos, 5 days / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Jones	Evidence reviewed by: nr Nancy Richards	Date Filed: July 17, 1957

FORM BH 56067

2 Copies fld

JUL 18 [illegible]

[illegible]

Sept. 1, 1935

Aug. 9, 1937

[illegible]

331-13-201-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-746

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hehe LEWIS CLARK
2. Date Of Birth: (month) July (day) 31 (year) 1909
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County Ada; b. City or Town of Birth: Boise Idaho

FATHER

6. Full Name of Father: FRANK Hehe
7. State or Country of Father's Birth: Indiana U.S.A.

MOTHER

8. Full Maiden Name of Mother: Mary ELIZABETH HAYBARGER
9. State or Country of Mother's Birth: Pennsylvania U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lewis C Hehe
11. Present Address of Registrant: 402 Walnut, Emmett Ida

NOTARY (Seal)

Subscribed and sworn to before me on: June 27 1957
12. Signature of Notary: Boise G. Riggs
13. Notary Commission expires: April, 24 1959.

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for Social Security Account Number	Treasury Dept.		Oct. 18, 1938
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 31, 1909 / Boise, Idaho	Mary Elizabeth Hayberger	Frank Hehe	
SUPPORTING RECORD 2.	own child's birth certificate	Idaho #314286		child born May 8, 1941
	age 31 / Boise, Idaho	---	---	
SUPPORTING RECORD 3.	(Due Book) Labor Union Record	United Brotherhood of Carpenters & Joiners of Amer.	10-10-42	Oct. 10, 1942
	July 31, 1909 / ---	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
I.D. W Benson	nr Nancy Richards	July 19, 1957

FORM BH 56067

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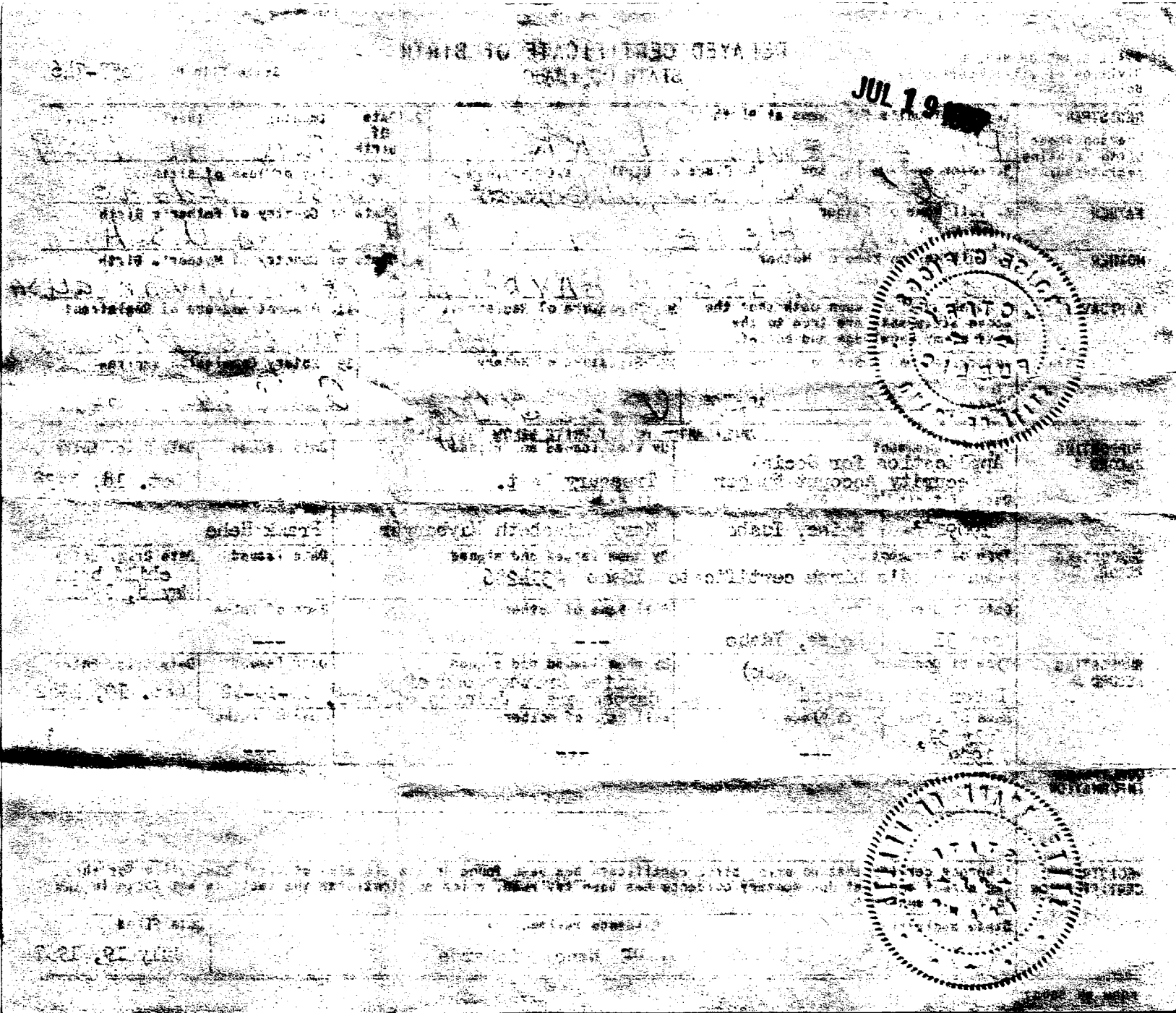

299-231-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-751

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BESSIE ELLEN KIRKHAM			2. Date Of Birth (month) (day) (year): October 31, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Marysville, Idaho
FATHER	6. Full Name of Father: Richard Yates Kirkham			7. State or Country of Father's Birth: Lancashire, England
MOTHER	8. Full Maiden Name of Mother: Mary Sophia Smith			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bessie E. Blanchard		11. Present Address of Registrant: Box 95 Nampa Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 11 1957	12. Signature of Notary: Thos Burleson		13. Notary Commission expires: Jan 16 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Postal Record	By whom issued and signed: U.S. Post Office, Nampa, Ida.	Date Issued: 3-4-57	Date Orig. Entry: Jan. 15, 1936
	Date of Birth: Oct. 31, 1909	Birth Place: Marysville, Idaho	Full Name of Mother: Mary Sophia Smith	Name of Father: Richard Yates Kirkham
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt, age 83	By whom issued and signed: Albertina Davenport	Date Issued: 2-22-57	Date Orig. Entry:
	Date of Birth: Oct. 31, 1909	Birth Place: Fremont Co. Marysville, Idaho	Full Name of Mother: Mary Sophia Smith	Name of Father: Richard Yates Kirkham
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: The Mutual Life Insurance Co. of New York	Date Issued: 8-23-44	Date Orig. Entry: Aug. 11, 1944
	Date of Birth: Oct. 31, 1909	Birth Place: Marysville, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: July 22, 1957

FORM BH 56067

MAY 3 1971

JUL 22 1971

869-201-044-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-779

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JULIA AUDRA HORRACE
2. Date Of Birth: (month) JULY (day) 1 (year) 1909
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth: a. County: WASHINGTON; b. City or Town of Birth: GOODRICH, IDAHO

FATHER

6. Full Name of Father: JOHN KING HORRACE
7. State or Country of Father's Birth: MONTPELIER, IDAHO

MOTHER

8. Full Maiden Name of Mother: JENNIE DELILA PARRISH
9. State or Country of Mother's Birth: CALDWELL, IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Julia Audra Wright
11. Present Address of Registrant: 116 IDAHO AVE, NAMPA, IDA.

NOTARY (Seal)

Subscribed and sworn to before me on: July 23 1957
12. Signature of Notary: Robert L Alexander
13. Notary Commission expires: May 30 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Father	John King Horrace - Father	July 23, 1957	
	Date of Birth / Birth Place: July 1, 1909 / Goodrich, Idaho	Full Name of Mother: Jennie Delila Parrish	Name of Father: John King Horrace	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Occidental Life Insurance Co. Los Angeles, California	Date Issued	Date Orig. Entry: Dec. 10, 1935
	Date of Birth / Birth Place: July 1, 1909 / Goodrich, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: School Record of Age	By whom issued and signed: Canyon County - Caldwell, Ida.	Date Issued: 7-8-57	Date Orig. Entry: Sept. 17, 1915
	Date of Birth: Age 6 / Birth Place	Full Name of Mother	Name of Father: John Horace	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Barron	Shirley Cooper	August 1, 1957

FORM BH 56067

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AUG 1 1967

DEC 18 1973

315-103-036-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-849

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Milton Ashton Lance			2. Date of Birth (month) (day) (year): January 3, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Seth Lance			7. State or Country of Father's Birth: France
MOTHER	8. Full Maiden Name of Mother: Mary Ada Beckstead			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Milton Ashton Lance		11. Present Address of Registrant: 1962 So. 8th East, Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: August 20 1957	12. Signature of Notary: Geralda P. Smith		13. Notary Commission expires: Commission Expires March 27, 1960 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church, Preston, Idaho		Date Issued: 3-14-1909	Date Orig. Entry: 3-14-1909
	Date of Birth: Jan. 3, 1909	Birth Place: Preston, Idaho	Full Name of Mother: Mary Ada Beckstead	Name of Father: Seth Lance	
SUPPORTING RECORD 2.	Type of Document: Army of the United States Honorable Discharge	By whom issued and signed: Army of the United States		Date Issued: 26 Oct 45	Date Orig. Entry: 1 Dec 42
	Date of Birth: Jan. 3, 1909	Birth Place: Preston, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: The Mutual Life Insurance Co. of New York		Date Issued: 29 April 1946	Date Orig. Entry:
	Date of Birth: Jan. 3, 1909	Birth Place: Preston, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

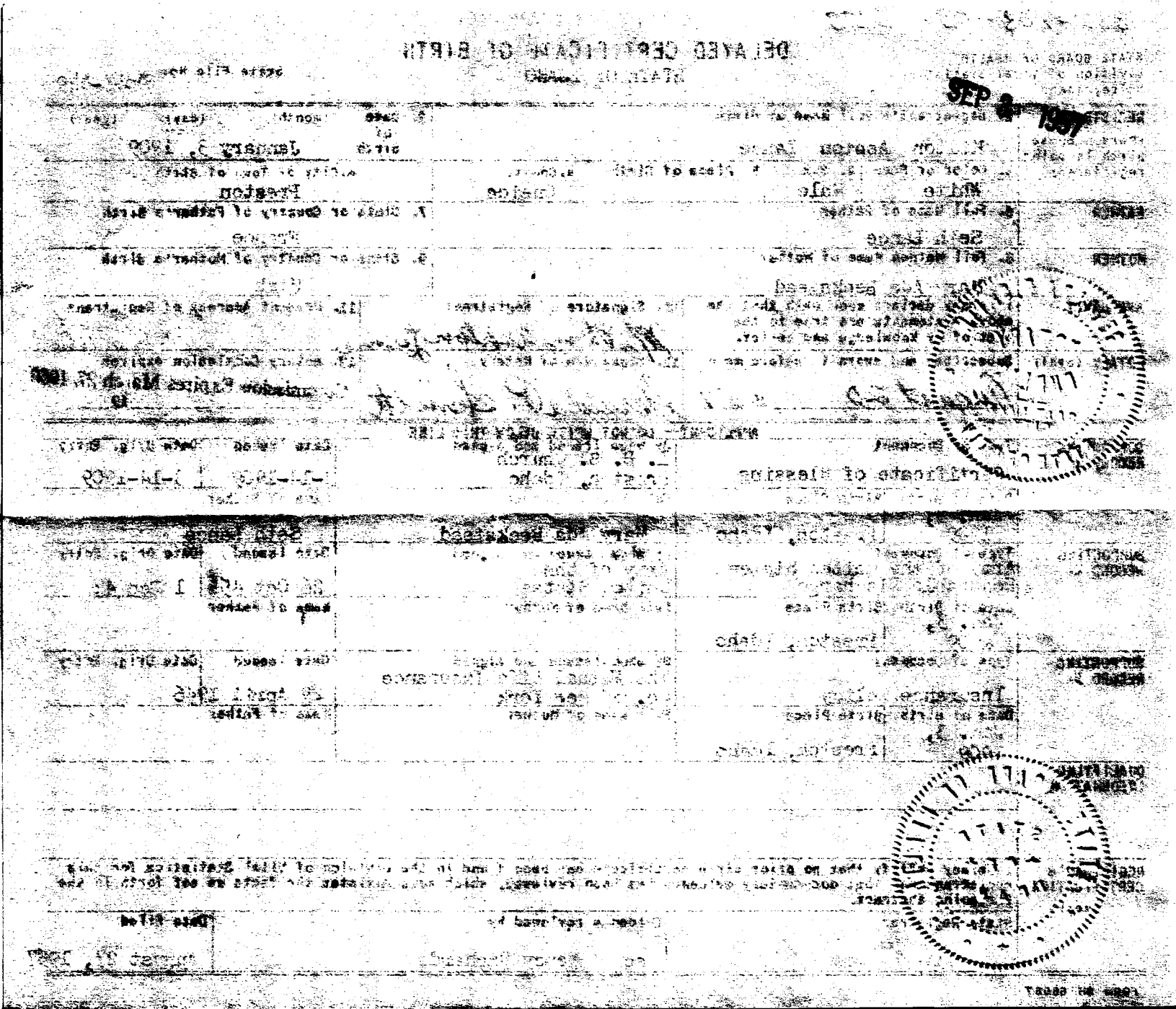
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	sc Nancy Richards	August 27, 1957

FORM BH 56067

1 copy/ltr



353-217022-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-852

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ronda Margaret Letham		2. Date Of Birth (month) (day) (year): Oct. 17 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: ~~Tetonia~~ Fremont; b. City or Town of Birth: Cache near Tetonia
FATHER	6. Full Name of Father: Daniel Parley Letham		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Isabella Moffat		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ronda L. Stalker	11. Present Address of Registrant: 660 W Whittier St Idaho Falls Ida
NOTARY (Seal)	Subscribed and sworn to before me on: August 13 19 57	12. Signature of Notary: [illegible]	13. Notary Commission expires: Dec 21 19 57

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Cache Ward, LDS Church	Date Issued: 8-3-1919	Date Orig. Entry: Aug. 2, 1919
	Date of Birth: Oct. 17, 1909	Birth Place: Cache, Idaho Fremont Co.	Full Name of Mother: Isabelle Moffat	Name of Father: Daniel P. Letham
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Isabella Moffat Letham	Date Issued: 8-13-57	Date Orig. Entry:
	Date of Birth: Oct. 17, 1909	Birth Place: Cache near Tetonia Teton, then Fremont Co.	Full Name of Mother: Isabella Moffat Letham	Name of Father: Daniel Parley Letham
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #254248	Date Issued:	Date Orig. Entry: child born April 10, 1937
	Date of Birth: age 27	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: Nancy Richards	Date Filed: Aug. 28, 1957

FORM BH 56067 1 copy mailed

AUG 28 1957

155-229-003-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-921

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Mildred Elizabeth Jenkins
2. Date Of Birth: (month) May (day) 29 (year) 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Robin - Bannock; b. City or Town of Birth:

FATHER

6. Full Name of Father: William Jenkins
7. State or Country of Father's Birth: Utah.

MOTHER

8. Full Maiden Name of Mother: Mary Elizabeth Mower
9. State or Country of Mother's Birth: Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mildred E. Lindenschmitt.
11. Present Address of Registrant: McCammon

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 23 1957
12. Signature of Notary: Dew A. Bowen
13. Notary Commission expires: 11/16 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Mary Elizabeth Mower (Jenkins)	8-23-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 29, 1909	Robin, Idaho	Mary Elizabeth Mower	William Jenkins

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Civil Service Record	U. S. Post Office		12-20-1948

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 29, 1909	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	McCammon Ward, Portneuf Stake, LDS Church	8-28-57	June 24, 1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 29, 1909	Bannock Co. Robin, Idaho	Mary Mower	William Jenkins

QUALIFYING INFORMATION

Idaho Driver's License #48738, dated 7-6-37 -- age 28

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Sept. 16, 1957

FORM BH 56067 1 Copy

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962-224-033-118

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1012

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Grace Roberts
2. Date Of Birth (month) 11 (day) 24 (year) 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Madison
b. City or Town of Birth: Sugar City

FATHER

6. Full Name of Father: John Lloyd Roberts
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Amy Ricks Jaques
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Grace Roberts Davenport
11. Present Address of Registrant: Hill Road, Rt. 3 Boise

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 29 1957
12. Signature of Notary: Emily K. Glimp
13. Notary Commission expires: Nov. 18, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Insurance Policy
By whom issued and signed: Idaho Mutual Benefit Association Policy # 11003
Date Issued:
Date Orig. Entry: Dec. 13, 1934
Date of Birth: Nov 24, 1909
Birth Place: Sugar City, Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 2.

Type of Document: Certificate of Blessing
By whom issued and signed: L.D.S. Church Alfred Ricks, Bishop
Date Issued:
Date Orig. Entry: Blessed April 3, 1910
Date of Birth: Nov 24, 1909
Birth Place: Sugar, Idaho
Full Name of Mother: Amy R. Jaques
Name of Father: Lloyd Roberts

SUPPORTING RECORD 3.

Type of Document: Affidavit by Aunt
By whom issued and signed: Age 61 Minnie Jaques Munro
Date Issued: 10-10-57
Date Orig. Entry:
Date of Birth: Nov. 24, 1909
Birth Place: Sugar City, Idaho
Full Name of Mother: Amy Ricks Jaques
Name of Father: John Lloyd Roberts

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. L. Benson
Evidence reviewed by: bf Shirley Cooper
Date Filed: Oct. 17, 1957

FORM BH 56067

MAY 11 1967

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JUN 4 1958

735-214-008-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1028

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bessie Lucille Glenn			2. Date Of Birth (month) (day) (year): March 14, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise	b. City or Town of Birth: Ola
FATHER	6. Full Name of Father: Sherman Glenn			7. State or Country of Father's Birth: Adrian, Oregon
MOTHER	8. Full Maiden Name of Mother: Naomi Elizabeth Webb			9. State or Country of Mother's Birth: Idaho City, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bessie Morrow		11. Present Address of Registrant: 316 Park St, Emmett Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 23 1957	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Naomi Glenn - Mother	Date Issued: 10-23-57	Date Orig. Entry:
	Date of Birth: March 14, 1909 / Birth Place: Ola, Idaho	Full Name of Mother: Naomi Elizabeth Webb	Name of Father: Sherman Glenn	
SUPPORTING RECORD 2.	Type of Document: Family Bible Record	By whom issued and signed: Mother - Naomi Glenn	Date Issued / Date Orig. Entry: viewed by vital stat. no alterations - obviously old	
	Date of Birth: March 14, 1909 / Birth Place: Ola, Idaho	Full Name of Mother: Naomi E. Glenn	Name of Father: Sherman Glenn	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Modern Woodmen of American Rock Island, Illinois	Date Issued: April 1, 1951	Date Orig. Entry:
	Date of Birth: March 14, 1909 / Birth Place: Ola, Idaho	Full Name of Mother: -----	Name of Father: -----	

QUALIFYING INFORMATION

Own child's birth certificate issued by State of Idaho, #201905.
Child's birthdate - April 28, 1932. Mother's age given as 23; birthplace as Ola, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Cooper	Oct. 23, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE FILE NO. Le57-1028

OCT 24 1957

1. Registration District	2. Date of Birth: March 14, 1903
3. Child's Name: [illegible]cille Glenn	4. Sex: Female
5. Place of Birth: Ola	6. County of Birth: Gem
7. Mother's Maiden Name: Naomi Elizabeth Webb	8. Residence of Mother: Idaho City, Idaho
9. Father's Name: Sherman Glenn	10. Residence of Father: Sidrian, Oregon
11. Signature of Registrar: [illegible]	12. Registrar's Address: [illegible]
13. Signature of Notary: [illegible]	14. Notary Commission Expires: [illegible] 19[illegible]

APPLICATION — DO NOT WRITE BELOW THIS LINE

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Affidavit by Mother March 14, 1903 — Ola, Idaho	Naomi Glenn - Mother Full name of Mother	[illegible]-23-57 Name of Father	
Family Bible Record March 14, 1903 — Ola, Idaho	Naomi Elizabeth Webb Full name of Mother	Sherman Glenn Date Issued — Date Orig. Entry viewed by vital stat[illegible] no alterations - obviously old Name of Father	
Insurance Policy March 14, 1903 — Ola, Idaho	Naomi E. Glenn Modern Woodmen of America Rock Island, Illinois Full name of Mother	Sherman Glenn Date Issued — Date Orig. Entry April 1, 1951 Name of Father	
-----	-----	-----	

Own child's birth certificate issued by State of Idaho, #201905.
Child's birthdate - April 28, 1932. Mother's age given as 23.
Birthplace as Ola, Idaho

I hereby certify that no prior birth certificate has been [illegible] the [illegible] of vital statistics for this [illegible] and that the [illegible] has been [illegible] which substantiates the facts as set forth in this [illegible]

Date Filed	Delayed Registrar	Date Filed
Oct. 23, 1957	Shirley Cooper	

553-226-014-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1076

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Winnie Lorene Nelson			2. Date Of Birth (month) August (day) 26 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Idaho a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: George W. Nelson			7. State or Country of Father's Birth: Tennessee
MOTHER	8. Full Maiden Name of Mother: Bertha Maude Jones			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Winnie Lorene Nelson Eisen		11. Present Address of Registrant: 3880 Loop Road Fortuna, California
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 19th 1957	12. Signature of Notary: [signature]		13. Notary Commission expires: Dec. 10 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: Church of St. Paul's (R.C.) Nampa, Idaho	Date issued: 9-7-57	Date Orig. Entry: Apr. 19, 1935
	Date of Birth: Aug. 26, 1909	Birth Place: ---	Full Name of Mother: Bertha Jones	Name of Father: George Nelson	
SUPPORTING RECORD 2.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Aug. 31, 1942
	Date of Birth: Aug. 26, 1909	Birth Place: Canyon Co. Nampa, Idaho	Full Name of Mother: Bertha Maude Jones	Name of Father: Geo. W. Nelson	
SUPPORTING RECORD 3.	Type of Document: Canyon County Record		By whom issued and signed: Canyon County, Caldwell, Ida.	Date issued: 9-9-57	Date Orig. Entry: old record
	Date of Birth: Aug. 26, 1909	Birth Place: Canyon Co., Idaho	Full Name of Mother: Bertha Nelson	Name of Father: Geo. Nelson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Nancy Richards	Nov. 12, 1957

FORM BH 56067

2 copies paid

NOV 13 1957

297-07-008-36

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1105

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Everett Edwin Biggers			2. Date of Birth (month) (day) (year): August 7, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Boise	b. City or Town of Birth: Sweet (Rural)
FATHER	6. Full Name of Father: David Biggers			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Minnie Forrest Cox			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Everett Biggers		11. Present Address of Registrant: Horse Shoe Bend Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 21 1957	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Older Sister	By whom issued and signed: Mrs. Iva Conley born 1889	Date Issued: 11-21-57	Date Orig. Entry:
	Date of Birth: Aug. 7, 1909	Birth Place: Sweet (rural), Idaho	Full Name of Mother: Minnie Forrest Cox	Name of Father: David Biggers
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge Papers	By whom issued and signed: Army of the United States	Date Issued: entered 13 Apr 43	Date Orig. Entry: separation 12 Nov 45
	Date of Birth: Aug. 7, 1909	Birth Place: Sweet, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Family Bible Record	By whom issued and signed: Family of Everett Edwin Biggers	Date Issued: viewed by vital stat. no alterations - obviously	Date Orig. Entry:
	Date of Birth: Aug. 7, 1909	Birth Place: ----	Full Name of Mother: Minnie Forest Cox	Name of Father: very old David Biggers

QUALIFYING INFORMATION

Marriage License, Idaho #51-9636 - dated March 20, 1951, shows age as 41 and birth place as Sweet, Idaho.

Own Child's Birth certificate, Idaho #52-475 - dated January 11, 1952 shows age at that time as 42 and birthplace as Sweet, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sc Shirley Cooper	Nov. 21, 1957

FORM BH 56067

NOV 22 1957

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE OF IDAHO
Division of Vital Statistics
Boise, Idaho

REGISTRAR	1. Registrant's Full Name	2. Date of Birth (month) (day) (year)	
Person whose birth is being registered	Everett Edwin Biggers	August 7, 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Boise
	6. Birth Place: Sweet (Rural)		
FATHER	7. Full Name of Father: David Biggers	8. State or Country of Father's Birth: Illinois	
MOTHER	9. Full Name of Mother: Minnie Forrest Cox	10. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	11. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant	13. Present Address of Registrant
NOTARY (Seal)	14. Sworn to before me on 19	15. Signature of Notary	16. Notary Commission Expires

AFFIDAVIT RECORD	Type of Document: Affidavit of Elder Sister	By whom issued and signed: Mrs. Iva Conley Born 1909	Date Issued: 12-2-57
	Date of Birth: Birth Place: Sweet (rural), Idaho	Full name of Mother: Minnie Forrest Cox	Name of Father: David Biggers
SUPPORTING RECORD 2	Type of Document: Honorable Discharge Papers	By whom issued and signed: Army of the United States	Date Issued: entered 12 Apr 43
	Date of Birth: Aug. 7, 1909	Birth Place: Sweet, Idaho	Full name of Mother: ----
SUPPORTING RECORD 3	Type of Document: Family Bible Record	By whom issued and signed: Family of Everett Edwin Biggers	Date Issued: Date Orig. Entry: Viewed by vital stat. no altered ons previously
	Date of Birth: Aug. 7,	Birth Place: ----	Full name of Mother: Minnie Forrest Cox
			Name of Father: David Biggers

SUPPORTING RECORD 4: Hunting License, Idaho 451-9636 - dated March 20, 1951, shows age as 41 and birthplace as Sweet, Idaho.

SUPPORTING RECORD 5: Social Security Birth certificate Idaho 452-475 - dated January 11, 1952 shows age at [illegible] as 42 and birthplace as Sweet, Idaho.

REGISTRAR: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] that supporting evidence [illegible] which substantiates the facts as set forth in the [illegible]

Registrar	Evidence Reviewed by	Date Filed
	Shirley Cooper	Nov. 21, 1957

269-106-025-293

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Dd57-1140
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Malin Sorweide			2. Date of Birth (month) (day) (year): January 6, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Grangeville, Idaho
FATHER	6. Full Name of Father: John Lewis Malin Sorweide			7. State or Country of Father's Birth: Washingtpn
MOTHER	8. Full Maiden Name of Mother: Ethel Kitzmiller			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold M Sorweide		11. Present Address of Registrant: 603 S. Sixth Street, Burbank, California
NOTARY (Seal)	Subscribed and sworn to before me on: November 19 19 57	12. Signature of Notary: G Bryan Waites		13. Notary Commission expires: August 21 19 59

APPLICANT — DO NOT WRITE BELOW THIS LINE

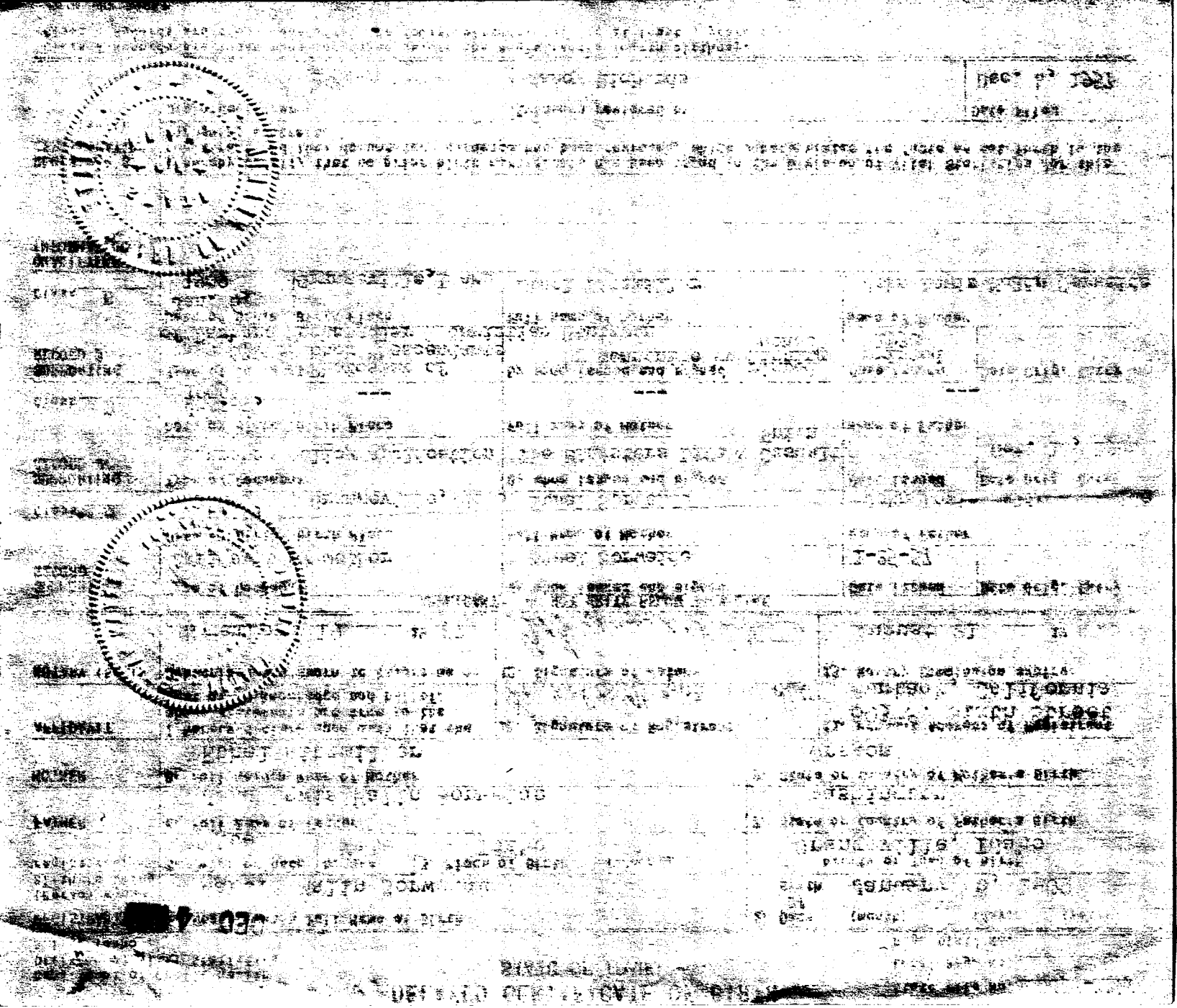
SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by mother	By whom issued and signed: Ethel Sorweide	Date Issued: 1-25-57	Date Orig. Entry:	
	Date of Birth: Jan. 6, 1909	Birth Place: Grangeville, Idaho	Full Name of Mother: Ethel Sorweide	Name of Father: John Lewis Malin Sorweide	
SUPPORTING RECORD 2. Class B	Type of Document: Insurance policy application	By whom issued and signed: The Ministers Life & Casualty Union	Date Issued:	Date Orig. Entry: Oct. 10, 1944	
	Date of Birth: Jan. 6, 1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3. Class B	Type of Document: Photostat of page 676 of book "Descendants of Barbara Hochstedler & Christian Stutzman	By whom issued and signed: printed by Mennonite Publishing House	Date Issued: printed 1938	Date Orig. Entry:	
	Date of Birth: Jan. 6, 1909	Birth Place: Grangeville, Idaho	Full Name of Mother: Ethel Kitzmiller	Name of Father: John Lewis Malin Sorweide	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Nancy Richards	Date Filed: Dec. 4, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy paid



691-208-009-466

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1165
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARGARETHA FRANCES Hipke	2. Date Of Birth (month) MAY (day) 8 (year) 1909
	3. Color or Race: white; 4. Sex: F.; 5. Place of Birth: SANDPOINT a. County: BONNER	b. City or Town of Birth: SANDPOINT
FATHER	6. Full Name of Father: GEORGE HERBERT HIPKE	7. State or Country of Father's Birth: WISCONSIN
MOTHER	8. Full Maiden Name of Mother: MARGARET MOON	9. State or Country of Mother's Birth: WISCONSIN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaretha Hipke Engebretson; 11. Present Address of Registrant: Springfield, Mass. 12 EDGEMONT ST.
NOTARY (Seal)	Subscribed and sworn to before me on: October 1 1957	12. Signature of Notary: Evelyn A. Burroughs; 13. Notary Commission expires: Dec. 3 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census	Date issued: 6-2-56	Date Orig. Entry: April 15, 1910
Class* A	Date of Birth: 11 mos.	Birth Place: Idaho	Full Name of Mother: Margaret Hipke	Name of Father: George H. Hipke	
SUPPORTING RECORD 2.	Type of Document: Motor Vehicle Operator's License		By whom issued and signed: Wisconsin #301475	Date issued: 10-21-49	Date Orig. Entry: Oct. 21, 1949
Class B	Date of Birth: May 8, 1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Carleton College Northfield, Minnesota	Date issued: 11-25-57	Date Orig. Entry: Sept. 11, 1928
Class B	Date of Birth: May 8, 1909	Birth Place: Sandpoint, Idaho	Full Name of Mother: ---	Name of Father: George H. Hipke	

QUALIFYING INFORMATION: Chippewa Co., Wisconsin Marriage Record, dated Nov. 23, 1938: age 29, birthplace Idaho father--Geo. H. Hipke; mother Margaret Moon.

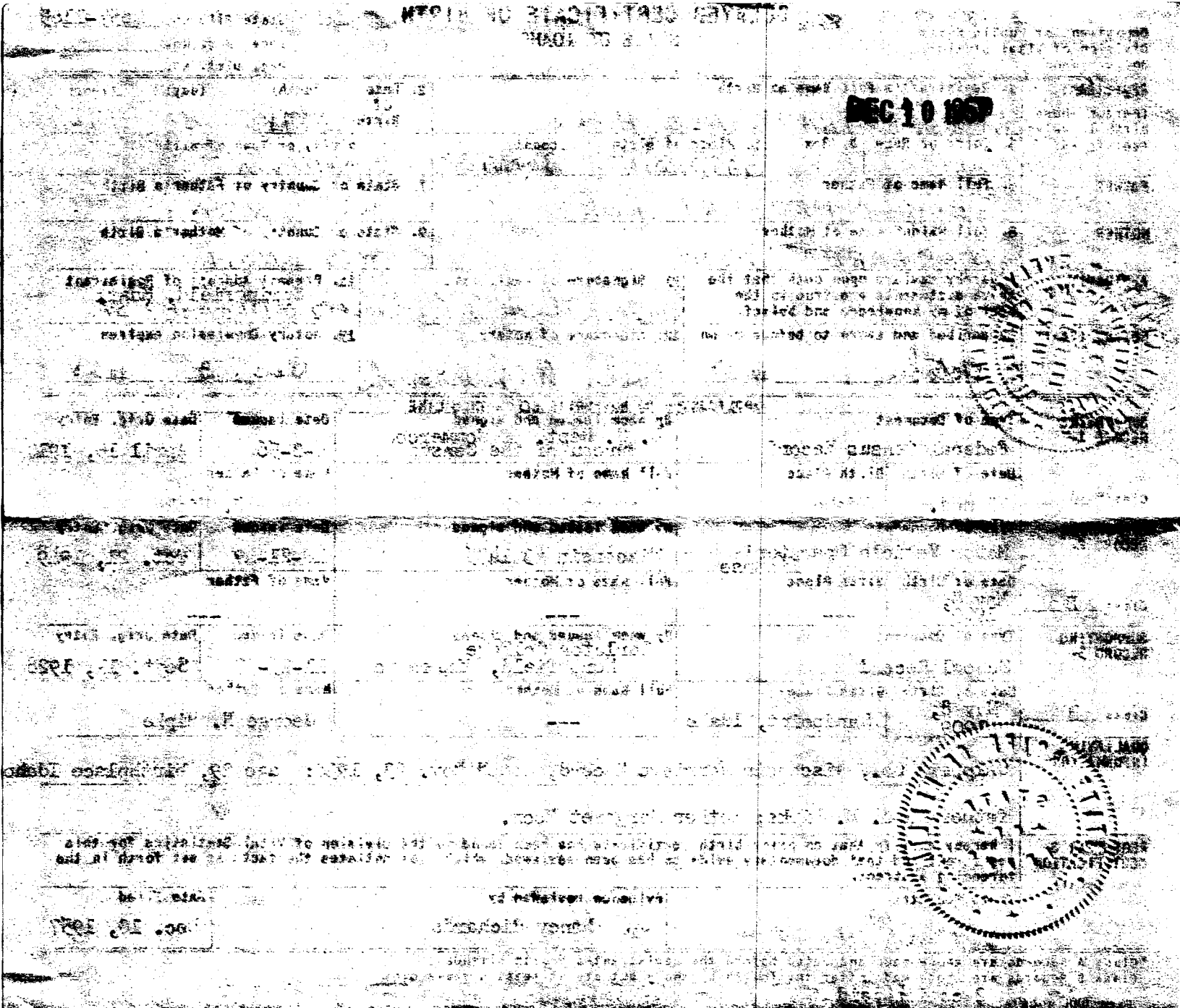
REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Dec. 10, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

2 copies paid

Form DPH 49067


DEC 10 1957

28-21-042-651

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1182

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lura Lee Sharp			2. Date Of Birth (month) (day) (year): June 11 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Twin Falls Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Nory Vangable Sharp			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: ~~Nory Vangable~~ Carrie Lue Weaver			9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lura Lee Sharp (Farmer)		11. Present Address of Registrant: Route 2 Filer, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: NOV - 6 1957 19__	12. Signature of Notary: P W Black		13. Notary Commission expires: Jan. 16 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Nory V. Sharp	Date Issued: 10-31-57	Date Orig. Entry:
	Date of Birth: June 11, 1909 / Birth Place: Twin Falls Co. Twin Falls, Idaho	Full Name of Mother: ---	Name of Father: Nory V. Sharp	
SUPPORTING RECORD 2.	Type of Document: Insurance Record (Statement)	By whom issued and signed: Equitable Life Assurance Soc.	Date Issued: 9-25-57	Date Orig. Entry: July 10, 1934
	Date of Birth: June 11, 1909 / Birth Place: Twin Falls, Idaho	Full Name of Mother: Carrie Lou Sharp	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Senior High School Filer, Idaho	Date Issued: 12-4-57	Date Orig. Entry: Sept. 29, 1925
	Date of Birth: June 11, 1909 / Birth Place: Twin Falls, Idaho	Full Name of Mother: ---	Name of Father: N. V. Sharp	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Reagan	Evidence reviewed by: Nancy Richards	Date Filed: Dec. 17, 1957

FORM BH 56067

1 copy Jd

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 18 1957

MAY 01 1959

REGISTRAR	1. Full Name at Birth: [illegible]	2. Date of Birth: [illegible]	
	3. Place of Birth: [illegible]	4. Sex: [illegible]	5. Place of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]	
MOTHER	8. Full Name of Mother: [illegible]	9. State or Country of Mother's Birth: North Carolina	
APPLICANT	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]	
NOTARY (Seal)	12. Subscribed and sworn to before me on [illegible]	13. Signature of Notary: [illegible]	14. Notary Public Sign Expires: [illegible]

APPLICANT DO NOT WRITE IN THIS SPACE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Place of Birth: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: Insurance Record (Statement)	By whom issued and signed: [illegible] Insurance Co.	Date Issued: [illegible]	Date Orig. Entry: July 12, 1956
	Date of Birth: [illegible]	Place of Birth: [illegible]	Name of Father: ---	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: Sept. 29, 1955
	Date of Birth: [illegible]	Place of Birth: [illegible]	Name of Father: [illegible]	
SUBSTITUTE INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Grade Registrar	Evidence reviewed by: [illegible]	Date filed: Dec. 17, 1957

212-12-029-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1207

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Phillip Mathew Kasper		2. Date Of Birth (month) 11 (day) 12 (year) 1909
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Latah; b. City or Town of Birth: Genesee
FATHER	6. Full Name of Father: Peter Henry Kasper		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Baumgartner		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Phillip Mathew Kasper	11. Present Address of Registrant: 415 S Polk St Moscow, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 2 1957	12. Signature of Notary: Charles J. Hibbs	13. Notary Commission expires: 10/27 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Peter Henry Kasper	Date Issued: 12-5-57	Date Orig. Entry:
	Date of Birth: Nov. 12, 1909 / Birth Place: Latah Co, Genesee, Idaho	Full Name of Mother: Mary Baumgartner Kasper	Name of Father: Peter Henry Kasper	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #312629	Date Issued:	Date Orig. Entry: child born April 19, 1941
	Date of Birth: age 31 / Birth Place: Genesee, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: 11-29-38	Date Orig. Entry: 11-29-38
	Date of Birth: Nov. 12, 1909 / Birth Place: Genesee, Idaho	Full Name of Mother: Mary Kasper	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Nancy Richards	Dec. 24, 1957

FORM BH 56067 1 copy paid

DEC 26

144-206-042-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1210
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALICE LEWENE JUMP	2. Date Of Birth (month) (day) (year): September 6 1909
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: ~~Twin Falls~~ Filer
FATHER	6. Full Name of Father: Earl John Jump	7. State or Country of Father's Birth: U.S.A.
MOTHER	8. Full Maiden Name of Mother: Myrtle Dell Wickham	9. State or Country of Mother's Birth: U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Lewene Jump; 11. Present Address of Registrant: 1710 - Wyrick ave ~~Alice Lewene Jump~~ San Jose 24 Calif
NOTARY (Seal)	Subscribed and sworn to before me on: January 25 1957	12. Signature of Notary: Lois E. Rankani; 13. Notary Commission expires: My Commission Expires May 9, 1960 My Commission Expires May 9, 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle, age 60		By whom issued and signed: Dwight L. Wickham	Date issued: 9-15-56	Date Orig. Entry:
Class* B	Date of Birth: Sept. 6, 1909	Birth Place: Filer, Idaho	Full Name of Mother: Myrtle Dell Wickham Jump	Name of Father: Earl John Jump	
SUPPORTING RECORD 2.	Type of Document: Census Record		By whom issued and signed: Dept. of Commerce Bureau of the Census	Date issued: 3-22-54	Date Orig. Entry: April 15, 1910
Class A	Date of Birth: 7 mos.	Birth Place: Idaho	Full Name of Mother: Myrtle Jump	Name of Father: E. J. Jump	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy Application		By whom issued and signed: Connecticut Mutual Life Ins. Co.	Date issued:	Date Orig. Entry: June 18, 1935
Class B	Date of Birth: Sept. 6, 1909	Birth Place: Filer, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Dec. 26, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 26 1957

719-230-001-718

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1226
1226

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Luella Mable Garrett
2. Date of Birth: (month) Dec. (day) 30 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Boise, Idaho, Ada; b. City or Town of Birth: Boise, Idaho

FATHER

6. Full Name of Father: Ollie Garrett
7. State or Country of Father's Birth: Missouri, U. S. A.

MOTHER

8. Full Maiden Name of Mother: Edith Margaret Payton
9. State or Country of Mother's Birth: Iowa, U. S. A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Luella Mable Garrett
11. Present Address of Registrant: 312 Raymondale Drive, South Pasadena, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on December 6 1957
12. Signature of Notary: W. Spragg Brown
13. Notary Commission expires: My Commission Expires Mar. 29 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Mother	Edith Garrett	1-11-57	
	Date of Birth: Dec. 30, 1909 / Birth Place: Boise, Idaho	Full Name of Mother: Edith Payton	Name of Father: Ollie Garrett	
SUPPORTING RECORD 2.	Own Child's Birth Certificate	State of Idaho #166049	Date Issued: Child's birthdate November 8, 1928	Date Orig. Entry
	Date of Birth: Age 18 / Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Insurance Policy	Metropolitan Life Insurance Co.	Date Issued: June 17, 1940	Date Orig. Entry
	Date of Birth: Age Next birthday 31 / Birth Place: ----	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: sc Shirley Cooper
Date Filed: Dec. 30, 1957

FORM BH 56067

719-212-022-913

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-009

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ethel Ellen Gardner
2. Date of Birth (month) (day) (year): January 12 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Teton, Idaho Fremont
b. City or Town of Birth: Teton

FATHER

6. Full Name of Father: James Gardner
7. State or Country of Father's Birth: Mendon, Cache Co., Utah

MOTHER

8. Full Maiden Name of Mother: Myrtle May Rackham
9. State or Country of Mother's Birth: Ogden Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ethel E. Gardner Holman
11. Present Address of Registrant: Lancaster, California

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 8, 1957
12. Signature of Notary: Helen W. Kraber
13. Notary Commission expires: My Commission Expires Feb. 10, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	James Gardner	9-7-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 12, 1909	Teton, Idaho	Myrtle May Rackham Gardner	James Gardner

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #221203		child born May 2, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 25	Teton, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Church of Jesus Christ of Latter-day Saints - Teton, Ida	3-7-1909	March 7, 1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
January 12, 1909	Fremont County Teton, Idaho	Myrtle Rackham	James Gardner

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr Shirley Cooper	Jan. 3, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

168-201-001-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-61

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leona Ella Johnson			2. Date of Birth (month) (day) (year): August 1, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Star
FATHER	6. Full Name of Father: Charles Alma Johnson			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Ella ~~Louisa~~ Ollie McGrath			9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leona Ella Johnson Weiss		11. Present Address of Registrant: 2661 Fairfax Denver, Colorado
NOTARY (Seal)	Subscribed and sworn to before me on: January 25 1958	12. Signature of Notary: Catherine F. Hyder		13. Notary Commission expires: Sept 16 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: John Hancock Mutual Life Insurance Company	Date Issued: Feb. 25, 1936	Date Orig. Entry:
	Date of Birth: Aug. 1, 1909 / Birth Place: Star, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Mrs. Ella Johnson - age 78	Date Issued: 1-28-58	Date Orig. Entry:
	Date of Birth: Aug. 1, 1909 / Birth Place: Star, Idaho	Full Name of Mother: Ella Ollie McGrath	Name of Father: Charles Alma Johnson	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Boise Senior High School Boise, Idaho	Date Issued: 1-28-58	Date Orig. Entry: Jan. 21, 1924
	Date of Birth: Aug. 1, 1909 / Birth Place: Star, Idaho	Full Name of Mother: ----	Name of Father: C. A. Johnson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Bar...	Evidence reviewed by: sc Shirley Cooper	Date Filed: Jan. 30, 1958

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name at Birth	2. Sex
Carol Ella Johnson	Female
3. Date of Birth (Month, Day, Year)	4. Place of Birth (County)
June 1, 1925	Bear Lake
5. Name of Father	6. Maiden Name of Mother
Charles Alma Johnson	Inez Jessie Lockhart
7. Place of Residence of Mother	8. Color or Race
Montpelier, Idaho	White
9. State or Country of Birth of Father	10. State or Country of Mother's Birth
Iowa	Ohio
11. Occupation of Father	12. Kind of Business or Industry
Farmer	Farm

I hereby certify that the above is a true and correct statement to the best of my knowledge and belief.

13. Signature of Informant — Mrs. Inez Johnson

14. Address of Informant — Montpelier, Idaho

15. Date Signed — Jan. 30, 1939

16. Signature of Witness — Mrs. Ella Johnson

17. Address of Witness — Montpelier, Idaho

18. Date Signed — Jan. 30, 1939

19. Signature of Witness — Mrs. Ella Johnson

20. Address of Witness — Montpelier, Idaho

21. Date Signed — Jan. 30, 1939

22. Signature of Witness — Mrs. Ella Johnson

23. Address of Witness — Montpelier, Idaho

986-17101V-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-75

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sidney Kay Rhodes.
2. Date Of Birth: (month) June (day) 17 (year) 1909
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County Canyon; b. City or Town or Location: Nampa Ida. Rfd #2

FATHER

6. Full Name of Father: Sidney Allen Rhodes.
7. State or Country of Father's Birth: Virginia

MOTHER

8. Full Maiden Name of Mother: Annie M.Garber
9. State or Country of Mother's Birth: Virginia.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sidney Kay Rhodes
11. Present Address of Registrant: Salinas Calif. 450 ElCamino Real No.

NOTARY (Seal)

Subscribed and sworn to before me on December 6, 1957

12. Signature of Notary: Siati Segretti, Jr
13. Notary Commission expires: January 31, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Family Friend		By whom issued and signed: Clay Mills - Age 74	Date Issued: 12-6-57	Date Orig. Entry:
	Date of Birth: June 17, 1909	Birth Place: Nampa, Idaho	Full Name of Mother: Annie M. Garber	Name of Father: Sidney Allen Rhodes	
SUPPORTING RECORD 2.	Type of Document: Hospital Certificate of own Child's birth		By whom issued and signed: Park Lane Hospital Salinas, California	Date Issued:	Date Orig. Entry: child born Dec. 23, 1938
	Date of Birth: 1909	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Connecticut General Life Insurance Company	Date Issued: 1 Sept 43	Date Orig. Entry:
	Date of Birth: June 17, 1909	Birth Place: Nampa, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	Shirley Cooper	Feb. 3, 1958

FORM BH 56067

466-208-026-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-76

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth May Moore			2. Date Of Birth (month) (day) (year): August 8, 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Rigby
FATHER	6. Full Name of Father: George W. Moore			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Rosa May Scarlett			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Moore Bybee		11. Present Address of Registrant: 226 North Clark Rigby Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 15 1958	12. Signature of Notary: [illegible]		13. Notary Commission expires: January 22, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Jan. 14, 1937
	Date of Birth: Aug. 8, 1909	Birth Place: Rigby, Idaho	Full Name of Mother: Rosa Scarlet	Name of Father: George W. Moore
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Sun Life Assurance Co. of Canada	Date Issued:	Date Orig. Entry: Nov. 19, 1935
	Date of Birth: Aug. 8, 1909	Birth Place: Rigby, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, age 65	By whom issued and signed: Vera Ekin	Date Issued: 1-13-58	Date Orig. Entry:
	Date of Birth: Aug. 8, 1909	Birth Place: Jefferson Co. Rigby, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION	own child's birth certificate, Idaho #173277: child born Apr. 16, 1929; mother age 19, born in Rigby (State not shown).			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. M. Jensen	Evidence reviewed by: Nancy Richards		Date Filed: Feb. 3, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 4

261-223-029-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-91

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alma Olivia Swanson
2. Date Of Birth (month) (day) (year): 4 - 23 - 09
3. Color or Race: W
4. Sex: F.
5. Place of Birth a. County: Kendrick Ida Latah
b. City or Town of Birth: Kendrick Idaho

FATHER

6. Full Name of Father: Axel Victor Swanson
7. State or Country of Father's Birth: Ostergatland Sweden

MOTHER

8. Full Maiden Name of Mother: Lena Martha Clara Brown
9. State or Country of Mother's Birth: Stewart, Minn

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alma B. Finke
11. Present Address of Registrant: Southwick Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Aug 8 19[illegible]7

12. Signature of Notary: R.W. Merrill
13. Notary Public in and for the State of Idaho residing at Orofino, Idaho
My Commission Expires Dec. 30, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security Record	Treasury Dept.		Sept. 1948
	Date of Birth: April 23, 1909 / Birth Place: Latah Co. Kendrick, Idaho	Full Name of Mother: Lena Brown		Name of Father: Axel Victor Swanson
SUPPORTING RECORD 2.	Insurance Policy	Idaho Mutual Benefit Assoc.	4-24-51	Apr. 20, 1951
	Date of Birth: April 23, 1909 / Birth Place: Kendrick, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 3.	Church Record	Geo. Finke, Ev. Lutheran Pastor		Jan. 27, 1910
	Date of Birth: April 23, 1909 / Birth Place: Kendrick, Idaho	Full Name of Mother: Lena Brown		Name of Father: Axel Swanson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	Feb. 5, 1958

FORM BH 56067 1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

6 1958

1. Registration Will Have of Birth		2. Date of Birth (month) (day) (year)	
3. Sex	4. Place of Birth	5. Date of Birth	
6. Full Name of Father		7. State or Country of Fathers Birth	
8. Full Maiden Name of Mother		9. State or Country of Mothers Birth	
10. Signature of Registrant		11. Present Address of Registrant	
12. Signature of Notary		13. Notary Commission Expires	

APPLICATION TO NOT WRITE BELOW THIS LINE

Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued: Sept. 1948	Date Orig. Entry
Date of Birth: April 23, 1905	Full Name of Mother: Lena [illegible]	Date of Birth: Arel Victor [illegible]	
Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: [illegible]	Date Orig. Entry: Apr. 20, 1951
Date of Birth: April 23, 1909	Full Name of Mother: ---	Name of Father: ---	
Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Jan. 27, 1910	Date Orig. Entry
Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	

CERTIFICATE

Certify that no [illegible] has been found in the [illegible] Vital Statistics for this [illegible] that [illegible] has been reviewed, which [illegible] as set forth in the [illegible]

Date of Birth	Reviewed by	Date Filed
[illegible]	[illegible]	Feb. 5, 1958

913-203-067-129

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-134

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Winifred Wythel Ralls			2. Date of Birth (month) (day) (year): November 3, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Carey, Blaine Cty., Ida.	b. City or Town of Birth: Carey, Idaho
FATHER	6. Full Name of Father: Charles Andrew Ralls			7. State or Country of Father's Birth: State of Missouri
MOTHER	8. Full Maiden Name of Mother: Mary Estella Akin			9. State or Country of Mother's Birth: State of Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Winifred Wythel (Ralls) Coates		11. Present Address of Registrant: Box #211, Sun Valley, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: December 17, 1957	12. Signature of Notary: [signature]		13. Notary Commission expires: May 12, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Estella Akin Ralls		Date Issued: 1-11-58	Date Orig. Entry:
	Date of Birth: Nov. 3, 1909	Birth Place: Carey, Idaho	Full Name of Mother: Estella Akin Ralls	Name of Father: Charles A. Ralls	
SUPPORTING RECORD 2.	Type of Document: own child's Birth certificate	By whom issued and signed: Idaho #183657		Date Issued:	Date Orig. Entry: child born July 25, 1930
	Date of Birth: age 20	Birth Place: Carey, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Benefit Assoc. of Railway Employees		Date Issued: 6-17-50	Date Orig. Entry: June 17, 1950
	Date of Birth: age 40	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. L. Barron	Evidence reviewed by: nr Nancy Richards	Date Filed: Feb. 20, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

[redacted]

November 3, 1892

Owyhee, Idaho

Owyhee County, Idaho

[redacted]

[redacted]

[redacted]

131-125-041-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-136

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Russell Nelson Aland
2. Date of Birth (month) (day) (year): May 25 1909
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Teton
b. City or Town of Birth: Driggs Idaho

FATHER

6. Full Name of Father: James Francis Aland
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Rachel Mae Nelson
9. State or Country of Mother's Birth: Bloomington, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Russell Nelson Aland
11. Present Address of Registrant: 616 Minot Ave. Chula Vista, Calif

NOTARY (Seal)

Subscribed and sworn to before me on: December 13 1956
12. Signature of Notary: James C Patten
13. Notary Commission expires: My Commission Expires March 14, 1960

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Idaho, Driggs Ward L.D.S.		9-26-1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 25, 1909	Driggs, Idaho	Rachel May Nelson	J. F. Aland

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Discharge Papers	Military Service State of Idaho	10-27-43	Enlisted 12-14-42

Date of Birth	Birth Place	Full Name of Mother	Name of Father
at Enlistment age 33			

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother, age 62	Leland J. Aland	2-3-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 25, 1909	Driggs, Idaho	Rachel Mae Nelson	James Francis Aland

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	SS Nancy Richards	Feb. 20, 1958

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant (Person whose birth is being registered)	Nelson Aland	2. Date of Birth	May 25 1909
3. Sex	White M	5. Place of Birth	Teton
6. Full Name of Father	James Francis Aland	7. Place of Birth	Driggs Idaho
8. Full Maiden Name of Mother	Rachel Mae Nelson	9. Place of Birth	Idaho
		10. Place of Birth	Bloomington, Idaho
11. Signature of Registrant		12. Signature of Notary	610 Minot Ave. Chula Vista, Calif
13. Signature of Notary		14. Signature of Notary	Notary Commission expires [illegible]

Date of Birth	Place of Birth	Date Issued	Date Orig. Entry
1909	Driggs, Idaho	Rachel Mae Nelson	L. A. Aland
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Discharge Papers	Military Service	10-[illegible]-48	Entered 12-14-42
Date of Birth	Full Name of Mother	Name of Father	
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother, age 62	Leland J. Aland	[illegible]	
Date of Birth	Place of Birth	Name of Father	
[illegible]	Rachel Mae Nelson	James Francis Aland	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

Date Filed	Evidence reviewed by	Date Filed
	Nancy Richards	Mar. 20, 1968

715-205-043-127

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-137
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Flora May Gaviola	2. Date Of Birth (month) May (day) 5 (year) 1909
	3. Color or Race: W; 4. Sex: F; 5. Place of Birth a. County: Cascade, Ida. - Valley	b. City or Town of Birth: Cascade, Idaho
FATHER	6. Full Name of Father: Manuel Gaviola	7. State or Country of Father's Birth: Spain
MOTHER	8. Full Maiden Name of Mother: Dolores Aspiri	9. State or Country of Mother's Birth: Spain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Flora Berroja Lbis FLORA BERROJA LBIS; 11. Present Address of Registrant: Rt #2 Caldwell Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 20 1958	12. Signature of Notary: E W Ellington; 13. Notary Commission expires: May 24 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: St. John's Cathedral Boise, Idaho	Date issued: 8-27-52	Date Orig. Entry: July 4, 1909
Class*	Date of Birth: May 5, 1909	Birth Place: -----	Full Name of Mother: Dolores Aspiri	Name of Father: Emmanuel Gaviola	
SUPPORTING RECORD 2.	Type of Document: Application for Insurance		By whom issued and signed: Pacific National Life Assurance Company	Date issued: 4-14-42	Date Orig. Entry:
Class	Date of Birth: May 5, 1909	Birth Place: Cascade, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Own Child's birth certificate		By whom issued and signed: State of Idaho #185300	Date issued: Child's birthdate September 24, 1930	Date Orig. Entry:
Class	Date of Birth: Age 21	Birth Place: Near Cascade, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Shirley Cooper	Feb. 20, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Vital File No. De58-137

Local Reg. No.

Reg. Dist. No.

REGISTRATION — Full Name of Birth — Month — Day — Year

Sex — Color or Race — Place of Birth — Place of Birth — Date of Birth

MAY 23 1966

FATHER — 6. Full Name of Father — 7. State or Country of Father's Birth

MOTHER — 8. Full Maiden Name of Mother — 9. State or Country of Mother's Birth

APPROVED — 10. Signature of Registrant — 11. Present Address of Registrant

Subscribed and sworn to before me on — 12. Signature of Notary — 13. Notary Commission Expires

APPLICANT — TO BE WRITTEN BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Cathedral Boise, Idaho	Date Issued: 6-27-52	Date Orig. Entry: July 4, 1909
Class	Date of Birth: May 5, 1909 — Birth Place: -----	Full Name of Mother: Dolores Aspiri	Name of Father: Emanuel Gaviola	
SUPPORTING RECORD 2.	Type of Document: Application for Insurance	By whom issued and signed: Pacific Mutual Life Assurance Company	Date Issued: 4-14-42	Date Orig. Entry
Class	Date of Birth: May 5, 1909 — Birth Place: Cascade, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own Child's birth certificate	By whom issued and signed: State of Idaho #185300	Date Issued: Child's birthdate September 24, 1936	Date Orig. Entry
Class	Date of Birth: [illegible] — Birth Place: Near Cascade, Idaho	Full Name of Mother:	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal) — A Family certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that no contrary evidence has been reviewed, which substantiates the facts as set forth in the foregoing Abstract.

State Registrar	Evidence Reviewed by: Shirley Cooper	Date Filed: Feb. 28, 1956

*Class A Records are those made and dated before the [illegible]
Class B Records are those made after the fourth birthday but [illegible] years old.

893-120-004-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-151

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louis Lester Hillier			2. Date Of Birth (month) (day) (year): June 20, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Geneva, Idaho
FATHER	6. Full Name of Father: Thomas Hillier			7. State or Country of Father's Birth: Bear Creek, Wyoming
MOTHER	8. Full Maiden Name of Mother: Ammy Blechert			9. State or Country of Mother's Birth: Schmarballen, Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louis Lester Hillier		11. Present Address of Registrant: Geneva Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 25th 1957	12. Signature of Notary: Ruth Aland		13. Notary Commission expires: Ruth Aland Notary Public Montpelier, Idaho My Commission Expires March 6, 1960 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #212894	Date Issued:	Date Orig. Entry: child born Oct. 18, 1932
	Date of Birth: age 23	Birth Place: Geneva, Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Amy Hillier Dewey	Date Issued: 11-9-57	Date Orig. Entry:
	Date of Birth: June 20, 1909	Birth Place: Geneva, Idaho	Full Name of Mother: Amy Hillier	Name of Father: Thomas Hillier	
SUPPORTING RECORD 3.	Type of Document: Church Record--Baptism		By whom issued and signed: LDS Church, Geneva, Idaho	Date Issued: 2-4-58	Date Orig. Entry: June 20, 1909
	Date of Birth: June 20, 1909	Birth Place: Bear Lake Co. Geneva, Idaho	Full Name of Mother: Emma A. Blechert	Name of Father: Thomas Hillier	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Feb. 28, 1958

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person about birth is being registered)	1. Full name at Birth: [illegible]	2. Date of Birth (month) (day) (year): June 20, 1909	
	3. Color or Race: [illegible]	4. Sex: [illegible]	5. Place of Birth (County): [illegible]
	6. City or Town of Birth: Geneva, Idaho		
FATHER	7. Full Name of Father: [illegible]	8. State or Country of Father's Birth: [illegible]	
MOTHER	9. Full Maiden Name of Mother: [illegible]	10. State or Country of Mother's Birth: [illegible]	
AFFIDAVIT	I hereby declare upon oath that the facts of Certificate are true to the best of my knowledge and belief	11. Signature of Registrant	12. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	13. Signature of Notary	14. Notary Commission Expires

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued	Date Orig. Entry
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
	Date of Birth: June 20, 1909	Place of Birth: Geneva, Idaho		
SUPPORTING RECORD 2.	Type of Document: Affidavit of Mother	By whom issued and signed: Amy Miller Dowey	Date Issued: 11-9-[illegible]	Date Orig. Entry
	Date of Birth: June 20, 1909	Place of Birth: Geneva, Idaho	Full Name of Mother: Amy Miller	Name of Father: Thomas Miller
SUPPORTING RECORD 3.	Type of Document: Church Record--Baptism	By whom issued and signed: [illegible] Church, Geneva, Idaho	Date Issued: [illegible]	Date Orig. Entry: June 20, 1909
	Date of Birth: June 20, 1909	Place of Birth: Bear Lake Co., Geneva, Idaho	Full Name of Mother: Emma A. Blanchard	Name of Father: Thomas Miller
QUALIFIED INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar	Evidence reviewed by: Nancy Richards	Date Filed: Feb. 28, 1978

811-129-035-659

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-155
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Victor Charles Haag		2. Date Of Birth (month) May (day) 29 (year) 1909
	3. Color or Race: White	4. Sex: M.	5. Place of Birth a. County: Nez Perce; b. City or Town of Birth: Lenore, Idaho.
FATHER	6. Full Name of Father: Charles Jacob Haag		7. State or Country of Father's Birth: Wisconsin U.S.A.
MOTHER	8. Full Maiden Name of Mother: Anna Ameli Weichmann		9. State or Country of Mother's Birth: Wisconsin U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Victor Charles Haag	11. Present Address of Registrant: Hatwai Lewiston, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 4 1957	12. Signature of Notary: E. Hellman	13. Notary Commission expires: Dec. 17 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Certificate		By whom issued and signed: Geo. Finke, Ev. Luth. Pastor	Date issued:	Date Orig. Entry: Aug. 7, 1909
Class* A	Date of Birth: May 29, 1909	Birth Place: Nez Perce Co. Lenore, Idaho	Full Name of Mother: Anna Wiechmann	Name of Father: Charles Haag	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #212561	Date issued:	Date Orig. Entry: child born May 17, 1933
Class B	Date of Birth: age 23	Birth Place: Lenore, Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth, age 64		By whom issued and signed: Alfred S. Hollingsworth	Date issued: 2-7-58	Date Orig. Entry:
Class B	Date of Birth: May 29, 1909	Birth Place: Lenore, Idaho	Full Name of Mother: Anna Ameli Weichmann	Name of Father: Charles Jacob Haag	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Feb. 28, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

K 2 copies Rd

Form DPH 40067

DECEASED

292-105-015-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
FEB 23 1957
Division of Vital Statistics

State File No. De58-258
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Franklin James Sibbett
2. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho, U.S.A. Caribou
Date of Birth (month) (day) (year): April 5 1909
b. City or Town of Birth: Soda Springs

FATHER

6. Full Name of Father: Samuel Alexander Sibbett
7. State or Country of Father's Birth: Idaho U.S.A.

MOTHER

8. Full Maiden Name of Mother: Lizzie Emma Daniels
9. State or Country of Mother's Birth: Utah U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: F. J. Sibbett
11. Present Address of Registrant: 2020 Euclid Avenue Napa, California

NOTARY (Seal)

Subscribed and sworn to before me on: February 20 1957
12. Signature of Notary: Wilbur W. Blodgett
13. Notary Commission expires: August 2 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Certificate of Blessing	Apr. 5, 1909	Soda Springs, Idaho	Grays Lake Ward L.D.S.	Lizzie Daniels		Samuel A. Sibbett	11-12-1909
SUPPORTING RECORD 2. Class B	Insurance Policy	age 27	Soda Springs, Ida.	Gem State Mutual Life Association		5-9-36		
SUPPORTING RECORD 3. Class B	Affidavit by mother, age 75	April 5, 1909	Soda Springs, Idaho	Elizabeth Daniels Sibbett	Elizabeth Daniels Sibbett	3-13-58	Samuel A. Sibbett	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson
Evidence reviewed by: Nancy Richards ss
Date Filed: March 25, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 2 1958

419-107-028-634

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-272
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roy Ernest Theodor Markstrom	2. Date of Birth (month) Dec. (day) 7th (year) 1909
	3. Color or Race: White; 4. Sex: male; 5. Place of Birth a. County: Coeur d'Alene Idaho	b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Nels Algot Markstrom	7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Ebba Olund	9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roy Markstrom; 11. Present Address of Registrant: Box 498 Revelstoke BC Canada
NOTARY (Seal)	Subscribed and sworn to before me on: FEBRUARY 4 1958	12. Signature of Notary: W. T. McGruder; 13. Notary Commission expires: A Commissioner for taking Affidavits and for the Province of British Columbia 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record		By whom issued and signed: School Dist. #19 (Revelstoke) Revelstoke, B. C., Canada	Date issued: 1-27-58	Date Orig. Entry: Sept. 1917
Class* B	Date of Birth: age 7	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Church Record--Baptismal Certificate		By whom issued and signed: Gustaf E. Rydquist, Ev. Luth. Pastor	Date issued:	Date Orig. Entry: May, 1910
Class A	Date of Birth: Dec. 7, 1909	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Ebba Olund	Name of Father: Nels Algot Markstrom	
SUPPORTING RECORD 3.	Type of Document: Marriage Record		By whom issued and signed: British Columbia Revelstoke, B.C., Canada	Date issued:	Date Orig. Entry: June 23, 1945
Class B	Date of Birth: Dec. 7, 1909 (age 35)	Birth Place: C'Ordelaine, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr Nancy Richards	March 27, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT — 1. Registrant's Full Name at Birth — 2. Date of Birth (Month) (Day) (Year)

MAR 23 1950

[illegible] — 3. Place of Birth [illegible] — 4. Sex of Birth

FATHER — 5. Full Name of Father — 6. Date of Country of Father's Birth

MOTHER — 7. Full Maiden Name of Mother — 8. Date of Country of Mother's Birth

AFFIDAVIT — I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. — 10. Signature of Registrant — 11. Present Address of Registrant

NOTARY (Seal) — Subscribed and sworn to before me on — 12. Signature of Notary — 13. Notary Commission expires

15

SUPPORTING RECORD 1. — Type of Document: School Record — By whom issued and signed: School Dist. [illegible] Revelstoke, B. C., Canada — Date Issued: [illegible] — Date Orig. Entry: [illegible] 1917

Date of Birth: Birth Place — Full Name of Mother — Name of Father

SUPPORTING RECORD 2. — Type of Document: Church Record—Baptismal Certificate — By whom issued and signed: [illegible] Pastor — Date Issued — Date Orig. Entry: May, 1910

Class A — Date of Birth: Birth Place: Dec. 2, 1909 [illegible] — Full Name of Mother: [illegible] — Name of Father: Male [illegible]

SUPPORTING RECORD 3. — Type of Document: [illegible] — By whom issued and signed: [illegible] Revelstoke, B.C., Canada — Date Issued — Date Orig. Entry: [illegible]

Class B — Date of Birth: Birth Place: Dec. 2, 1909 [illegible] — Full Name of Mother — Name of Father

QUALIFICATIONS — [illegible]

CERTIFICATION — I hereby certify that so prior birth [illegible] found in the Division of Vital Statistics for this [illegible] and that [illegible] which substantiates the facts as set forth in the foregoing [illegible]

State Registrar — Evidence Reviewed by — Date Filed

[illegible] — [illegible] — March 23, 1950

Class A Records are those [illegible] before the Registrar's fourth birthday.
Class B Records are [illegible] for fourth birthday [illegible]

962-202-006-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-305

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PHOEBE CATHERINE ROBERT			2. Date of Birth: November 2 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot, Idaho
FATHER	6. Full Name of Father: ALBERT GEORGE ROBERT			7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: ADDIE BAILEY			9. State or Country of Mother's Birth: Fort Worth, Texas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Phoebe Robert		11. Present Address of Registrant: Riga #13 - Mexico - D.F.
NOTARY (Seal)	Subscribed and sworn to before me on: March 25 1958	12. Signature of Notary: Ivan E. Moody		13. Notary Commission expires: February 9 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County Birth Record	By whom issued and signed: Bingham County Blackfoot, Idaho	Date Issued: 10-4-57	Date Orig. Entry: time of birth
	Date of Birth: Nov. 2, 1909 / Birth Place: Bingham Co. Blackfoot, Idaho	Full Name of Mother: Addie Bailey	Name of Father: A. G. Roberts	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Colorado Springs High School Colorado Springs, Colorado	Date Issued: 2-19-58	Date Orig. Entry: Jan. 19, 1923
	Date of Birth: Nov. 2, 1909 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: (Sally Jemal) own child's birth certificate	By whom issued and signed: Los Angeles, California Department of Health	Date Issued: 12-8-53	Date Orig. Entry: child born May 8, 1936
	Date of Birth: age 26 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	April 4, 1958

FORM BH 56067 4 [illegible]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

PHOENIX CHAMPAIGN HOSPITAL

Female

ALFRED GEORGE ROBERT

Caucasia

Blackfoot, Idaho

November 2 1905

Fort Worth, Texas

February 9 [illegible]

Jerod 25

Farmer

Retired

Self

Mother

Mother

Mother

193-226-042-997

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-328

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith M. Archer			2. Date of Birth (month) (day) (year): Jan. 26 1909	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Kimberly Twin Falls	b. City or Town of Birth: Kimberly Idaho	
FATHER	6. Full Name of Father: George Riley Archer			7. State or Country of Father's Birth: Ohio	
MOTHER	8. Full Maiden Name of Mother: Ethel Julia Rigby			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edith M. Jackson Archer	11. Present Address of Registrant: 710 SE 34th Ave Portland 13, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: 17 March 1958		12. Signature of Notary: A. L. Light	13. Notary Commission expires: MY COMMISSION EXPIRES OCT. 31, 1960 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Ethel Julia Rigby Archer	Date Issued: 3-6-58	Date Orig. Entry:
	Date of Birth: Jan. 26, 1909	Birth Place: Kimberly, Idaho	Full Name of Mother: Ethel Julia Rigby Archer	Name of Father: George Rily Archer	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: Rev. W. A. Winters, D.D.D.S, Pastor	Date Issued:	Date Orig. Entry: Aug. 15, 1918
	Date of Birth: Jan. 26, 1909	Birth Place: Kimberly, Idaho	Full Name of Mother: Mrs. Ethel Archer	Name of Father: G. R. Archer	
SUPPORTING RECORD 3.	Type of Document: Statement re: Registration for State examination		By whom issued and signed: Ore. State Board of Cosmetic Therapy Examiners, Portland.	Date Issued: 2-26-58	Date Orig. Entry: April 1930
	Date of Birth: Jan. 26, 1909	Birth Place: Kimberly, Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION	Certificate of Registration, Multnomah County, Portland, Oregon, issued 3-5-58: registered April 17, 1944; born in Kimberly, Idaho; parents George R. Archer and Ethel Archer.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. H. Jensen		Evidence reviewed by: nr Nancy Richards		Date Filed: April 22, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 23

218-121-028-218

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-352

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Dick Berdett Sayler			2. Date of Birth (month) April (day) 21 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Post Falls
FATHER	6. Full Name of Father: Lewis William Sayler			7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Dolly Faye Sayler			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dick Berdett Sayler		11. Present Address of Registrant: 518 16th Street, Lewiston, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: April 9 1958	12. Signature of Notary: Lewis W. O'Connell		13. Notary Commission expires: July 1 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 75	By whom issued and signed: Dollie Fay Sayler	Date Issued: 4-9-58	Date Orig. Entry:
	Date of Birth: April 21, 1909 / Birth Place: Post Falls, Idaho	Full Name of Mother: Dollie Fay Sayler	Name of Father: Lewis William Sayler	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: #93 Clearwater County, Idaho	Date Issued: 4-4-58	Date Orig. Entry: Oct. 21, 1948
	Date of Birth: age 39 / Birth Place: Post Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #290535	Date Issued:	Date Orig. Entry: child born Feb. 11, 1940
	Date of Birth: age 30 / Birth Place: Post Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Application for Medical Care, North Idaho Medical Service Bureau; Jan. 1, 1953: born April 21, 1909.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards		Date Filed: April 28, 1958

FORM BH 56067

APR 28 1958

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 0658-332

REGISTRANT (Person whose birth is being registered)	1. Registrant's full name at birth: Dick Herbert Sayler	2. Date of birth (month) (day) (year): April 21 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of birth: Kootenai
	6. Place of birth: Post Falls		
FATHER	7. Full name of father: Lewis William Sayler	8. State or Country of Father's birth: Washington	
MOTHER	9. Full Maiden name of Mother: Dolly Faye Sayler	10. State or Country of Mother's birth: Nebraska	
AFFIDAVIT	11. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [illegible]	13. Present Address of Registrant: 518 16th Street, Lewiston, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: April [illegible] 1958	14. Signature of Notary: [illegible]	15. Notary Commission expires: July 1 1959

SUPPORTING RECORD 1	Type of Document: Affidavit by mother, age 75	By whom issued and signed: Dollie Fay Sayler	Date Issued: 4-9-58	Date Orig. Entry:
	Date of birth: 1909	Place of birth: Post Falls, Idaho	Full Name of Father: Dollie Fay Sayler	Name of Father: Lewis William Sayler
SUPPORTING RECORD 2	Type of Document: Marriage Record	By whom issued and signed: Clearwater County, Idaho	Date Issued: 1-4-58	Date Orig. Entry: Oct. 21, 1940
	Date of birth: age 35	Place of birth: Post Falls, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #[illegible]	Date Issued:	Date Orig. Entry: child born Feb. 11, 1940
	Date of birth: age 30	Place of birth: Post Falls, Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFYING PROVISION: Application for Medical Care, North Idaho Medical Service Bureau; Jan. 1, 1953; [illegible] April 21, 1909.

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] statement.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Nancy Richards	April 28, 1958

796-22-025-229

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-379

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Marie Gross			2. Date Of Birth (month) October (day) 26 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County	b. City or Town of Birth: Kooskia, Idaho
FATHER	6. Full Name of Father: Jesse Leamon Gross			7. State or Country of Father's Birth: Whitman, Washington
MOTHER	8. Full Maiden Name of Mother: Hazel Florence Skinner			9. State or Country of Mother's Birth: Fairfield, South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma Marie Kyl		11. Present Address of Registrant: Rt 1 Box 26 Spangle Wn
NOTARY (Seal)	Subscribed and sworn to before me on: April 18 1958	12. Signature of Notary: William H. McKinley		13. Notary Commission expires: 2-26-61 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Hazel Florence Gross		Date Issued: 3-21-58	Date Orig. Entry:
	Date of Birth: Oct. 26, 1909	Birth Place: Kooskia, Idaho	Full Name of Mother: Hazel Florence Skinner Gross	Name of Father: Jesse Leamon Gross	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: Oct. 31, 1949
	Date of Birth: Oct. 26, 1909	Birth Place: Kooskia, Idaho	Full Name of Mother: Hazel Florence Skinner	Name of Father: Jesse Leamon Gross	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Ruth S. Timm, Whitman Co. School Supt., Colfax, Wash.		Date Issued: 4-8-58	Date Orig. Entry: May 1, 1926
	Date of Birth: Oct. 26, 1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: Jesse L. Gross	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	May 5, 1958

FORM BH 56067

MAY 6 1956

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Name of Birth: [illegible]	2. Date of Birth (month) (day) (year): October [illegible] 1956
	3. Color or Race: [illegible]	4. Sex: [illegible]
	5. Place of Birth: [illegible]	6. County:
	7. City or Town of Birth: Kooskia, Idaho	
FATHER	8. Full Name of Father: [illegible] Grose	9. State or Country of Father's Birth: [illegible], Washington
MOTHER	10. Full Maiden Name of Mother: [illegible] Shinner	11. State or Country of Mother's Birth: [illegible]field, South Dakota
AFFIDAVIT	12. Name of Mother: [illegible]	13. Signature of Registrant: [illegible]
	14. Signature of Mother: [illegible]	15. Present Address of Registrant: [illegible]
NOTARY	16. Subscribed and sworn to before me on: [illegible]	17. Signature of Notary: [illegible]
	18. Notary Commission expires: [illegible]	

APPLICATION DO NOT WRITE FROM THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible] by mother	By whom issued and signed: [illegible] Grose	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: [illegible]	Birth Place: [illegible], Idaho	Full Name of Mother: [illegible] Grose	Name of Father: [illegible] Grose
SUPPORTING RECORD 2	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued: [illegible]	Date Orig. Entry: Oct. [illegible], 1949
	Date of Birth: Oct. 26, 1902	Birth Place: Kooskia, Idaho	Full Name of Mother: [illegible] Shinner	Name of Father: Jesse [illegible] Grose
SUPPORTING RECORD 3	Type of Document: School Record	By whom issued and signed: [illegible] Sept., Colfax, Wash.	Date Issued: [illegible]	Date Orig. Entry: [illegible], 1926
	Date of Birth: Oct. 26, 1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: Jesse [illegible] Grose

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Nancy Richards	May 5, 1956

FORM BH 8607

795-207-005-317

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-399

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Addie Lealma Green		2. Date Of Birth (month) February (day) 7 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Benewah; b. City or Town of Birth: St. Joe
FATHER	6. Full Name of Father: Edgar Lee Green		7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Abbie Kisiah Lagers		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Addie Lealma Green by Marriage Addie L Boothby	11. Present Address of Registrant: 2919 Summers Lane Klamath Falls Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: APR 7 '58 19	12. Signature of Notary: Myron E. Shannon	13. Notary Commission expires: NOTARY PUBLIC FOR OREGON MY COMMISSION EXPIRES AUG 21, 1959 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle, age 60	By whom issued and signed: Wm. E. Lagers	Date issued: 3-19-58	Date Orig. Entry:
	Date of Birth: Feb. 7, 1909; Birth Place: Benewah Co. St. Joe, Idaho	Full Name of Mother: Abbie Kisiah Lagers Green	Name of Father: Edgar Lee Green	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Dec. 1, 1936
	Date of Birth: Feb. 7, 1909; Birth Place: Benewah Co. St. Joe, Idaho	Full Name of Mother: Abbie Kisiah Lagers	Name of Father: Edgar Lee Green	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Jackson Co., Oregon (Medford)	Date issued: 4-3-58	Date Orig. Entry: March 10, 1928
	Date of Birth: age 19 yrs. 1 mo., 3 days; Birth Place: Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Nancy Richards	May 13, 1958

FORM BH 56067

MAY 13 1958

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. D-58-399

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth		2. Date of Birth (month) (day) (year)
	3. Color or Race	4. Sex	5. Place of Birth (Address)
			6. Mother's Town or Birth
FATHER	6. Full Name of Father		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
Certificate	9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
Notary Public	12. Subscribed and sworn to before me on	13. Signature of Notary	14. Notary Commission expires

SPECIFICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by uncle, age 60	By whom issued and signed: Wm. H. Lagers	Date Issued: 3-19-58	Date Orig. Entry
	Date of Birth: Feb. 4, 1909 — Birth Place: Benewah Co., St. Joe, Idaho	Full name of mother: Abbie Nicish Lagers Groth	Name of Father: Edgar Lee Groen	
SUPPORTING RECORD 2	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued	Date Orig. Entry: Dec. 1, 1936
	Date of Birth: Feb. 4, 1909 — Birth Place: Benewah Co., St. Joe, Idaho	Full Name of Mother: Abbie Nicish Lagers	Name of Father: Edgar Lee Groen	
SUPPORTING RECORD 3	Type of Document: Marriage Record	By whom issued and signed: Jackson Co., Oregon (Medford)	Date Issued: 4-3-58	Date Orig. Entry: March 10, 1928
	Date of Birth: Age 17 yrs., 1 mo., 2 days — Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	May 13, 1958

719-117-022-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-409

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Lewis Parker			2. Date Of Birth (month) February (day) 17 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Parker, Idaho
FATHER	6. Full Name of Father: Albert B. Parker			7. State or Country of Father's Birth: Parker, Idaho
MOTHER	8. Full Maiden Name of Mother: Helen Rhoda Stoddard			9. State or Country of Mother's Birth: Farmington, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth Lewis Parker		11. Present Address of Registrant: 906 HAUSTEN ST., HONOLULU HAWAII
NOTARY (Seal)	Subscribed and sworn to before me on: Mar. 1 1958	12. Signature of Notary: Ernest Edward Wilp		13. Notary Commission expires: Aug. 1 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, age 67	By whom issued and signed: Mrs. Reah Winegar		Date Issued: 1-10-58	Date Orig. Entry:
	Date of Birth: Feb. 17, 1909	Birth Place: Fremont Co. Parker, Idaho	Full Name of Mother: Helen Rhoda Stoddard	Name of Father: Albert B. Parker	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Yellowstone Stake, Parker Ward, LDS Church		Date Issued: 2-7-58	Date Orig. Entry: May 2, 1909
	Date of Birth: Feb. 17, 1909	Birth Place: Fremont Co. Parker, Idaho	Full Name of Mother: Hellen Rhoda Stoddard	Name of Father: Albert B. Parker	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #231561		Date Issued:	Date Orig. Entry: child born Feb. 27, 1935
	Date of Birth: age 26	Birth Place: Parker, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Jensen	nr Nancy Richards	May 14, 1958

FORM BH 56067

645-209-005-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-422

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Muriel Wunderlich		2. Date Of Birth: (month) July (day) 8 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County	b. City or Town of Birth: St. Maries, Idaho
FATHER	6. Full Name of Father: Albert Conrad Wunderlich		7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Mildred Lavina Darknell		9. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera M. Harma	11. Present Address of Registrant: 918 Crestline Dr. Longview, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on April 25, 1958	12. Signature of Notary: [signature]	13. Notary Commission expires: 8/21/1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notarized Statement by attending physician	By whom issued and signed: C. J. Kinsolving, M.D.	Date Issued: 9-20-57	Date Orig. Entry:
	Date of Birth: July 8, 1909 / Birth Place: St. Maries, Idaho	Full Name of Mother: Mildred Lavina Darknell St. Maries, Ida	Name of Father: Albert Conrad Wunderlich	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Washington	Date Issued:	Date Orig. Entry: child born Dec. 11, 1943
	Date of Birth: age 34 / Birth Place: St. Maries, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: State College of Washington Pullman, Washington	Date Issued:	Date Orig. Entry: Sept. 23, 1931
	Date of Birth: July 8, 1909 / Birth Place: ----	Full Name of Mother: ----	Name of Father: A. C. Wunderlich	

QUALIFYING INFORMATION

Affidavit by father, Albert Conrad Wunderlich; 1-23-58: born on July 8, 1909; birthplace St. Maries, Idaho, Co. of Kootenai (now Co. of Benewah).

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	nr Nancy Richards	May 16, 1958

FORM BH 56067

MAY 10 1968

APR 10 1968

OCT 4 1971

141-225-025-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-438

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Geneva May Adamson		2. Date Of Birth (month) May (day) 25 (year) 1909
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Idaho Co. b. City or Town of Birth: Clearwater
FATHER	6. Full Name of Father: Charles Adamson		7. State or Country of Father's Birth: vicinity of Lenora Kansas
MOTHER	8. Full Maiden Name of Mother: Flora Myrtle Harper		9. State or Country of Mother's Birth: Unionville, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geneva May Kiele	11. Present Address of Registrant: Rt. 1 - Kamiah, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 20 1958	12. Signature of Notary: Emma Lou Folden	13. Notary Commission expires: March 9 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father's brother (age 70)	By whom issued and signed: Otto Adamson	Date issued: 2-20-58	Date Orig. Entry:
	Date of Birth: May 25, 1909 / Birth Place: Idaho Co. Clearwater, Idaho	Full Name of Mother: Flora Myrtle Harper	Name of Father: Charles Adamson	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #308990	Date issued:	Date Orig. Entry: child born Sept. 17, 1940
	Date of Birth: age 31 / Birth Place: Clearwater, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date issued: 4-8-58	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 10 / Birth Place: Idaho	Full Name of Mother: Flora Adamson	Name of Father: Charles Adamson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	May 22, 1958

FORM BH 56067 Copy paid

MAY 29 1958

693-221-004-669

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-448

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edythe Edwina Wilson		2. Date Of Birth: (month) April (day) 21 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County Bear Lake; b. City or Town of Birth: Novine, Idaho	
FATHER	6. Full Name of Father: Elzer David Wilson		7. State or Country of Father's Birth: Kansas Cloude County	
MOTHER	8. Full Maiden Name of Mother: Edith Pearl Forrey		9. State or Country of Mother's Birth: Kansas Rooks County	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edythe Edwina Wilson	11. Present Address of Registrant: Thayne Star Route M Cambridge Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: Elsworth April 2 1958	12. Signature of Notary: Ross Lewis Rea	13. Notary Commission expires: Jan 10 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: Inkom Ward, Pocatello Stake LDS Church	Date Issued:	Date Orig. Entry: Sept. 16, 1925
	Date of Birth: April 21, 1909	Birth Place: Novene, Idaho	Full Name of Mother: Pearl Forrey	Name of Father: Elzer D. Wilson	
SUPPORTING RECORD 2.	Type of Document: present at birth (age 64) Affidavit by mother's sister		By whom issued and signed: Mary Forrey McClurg	Date Issued: 5-3-58	Date Orig. Entry:
	Date of Birth: April 21, 1909	Birth Place: Bear Lake Co. Novine, Idaho	Full Name of Mother: Edith Pearl Forrey Wilson	Name of Father: Elzer David Wilson	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #208389	Date Issued:	Date Orig. Entry: child born Dec. 2, 1932
	Date of Birth: age 23	Birth Place: Novine, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Denson	Nancy Richards	May 27, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

MAY 28 1958

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Wayne Wayne Wilson	2. Date of Birth (month) April (day) 21 (year) [illegible]
	3. Sex: Male	4. Place of Birth: Nevine, Idaho; Country: [illegible]	5. City or Town of Birth: Nevine, Idaho
FATHER	6. Full Name of Father: Elzer David Wilson	7. State or Country of Father's Birth: Kansas Cloude County
MOTHER	8. Full Maiden Name of Mother: Edith Pearl Forrey	9. State or Country of Mother's Birth: Kansas Rooks County
APPLICANT	9. Declare under oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Name of Document: Church Record	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Pearl Forrey	Name of Father: Elzer D. Wilson	
SUPPORTING RECORD 2	Title of Document: Affidavit by mother's sister	By whom issued and signed: Mary Forrey McClure	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: April 21, 1959	Birth Place: Deer Lake Co. Nevine, Idaho	Full Name of Mother: Edith Pearl Forrey Wilson	Name of Father: Elzer David Wilson
SUPPORTING RECORD 3	Type of Document: Own child's birth certificate	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: child born Dec. 2, 1932
	Date of Birth: age 23	Birth Place: Nevine, Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	Nov 27, 1958

699-228-044-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-451

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ella Jane Orrell
2. Date of Birth: April 28 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Washington Co. b. City or Town of Birth: Midvale, Idaho

FATHER

6. Full Name of Father: Basil Lafayette Orrell
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Elma Duncan
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: + Ella Jane Orrell Crawford
11. Present Address of Registrant: 406 Alisky Bldg. Portland 4, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: May 6 1958
12. Signature of Notary: + Mark O. Henderson
13. Notary Commission expires: Oct. 24 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #240397		child born Feb. 4, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 26	Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
(age 70) Affidavit by mother's sister	Nelle D. Levi	5-5-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 28, 1909	Washington Co. Midvale, Idaho	Mary Elma Jane Duncan	Basil Lafayette Orrell

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		Nov. 29, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 28, 1909	Washington Co. Midvale, Idaho	Mary Jane Ducan	Basil L. Orrell

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barsom	mr Nancy Richards	May 28, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

[redacted]

Female

Idaho

Idaho

815-106-004-385

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-469

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Henry Hansen, Jr.
2. Date Of Birth (month) (day) (year): March 6 1909
3. Color or Race:
4. Sex: M
5. Place of Birth a. County: Bennington — Bear Lake
b. City or Town of Birth: Bennington, Idaho

FATHER

6. Full Name of Father: William Henry Hansen
7. State or Country of Father's Birth: Bennington, Idaho

MOTHER

8. Full Maiden Name of Mother: Mable Chellew
9. State or Country of Mother's Birth: St. Joseph, Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wm H Hansen Jr by Deceased
11. Present Address of Registrant: Mrs Wm H Hansen Deceased

NOTARY (Seal)

Subscribed and sworn to before me on: April 16 1958
12. Signature of Notary: Ethel V. Murphy
13. Notary Commission expires: Dec 4 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by family friend, age 80	Carrie Knapp	4-18-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 6, 1909	Bennington, Idaho	Mable Chellew	William Henry Hansen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Death Certificate	Board of Health St. Joseph, Missouri	10-26-44	Oct. 23, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 35	Bennington, Idaho	Mabel Chellew	William H. Hansen

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Driver's License	State of Missouri #668155	3-2-42	March 2, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 32	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W H Benson	mr Nancy Richards	June 3, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 2658-469

REGISTRANT	[redacted]	1. Date of Birth (month) (day) (year)	
(Person whose birth is being registered)	William Henry Hansen, Jr.	March [redacted]	
	2. Color or Race: M	3. Place of Birth: Bennington County: Peer Lake	4. Sex: Bennington, Idaho
FATHER	6. Full Name of Father: William Henry Hansen	7. Date of Birth of Father's Birth: Bennington, Idaho	
MOTHER	8. Full Maiden Name of Mother: Mable Chellew	9. State or Country of Mother's Birth: St. Joseph, Missouri	
AFFIDAVIT	1. Hereby certify that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [illegible]	13. Present Address of Registrant: Deceased
NOTARY (Seal)	14. Sworn and sworn to before me on: [illegible]	15. Signature of Notary: [illegible]	16. Notary Commission expires: [illegible]

SUPPORTING RECORD 1.	Type of Document: Affidavit by family friend, age 60	By whom issued and signed: Carrie Knapp	Date Issued: 4-18-58	Date Orig. Entry
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: William Henry Hansen	
SUPPORTING RECORD 2.	Type of Document: Death Certificate	By whom issued and signed: Board of Health St. Joseph, Missouri	Date Issued: 10-26-44	Date Orig. Entry: Oct. 23, 1944
	Date of Birth: [illegible]	Full Name of Mother: Mabel Chellew	Name of Father: William H. Hansen	
SUPPORTING RECORD 3.	Type of Document: Driver's License	By whom issued and signed: State of Missouri [illegible]	Date Issued: 7-2-42	Date Orig. Entry: [illegible] 2, 1942
	Date of Birth: [illegible]	Full Name of Mother: ---	Name of Father: ---	
QUALIFICATIONS INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing document.

Signature	Evidence reviewed by	Date Filed
[illegible]	Nancy Richards	June 3, 1958

FORM NO. 5603

799-202-042-718

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 58-476

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Jane Pritchard			2. Date Of Birth (month) 1 (day) 2 (year) 09.	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls Ida	
FATHER	6. Full Name of Father: John Pritchard			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Agnes Cathrine Gahley			9. State or Country of Mother's Birth: Neb.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Jane Shippy		11. Present Address of Registrant: 18 Cypress Boise Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 4 — 1958	12. Signature of Notary: H. Foster Robertson		13. Notary Commission expires: April 1 — 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding School census-year 1921	By whom issued and signed: auditor Bert Bowler, Gooding Ct.	Date Issued: June 3, 1958	Date Orig. Entry: school census 1921.
	Date of Birth: January 2, 1909 — Birth Place: ---	Full Name of Mother: Agnes Pritchard	Name of Father: John Pritchard	
SUPPORTING RECORD 2.	Type of Document: Insurance policy #gb6071-6	By whom issued and signed: Ida. Mutual Ben. Ass. Boise	Date Issued: March 28, 1944	Date Orig. Entry: Mar. 28 '44
	Date of Birth: Jan. 2, 1909 — Birth Place: Twin Falls, Ida.	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affadavit by mother	By whom issued and signed: Agnes Pritchard	Date Issued: June 4, 1958	Date Orig. Entry:
	Date of Birth: Jan. 2, 1909 — Birth Place: Twin Falls	Full Name of Mother: Agnes Pritchard	Name of Father: John Pritchard	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Vital Statistics Carolyn Hoffman	June 5, 1958

FORM BH 56067

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

JUN 6 1958

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Space Prior Number 58-475

REGISTRANT

1. Registrant's Full Name at Birth
2. Date of Birth (month) (day) (year)
3. Color or Type, Sex
4. Place of Birth, a. County
b. City or Town of Birth
5. Full Name of Father
7. State or Country of Father's Birth
8. Maiden Name of Mother
9. State or Country of Mother's Birth

AFFIDAVIT

10. Signature of Registrant
11. Present Address of Registrant
12. Signature of Notary
13. Notary Commission expires

SUPPORTING RECORD 1

Type of Document: Statement regarding School census-year 1921
By whom issued and signed: Bert Bowler, Gooding Ct. auditor
Date Issued: June 3, 1958
Date Orig. Entry: school census 1921
Date of Birth: January 2, 1909
Full Name of Mother: Agnes Pritchard
Name of Father: John Pritchard

SUPPORTING RECORD 2

Type of Document: Insurance policy #gb6071-6
By whom issued and signed: Ida. Mutual Ben. Ass. Boise
Date Issued: March 28, 1944
Date Orig. Entry: Mar. 28, '44
Date of Birth: Jan. 2, 1909
Birth Place: Twin Falls, Ida.
Full Name of Mother
Name of Father

SUPPORTING RECORD 3

Type of Document: Affadavit by mother
By whom issued and signed: Agnes Pritchard
Date Issued: June 4, 1958
Date Orig. Entry
Date of Birth: Jan. 2, 1909
Birth Place: Twin Falls
Full Name of Mother: Agnes Pritchard
Name of Father: John Pritchard

QUALIFIED CERTIFICATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Name of Registrar: W. Benson
Evidence reviewed by: Vital Statistics, Carolyn Hoffman
Date Filed: June 5, 1958

FORM 2H 56167

259-215-025-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-523

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle May Knight		2. Date Of Birth (month) May (day) 15 (year) 1909
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Woodland
FATHER	6. Full Name of Father: Allen Knight		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Lillie Belle Henderson		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle Van Cleave	11. Present Address of Registrant: Rt 1 Box 230 Springfield Ore
NOTARY (Seal)	Subscribed and sworn to before me on: August 6 1957	12. Signature of Notary: Alberta Heffron	13. Notary Commission expires: March 11 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

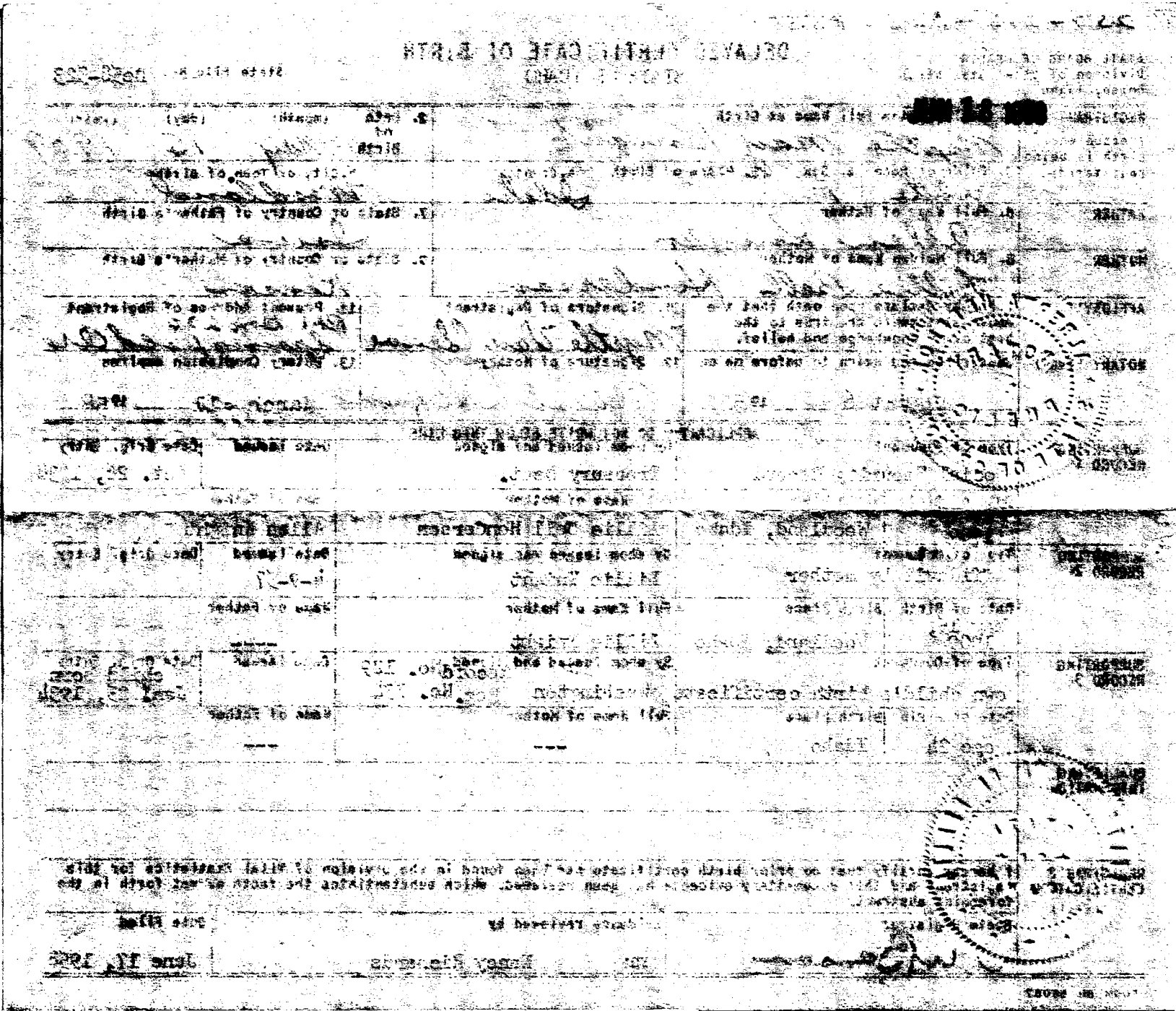
SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Oct. 26, 1938
	Date of Birth: May 15, 1909	Birth Place: Woodland, Idaho	Full Name of Mother: Lillie Bell Henderson	Name of Father: Allen Knight	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Lillie Knight	Date Issued: 4-9-57	Date Orig. Entry:
	Date of Birth: May 15, 1909	Birth Place: Woodland, Idaho	Full Name of Mother: Lillie Knight	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Record No. 129 Washington Reg. No. 134	Date Issued:	Date Orig. Entry: child born Jan. 25, 1934
	Date of Birth: age 24	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	mr Nancy Richards	June 17, 1958

FORM BH 56067



142-102-010-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-535

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Herbert John Austin			2. Date of Birth (month) June (day) 2, (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Falls, Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Herbert Austin			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Clara Elizabeth Smith			9. State or Country of Mother's Birth: Gove County, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Herbert John Austin		11. Present Address of Registrant: Carmen, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 6th 19 58	12. Signature of Notary: [signature]		13. Notary Commission expires: February 27th 19 60

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 71	By whom issued and signed: Clara E. Austin Nash (now) (born in Kansas)	Date Issued: 5-6-58	Date Orig. Entry:	
	Date of Birth: June 2, 1909	Birth Place: Bonneville Co. Idaho Falls, Idaho	Full Name of Mother: Clara Elizabeth Smith	Name of Father: Herbert Austin (born in Eng.)	
SUPPORTING RECORD 2.	Type of Document: Bible Record (photostat)	By whom issued and signed: Original viewed by Notary Public C. Walker; Salmon, Idaho	Date Issued: 6-6-58	Date Orig. Entry: old record	
	Date of Birth: June 2, 1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: National Public Service Ins. Co.; Seattle, Wash.	Date Issued: 11-6-43	Date Orig. Entry: May 6, 1943	
	Date of Birth: June 2, 1909	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Nancy Richards	June 20, 1958

FORM BH 56067

DECEASED

993208-028-815

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-541
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary E. Ritchie			2. Date of Birth (month) Sept. (day) 8 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur d'alene
FATHER	6. Full Name of Father: William Hudson Ritchie			7. State or Country of Father's Birth: New York
MOTHER	8. Full Maiden Name of Mother: Anna Hanson			9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Mary Forsyth		11. Present Address of Registrant: Metaline Falls, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 1958	12. Signature of Notary: Joan Madsen		13. Notary Commission expires: March 22 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Federal Census Record		By whom issued and signed: U. S. Bureau of the Census	Date Issued: 2-27-58	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 10	Birth Place: Idaho	Full Name of Mother: Anna Ritchie	Name of Father: William Ritchie	
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by mother		By whom issued and signed: Anna Shields (now)	Date Issued: 3-24-58	Date Orig. Entry:
	Date of Birth: Sept. 8, 1909	Birth Place: Coeur d'Alene, Ida.	Full Name of Mother: Anna Ritchie	Name of Father: William Hudson Ritchie	
SUPPORTING RECORD 3. Class B	Type of Document: Statement re: Insurance Policy		By whom issued and signed: United Benefit Life Ins. Co. Omaha, Nebraska	Date Issued: (statement) 2-7-58	Date Orig. Entry: June 22, 1953
	Date of Birth: Sept. 8, 1909	Birth Place: Coeur d'Alene, Ida.	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Baptismal Record, Hays Park Methodist Church, Spokane, Wash.; 3-11-58: record of June 18, 1911; born at Coeur d'Alene, Idaho; birth date not shown; father Wm. Ritchie.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Nancy Richards	June 23, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 99067

DELAYED CERTIFICATE OF BIRTH

JUL 23 1971

JUN 23 1958

REGISTRANT	1. Registrant's Full Name at Birth	2. Date of Birth	
	3. Sex	4. Place of Birth	5. Birth or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby certify upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 2-27-58	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age 10	Birth Place: Idaho	Full Name of Mother: Anna Ritchie	Name of Father: William Ritchie
SUPPORTING RECORD	Type of Document: Affidavit by mother	By whom issued and signed: Anna Ritchie (now)	Date Issued: 3-[illegible]-58	Date Orig. Entry:
	Date of Birth: Sept. 8, 1909	Birth Place: Coeur d'Alene, Ida.	Full Name of Mother: Anna Ritchie	Name of Father: William Ritchie
SUPPORTING RECORD	Type of Document: Insurance Policy	By whom issued and signed: United Benefit Life Ins. Co. Omaha, Nebraska	Date Issued: 2-7-58	Date Orig. Entry: June 22, 1953
	Date of Birth: Sept. 3, 1909	Birth Place: Coeur d'Alene, Ida.	Full Name of Mother: ---	Name of Father: ---

Notional Record, Have Park Methodist Church, Spokane, Wash.; 3-11-58: record of June 15, 1911; born at Coeur d'Alene, Idaho; birth date not shown; father Wm. Ritchie.

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
[signature]	Nancy Richards	June 23, 1958

Records are those made and [illegible] the Registrant's fourth birthday [illegible]

381-127-001-595

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-591

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GEORGE FRANKLIN CHAPHE
2. Date of Birth: (month) April (day) 27 (year) 1909
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: IDAHO ADA; b. City or Town of Birth: Parma

FATHER

6. Full Name of Father: Frank Chaphe
7. State or Country of Father's Birth: New York State

MOTHER

8. Full Maiden Name of Mother: Edith, Vincent,
9. State or Country of Mother's Birth: Kentucky

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: G. Franklin Chaphe.
11. Present Address of Registrant: 11004 Cadillac, Warren, Mich.

NOTARY (Seal)

Subscribed and sworn to before me on: APRIL 7, 1958
12. Signature of Notary: George N. Chris
13. Notary Commission expires: , May 20, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	U. S. Bureau of the Census	2-13-56	April 1, 1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 20	Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		Dec. 4, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 27, 1909	Parma, Idaho	Edith Buell	George Franklin Chaphe

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Union Record--Application	International Brotherhood of Electrical Workers		Aug. 25, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 27, 1909	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature]
Evidence reviewed by: nr Nancy Richards
Date Filed: July 3, 1958

FORM BH 56067

DELAYED (CERTIFICATE OF BIRTH)

STATE OF IDAHO

1. Name of child		2. Date of Birth (month) April	(day) 27
3. Place of birth	b. County	c. City or town of birth	
4. Sex	5. Color or race	6. Number of this child (if one of twins, triplets, etc.)	
7a. Full name of father		7b. Age at time of this birth	
8a. Full maiden name of mother		8b. Age at time of this birth	
9. Was child born in wedlock?	10. Was husband living at time of conception?	11. Was husband living at birth of child?	
12. Usual residence of parents (State)	(County)	(City or town)	(Street address)
13. Name and address of informant		14. Relationship to child	
15. Was birth attended by physician, midwife, or other person?	16. Address of attendant	17. Date attended birth	
18. Date informant filed certificate	19. Was birth registered?	20. Date registered	

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on

Signature of Informant

Address of Informant

Notary Commission expires

, May 20,

Signature of Notary

Type of Document

Issued Security Record

Date Issued

Date Orig. Entry

By whom issued and signed

Name of Issuer

Date Issued

Date Orig. Entry

By whom issued and signed

Name of Issuer

Date of Birth

Birth Place

Type of Document

Date Issued

Date Orig. Entry

By whom issued and signed

Name of Issuer

299-23-227-65

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-614
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Cecil Lucile Price
2. Date of Birth: (month) June (day) 23rd. (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Jerome at home; b. City or Town of Birth: Jerome, Idaho

FATHER

6. Full Name of Father: Everett Clebrun Price
7. State or Country of Father's Birth: Galesberg, Ills.

MOTHER

8. Full Maiden Name of Mother: Alma Irene West
9. State or Country of Mother's Birth: Independence, Mo.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cecil Lucile Price now Mrs Cecil E Snyder
11. Present Address of Registrant: 1952 35th. West Seattle 99, Washington.

NOTARY (Seal)

Subscribed and sworn to before me on: May 5th. 1958

12. Signature of Notary: Eva M. Stimpson
13. Notary Commission expires: April 14th. 1960.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Church Record	Magnolia Lutheran Church Seattle, Washington	4-14-58	Apr. 18, 1943
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	June 23, 1909	Jerome, Idaho	---	---
SUPPORTING RECORD 2. Class B	Insurance Policy	Prudential Ins. Co. of Amer.	4-13-36	April 13, 1936
	Date of Birth age next birthday 27 years	**Birth Place** ---	**Full Name of Mother** ---	**Name of Father** ---
SUPPORTING RECORD 3. Class B	Affidavit by aunt, age 77	Anna S. West	7-7-58	
	Date of Birth June 23, 1909	**Birth Place** Jerome, Idaho	**Full Name of Mother** Alma Irene Price	**Name of Father** Everett Clebrun Price

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	nr Nancy Richards	July 14, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Reg. Dist. No. _____ State Reg. No. _____

1. Name of child (If not named, so state)		2. Sex	3. Date of birth (month, day, year)
[redacted]		Female	June 2nd, 1900
4. Full name of father		5. Birthplace of father (State or foreign country)	
Everett Coleman Price		Georgia	
6. Full maiden name of mother		7. Birthplace of mother (State or foreign country)	
Anna Irene West		Georgia	
8. Residence of parents (State, county, city, street address, or R.F.D. number)			
Pingree, Bingham Co., Idaho			
9. Name and address of informant		10. Relationship to child	
Mrs. Anna Irene Price, Pingree, Idaho		Mother	
11. Name and address of person who prepared this report		12. Date received by local registrar (month, day, year)	
Mrs. Anna Irene Price, Pingree, Idaho		May 5th, 1938	

I hereby certify that I attended the birth of the child named above, born on the date stated, and that I last saw the child alive on June 2nd, 1900. I further certify that I have no knowledge of the death of the child and that to the best of my knowledge and belief the child is now living.

13. Signature of Physician or Midwife: Mary Thompson, M.D.
14. Post Office Address: Pingree, Idaho
15. Date Signed: May 5th, 1938

16. Name of Witness: Mrs. Anna Irene Price
17. Post Office Address: Pingree, Idaho

18. Signature of Local Registrar: [redacted]
19. Date Received by Local Registrar: May 5th, 1938

Registered in Bingham County, Idaho, Book 7, Page 220

Date: May 5th, 1938

Local Registrar

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child (If not named, so state)		2. Sex	3. Date of birth (month, day, year)
[redacted]		Female	June 2nd, 1900
4. Full name of father		5. Birthplace of father (State or foreign country)	
Everett Coleman Price		Georgia	
6. Full maiden name of mother		7. Birthplace of mother (State or foreign country)	
Anna Irene West		Georgia	
8. Residence of parents (State, county, city, street address, or R.F.D. number)			
Pingree, Bingham Co., Idaho			
9. Name and address of informant		10. Relationship to child	
Mrs. Anna Irene Price, Pingree, Idaho		Mother	
11. Name and address of person who prepared this report		12. Date received by local registrar (month, day, year)	
Mrs. Anna Irene Price, Pingree, Idaho		May 5th, 1938	

I hereby certify that I attended the birth of the child named above, born on the date stated, and that I last saw the child alive on June 2nd, 1900. I further certify that I have no knowledge of the death of the child and that to the best of my knowledge and belief the child is now living.

13. Signature of Physician or Midwife: Mary Thompson, M.D.
14. Post Office Address: Pingree, Idaho
15. Date Signed: May 5th, 1938

16. Name of Witness: Mrs. Anna Irene Price
17. Post Office Address: Pingree, Idaho

18. Signature of Local Registrar: [redacted]
19. Date Received by Local Registrar: May 5th, 1938

Registered in Bingham County, Idaho, Book 7, Page 220

Date: May 5th, 1938

Local Registrar

299-126-022-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-627

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JAMES BLACKFORD BRIGGS			2. Date Of Birth (month) (day) (year): MARCH 26 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont County IDAHO	b. City or Town of Birth: Teton City	
FATHER	6. Full Name of Father: GEORGE ALBERT BRIGGS			7. State or Country of Father's Birth: SALT LAKE CITY UTAH	
MOTHER	8. Full Maiden Name of Mother: EVA BLACKFORD			9. State or Country of Mother's Birth: OLDHAM LANCASHIRE ENGLAND	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James B Briggs		11. Present Address of Registrant: TETON CITY IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: May 12 19 58	12. Signature of Notary: Elmo R. Matthews		13. Notary Commission expires: March 8 19 59	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: LDS Church Teton Ward, North Rexburg Stake		Date Issued: 7-7-58	Date Orig. Entry: June 6, 1909
	Date of Birth: March 26, 1909	Birth Place: Fremont Co. Teton, Idaho	Full Name of Mother: Eva Blackford	Name of Father: George A. Briggs	
SUPPORTING RECORD 2.	Type of Document: Insurance Record--Statement	By whom issued and signed: Beneficial Life Ins. Co.		Date Issued: --	Date Orig. Entry: application dated May 3, 1938
	Date of Birth: March 26, 1909	Birth Place: Teton, Idaho	Full Name of Mother: ----	Name of Father: George A. Briggs	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend at time of birth, over 70 years old	By whom issued and signed: James C. Siddoway		Date Issued: 7-3-58	Date Orig. Entry:
	Date of Birth: March 26, 1909	Birth Place: Teton City, Idaho	Full Name of Mother: Eva Blackford Briggs	Name of Father: George A. Briggs	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: July 21, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
BIRTH RECORD
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	Date (Month)	Date (Year)
	2. Color or Race: White	3. Place of Birth (Without): Fremont County	4. Sex: Male
	5. Date of Birth: [illegible]	6. Place of Birth: Teton	7. Date of Birth: [illegible]
FATHER	8. Full Name of Father: [illegible]	9. Place of Country of Father's Birth: [illegible]	
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. Place of Country of Mother's Birth: [illegible]	
AFFIDAVIT	10. Sworn Declare upon oath that the above statements are true as the best of my knowledge and belief	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	12. Subscribed and sworn to before me on: May 12 1958	13. Signature of Notary: [illegible]	14. Notary Commission Expires: March 8 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Church Record—Blessing	By whom issued and signed: LDS Church, Teton Ward, North Bayhorn Stake	Date Issued: 7-7-58	Date Orig. Entry: June 6, 1959
	Date of Birth: March 25, 1959	Full Name of Mother: Eva Blackford	Name of Father: George A. Briggs	
SUPPORTING RECORD 2	Type of Document: Insurance Record—Statement	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: —	Date Orig. Entry: application dated May 3, 1958
	Date of Birth: March 25, 1959	Full Name of Mother: —	Name of Father: George A. Briggs	
SUPPORTING RECORD 3	Type of Document: Affidavit by [illegible] birth, over 10 years old	By whom issued and signed: James B. Giddeway	Date Issued: 7-3-58	Date Orig. Entry:
	Date of Birth: March 25, 1959	Full Name of Mother: Eva Blackford Briggs	Name of Father: George A. Briggs	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found. The [illegible] Vital Statistics for this registrant and that documentary evidence has been reviewed, which [illegible] facts as set forth in the foregoing abstract.

State Registrar: [illegible]	Evidence reviewed by: Nancy Richards	Date Filed: July 21, 1958

FORM OF ISSUE

765-207-003-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-656

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Pond			2. Date of Birth (month) May (day) 7 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock Co.	b. City or Town of Birth: Thatcher, Idaho
FATHER	6. Full Name of Father: Joseph Leroy Pond			7. State or Country of Father's Birth: Richmond, Utah
MOTHER	8. Full Maiden Name of Mother: Janetta Bernhisel			9. State or Country of Mother's Birth: Lewiston, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Pond Graner		11. Present Address of Registrant: 395 So. 2nd East Preston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 28, 1958	12. Signature of Notary: [signature]		13. Notary Commission expires: 5-20-1959 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Janetta B. Pond		Date Issued: 12-28-43	Date Orig. Entry:
	Date of Birth: May 7, 1909	Birth Place: Bannock Co. Thatcher, Idaho	Full Name of Mother: Janetta Bernhisel Pond	Name of Father: Joseph Leroy Pond	
SUPPORTING RECORD 2.	Type of Document: Church Record--Blessing	By whom issued and signed: Thatcher Ward LDS Church		Date Issued:	Date Orig. Entry: June 6, 1909
	Date of Birth: May 7, 1909	Birth Place: Bannock Co. Thatcher, Idaho	Full Name of Mother: Janetta Bernhisel	Name of Father: Jos. Leroy Pond	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #413233		Date Issued:	Date Orig. Entry: child born Nov. 7, 1945
	Date of Birth: age 36	Birth Place: Thatcher, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	nr Nancy Richards	Aug. 1, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 1 1958

RECIPIENT	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth: Month [illegible] Day [illegible] Year 1909
	3. Place of Birth: Bannock Co.	4. City or Town of Birth: Thatcher, Idaho
	5. Full Name of Father: Joseph Leroy Pond	7. State or Country of Father's Birth: Richmond, Utah
MOTHER	8. Full Maiden Name of Mother: Janetta Berrhisel	9. State or Country of Mother's Birth: Lewiston, Utah
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant: [illegible] Ind East, Preston, Idaho
NOTARY	12. Signature of Notary	13. Notary Commission Expires: [illegible] 1957
SUPPORTING RECORD A	By whom issued and signed: Janetta B. Pond	Date Issued: [illegible]
	Full Name of Mother: Janetta Berrhisel Pond	Name of Father: Joseph Leroy Pond
	Type of Document: Church Record--Blessing	Date Issued: June 6, 1909
	Full Name of Mother: Janetta Berrhisel	Name of Father: Jos. Leroy Pond
SUPPORTING RECORD B	By whom issued and signed: Idaho [illegible]	Date Issued: Nov. 3, 1945
	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION		
DELAYED CERTIFICATE (seal)	Registrar certifies that [illegible]	
	Date Filed: Aug. 1, 1958	

553-20Y-028-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-681

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fern Ethel Rosina Nelson			2. Date of Birth (month) (day) (year): August 4, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Coeur d'Alene Kootenai	b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Frank Owen Nelson			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Minnie Adell Knickerbocker			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fern Ethel Rosina Nelson (White)		11. Present Address of Registrant: N 1320 Washington, Spokane, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: July 30, 1958	12. Signature of Notary: Ella McNulty		13. Notary Commission expires: May 20, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Minnie A. Nelson		Date Issued: 7-30-58	Date Orig. Entry:
	Date of Birth: Aug. 4, 1909	Birth Place: Coeur d'Alene, Ida.	Full Name of Mother: Minnie Adell Knickerbocker	Name of Father: Frank Owen Nelson	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Spokane County, Wash.		Date Issued: 7-15-58	Date Orig. Entry: Nov. 22, 1930
	Date of Birth: age 21	Birth Place: Coeur d'Alene, Ida.	Full Name of Mother: Minnie Knickerbocker	Name of Father: Frank Owen Nelson	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: Deaconess Hospital, Spokane, Wash.		Date Issued: 7-15-58	Date Orig. Entry: July 24, 1933
	Date of Birth: age 23	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jensen	Nancy Richards	Aug. 18, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of person for whom record is made (First, middle, last)		Date of birth (month, day, year)	
Doris Ethel Bowling Nelson		August 4, 1909	
2. Sex	3. Color or race	4. Place of birth (County)	5. City or town of birth
Female	White	Owyhee	Owyhee
6. Name of father		7. Birth or maiden name of mother	
[redacted] Owen Nelson		Ethel Mildred Scofield	
8. Birth or maiden name of mother's mother		9. Birth or maiden name of father's mother	
Unknown		Unknown	
10. Birth or maiden name of father's father		11. Present address of informant	
Unknown		7350 Pennington, Spokane, Washington	

I hereby swear or affirm that the above statements are true to the best of my knowledge and belief.

Signature of informant: [illegible]

Subscribed and sworn to before me this 20th day of July, 1959

Signature of official administering oath: [illegible]

Official title: Notary Public

My commission expires: Mar. 20, 1962

Date received	By whom received
7-20-59	Orenda A. Nelson

Name of Registrar

Date Registered: July 21, 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of person for whom record is made (First, middle, last)		Date of birth (month, day, year)	
Doris Ethel Bowling Nelson		August 4, 1909	
2. Sex	3. Color or race	4. Place of birth (County)	5. City or town of birth
Female	White	Owyhee	Owyhee
6. Name of father		7. Birth or maiden name of mother	
[redacted] Owen Nelson		Ethel Mildred Scofield	
8. Birth or maiden name of mother's mother		9. Birth or maiden name of father's mother	
Unknown		Unknown	
10. Birth or maiden name of father's father		11. Present address of informant	
Unknown		7350 Pennington, Spokane, Washington	

I hereby swear or affirm that the above statements are true to the best of my knowledge and belief.

Signature of informant: [illegible]

Subscribed and sworn to before me this 20th day of July, 1959

Signature of official administering oath: [illegible]

Official title: Notary Public

My commission expires: Mar. 20, 1962

Date received	By whom received
7-20-59	Orenda A. Nelson

Name of Registrar

Date Registered: July 21, 1959

386202 022-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-722

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verna Thompson			2. Date of Birth (month) August (day) 2 (year) 1909
	3. Color or Race: ~~American~~ White	4. Sex: Female	5. Place of Birth a. County: Idaho, Fremont	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Pearl Almanzie Thompson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lena Eliza Murri			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verna Thompson Duke		11. Present Address of Registrant: 212 East Main East Helena, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: August 1 19 58	12. Signature of Notary: Milba M. [illegible] Residing at Helena, Mont.		13. Notary Commission expires: June 27 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Lena Thompson		Date Issued: 7-24-58	Date Orig. Entry:
	Date of Birth: Aug. 2, 1909	Birth Place: St. Anthony, Idaho	Full Name of Mother: Lena Eliza Murri Thompson	Name of Father: Pearl A. Thompson	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Montana Life Ins. Co.		Date Issued:	Date Orig. Entry: Nov. 19, 1928
	Date of Birth: Aug. 2, 1909	Birth Place: St. Anthony, Idaho	Full Name of Mother: Lena E. Moore	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Hospital Certificate of own child's birth	By whom issued and signed: St. John's Hospital Helena, Montana		Date Issued:	Date Orig. Entry: child born March 23, 1935
	Date of Birth: Aug. 2, 1909	Birth Place: St. Anthony, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Nancy Richards nr	Date Filed: Aug. 28, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE DIVISION OF HEALTH
Division of Vital Statistics
Boise, Idaho

CONSTITUENT	1. Registrant's Full Name at Birth: Verna Thompson	2. Date of Birth (month) (day) (year): August 2 1909
	3. Color or Race: Female	4. Place of Birth: Idaho, County: Fremont
		5. Place of Birth: St. Anthony
FATHER	6. Full Name of Father: Pearl Alexander Thompson	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lena Eliza Murri	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	1. I hereby declare upon oath that the [illegible]	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: 212 East Main, East Helena, Montana
NOTARY CERTIFICATE	12. Subscribed and sworn to before me on August 29 1958	13. Signature of Notary: Residing at Helena, Mont.
		14. Notary Commission expires: June 27 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Lena Thompson	Date issued: 7-24-58	Date Orig. Entry
	Date of Birth: Aug. 2, 1909	Birth Place: St. Anthony, Idaho	Name of Father: Pearl A. Thompson	
SUPPORTING RECORD 2	Type of Document: Insurance Application	By whom issued and signed: Montana Life Ins. Co.	Date issued:	Date Orig. Entry: Nov. 22, 1928
	Date of Birth: Aug. 2, 1909	Birth Place: St. Anthony, Idaho	Full Name of Mother: Lena M. Moore	Name of Father: ---
SUPPORTING RECORD 3	Type of Document: Hospital Certificate of Birth	By whom issued and signed: St. John's Hospital, Helena, Montana	Date issued:	Date Orig. Entry: Child born March 23, 1925
	Date of Birth: Aug. 2, 1909	Birth Place: St. Anthony, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name Registrar	Evidence reviewed by: Nancy Richards	Date filed: Aug. 28, 1958

1-26-2011 - Corrected Computer to Reflect 1st name of VERNA not VERNON - See 1909-334966 for Twin

818-110-004-241

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-769

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Earl Hayes			2. Date Of Birth (month) (day) (year): May 10 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake Co.	b. City or Town of Birth: Georgetown, Idaho
FATHER	6. Full Name of Father: Alma Hess Hayes			7. State or Country of Father's Birth: Farmington, Davis Co. Utah
MOTHER	8. Full Maiden Name of Mother: Lottie Smart			9. State or Country of Mother's Birth: Smithfield, Cache Co. Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Earl Hayes		11. Present Address of Registrant: Box 37 Georgetown, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 15 1958	12. Signature of Notary: W R Kunz		13. Notary Commission expires: May 17, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: Georgetown Ward LDS Church		Date Issued: 9-19-17	Date Orig. Entry: Aug. 25, 1917
	Date of Birth: May 10, 1909	Birth Place: Bear Lake Co. Georgetown, Idaho	Full Name of Mother: Lottie Smart	Name of Father: Alma H. Hayes	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: #69469 Salt Lake County, Utah		Date Issued: 9-10-58 (copy)	Date Orig. Entry: Oct. 4, 1934
	Date of Birth: age 25	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #261764		Date Issued:	Date Orig. Entry: child born Nov. 15, 1937
	Date of Birth: age 28	Birth Place: Georgetown, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W R Benson	nr Nancy Richards	Sept. 22, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE & AND OF BIRTH
Division of Vital Statistics
Boise, Idaho

REGISTRANT	1. Registrant's Full Name at Birth: [illegible] Hayes	3. Date of Birth (month) May (day) 20 (year) 1909	
	4. Sex: Male	5. Place of Birth (County): Bear Lake Co.	County or Town of Birth: Georgetown, Idaho
FATHER	6. Full Name of Father: [illegible] Hayes	7. Place or Country of Father's Birth: Bennington, Davis Co. Utah	
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. Place or Country of Mother's Birth: Blitzfield, Jaens Co. Utah	
APPROVAL	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Box 37 Georgetown, Idaho	
NOTARY SEAL	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]	

APPLICATION TO NOT UNITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Church Record--Baptism	By whom issued and signed: Georgetown Ward [illegible]	Date Issued: 9-1[illegible]	Date Orig. Entry: Aug. 25, 1919
	Full Name of Father: [illegible] Hayes			
	Date of Birth: 1909	Birth Place: Georgetown, Idaho	Full Name of Mother: Lottie Smart	Name of Father: Alma H. Hayes
SUPPORTING RECORD 2	Type of Document: Marriage Record	By whom issued and signed: Salt Lake County, Utah	Date Issued: 7-10-[illegible] (Corr.)	Date Orig. Entry: Nov. 4, 1924
	Date of Birth: [illegible]	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: Idaho [illegible]	Date Issued:	Date Orig. Entry: child born Nov. 15, 1937
	Date of Birth: Aug 28	Birth Place: Georgetown, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

RECORDS: I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed. Which substantiates the facts as set forth in the [illegible] and [illegible].

State Registrar	Evidence reviewed by: [illegible] Nancy Richards	Date Filed: Sept. 22, 1958

SEP 22 [illegible]

[illegible]

493-29-037-264

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-805

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ada Emma Miller
2. Date Of Birth (month) (day) (year): Dec 29 1909
3. Color or Race: White Am.
4. Sex: Female
5. Place of Birth a. County
b. City or Town of Birth: Silver City Idaho

FATHER

6. Full Name of Father: Charles Oscar Miller
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Dora Livina Bowman
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ada Emma Jeffcoat
11. Present Address of Registrant: 13352 Downey ave Paramount Calif

NOTARY (Seal)

Subscribed and sworn to before me on: September 13 1958

12. Signature of Notary: Mildred L. Steele
MILDRED L. STEELE

13. Notary Commission expires: Feb 18 196[illegible]
My Commission Expires Feb. 18, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security Record	Treasury Dept.		Dec. 18, 1950
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec. 29, 1909 / Silver City, Idaho	Dora Livina Bowman	Charles Oscar Miller	
SUPPORTING RECORD 2.	Hospital Certificate of own child's birth	Bell Maternity Hospital Bell, California		child born Dec. 17, 1933
	Dec. 29, 1909 / Silver City, Idaho	---	---	
SUPPORTING RECORD 3.	Affidavit by sister, age 62	Mrs. Essie Mae Smith	9-29-58	
	Dec. 29, 1909 / Silver City, Idaho	Dora Livina Bowman	Charles Oscar Miller	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Jenson
Evidence reviewed by: nr Nancy Richards
Date Filed: Oct. 6, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

962-130-014-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-806

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Willard Ross			2. Date Of Birth (month) Nov (day) 30 (year) 1909	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Roswell Idaho USA	b. City or Town of Birth: Roswell Idaho	
FATHER	6. Full Name of Father: Franklin Leonard Ross			7. State or Country of Father's Birth: Minnesota	
MOTHER	8. Full Maiden Name of Mother: Edith Ione Bacon			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Willard Ross		11. Present Address of Registrant: Portland, Oregon 4141 SE Schiller St.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 6, 1958 19	12. Signature of Notary: Thomas W. Maukee		13. Notary Commission expires: Jany. 22, 1959 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Prudential Ins. Co. of America	Date Issued: 5-17-45	Date Orig. Entry: May 17, 1945	
	Date of Birth: Nov. 30, 1909	Birth Place: Canyon Co. Roswell, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Oregon #628	Date Issued: 5-26-45	Date Orig. Entry: child born Jan. 26, 1945	
	Date of Birth: age 35	Birth Place: Roswell, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 78	By whom issued and signed: Edith I. Ross	Date Issued: 9-6-58	Date Orig. Entry:	
	Date of Birth: Nov. 30, 1909	Birth Place: Roswell, Idaho	Full Name of Mother: Edith Ione (Bacon) Ross	Name of Father: Franklin Leonard Ross	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	nr Nancy Richards	Oct. 6, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 26 1977

OCT 6

295-213-037-867

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-839

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jennie Edna King			2. Date of Birth (month) December (day) 13 (year) 1909 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Bruneau
FATHER	6. Full Name of Father: Morris King			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Jennie Hogue			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jennie Edna King Bunt		11. Present Address of Registrant: Box 643, McGill, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on Oct. 15th 1958	12. Signature of Notary: A. D. Demetras		13. Notary Commission expires: A. D. DEMETRAS NOTARY PUBLIC In and for the County of White Pine, State of Nevada My Commission expires December 15, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 58	By whom issued and signed: Fannie Margaret Johnson	Date Issued: 10-6-58	Date Orig. Entry:
	Date of Birth: Dec. 13, 1909	Birth Place: Bruneau, Idaho	Full Name of Mother: Jennie H. King	Name of Father: Morris King
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Northern Life Ins. Co. Seattle, Washington	Date Issued:	Date Orig. Entry: March 3, 1930
	Date of Birth: Dec. 13, 1909	Birth Place: Bruneau, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: School Dist. #2, Ada & Canyon Counties, Meridian, Idaho	Date Issued: 10-8-58	Date Orig. Entry: Jan. 17, 1927
	Date of Birth: age 17	Birth Place: ---	Full Name of Mother: Jennie King	Name of Father: ---
QUALIFYING INFORMATION	Operator's License, Idaho #653749; issued April 6, 1951: birth date Dec. 13, 1909.			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Nancy Richards	Date Filed: Oct. 21, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 27 1950

2.85-225-003-651

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-856

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Virginia Shellenberger			2. Date Of Birth (month) JAN. (day) 25 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Pocatello Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: Lewis Darwin Shellenberger			7. State or Country of Father's Birth: Illinois - Stephenson Co.	
MOTHER	8. Full Maiden Name of Mother: Arley Kate Weatherman			9. State or Country of Mother's Birth: Albin - Cassin Co.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys V. E Shellenberger		11. Present Address of Registrant: 802 S. 9th Mount Vernon Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: October 20 1958	12. Signature of Notary: John K. Hall, Jr.		13. Notary Commission expires: August 8 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Geo. H. Perry, Pastor Pocatello, Idaho		Date Issued:	Date Orig. Entry: Oct. 17, 1909
	Date of Birth: Jan. 25, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Arley Shellenberger	Name of Father: Lewis Shellenberger	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: Sept. 14, 1943
	Date of Birth: Jan. 25, 1909	Birth Place: Bannock Co. Pocatello, Idaho	Full Name of Mother: Arley Kate Weatherman	Name of Father: Lewis Darwin Shellenberger	
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued:	Date Orig. Entry: April 15, 1947
	Date of Birth: Jan. 25, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Nancy Richards	Oct. 24, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 27 1950

MAR 22 1971

964-228-026-254

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-861

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MELBA LUCRETIA ROMNEY
2. Date Of Birth: (month) AUGUST (day) 28 (year) 1909
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth: a. County: RIGBY, IDAHO; b. City or Town of Birth:

FATHER

6. Full Name of Father: MILES WILSON ROMNEY
7. State or Country of Father's Birth: NEBRASKA

MOTHER

8. Full Maiden Name of Mother: VICTORIA KNUDSEN
9. State or Country of Mother's Birth: DENMARK

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Melba L. Gallagher
11. Present Address of Registrant: 3515 Highland Avenue, San Diego 5, California

NOTARY (Seal)

Subscribed and sworn to before me on: OCTOBER 8, 1958
12. Signature of Notary: Henry S. Stone.
13. Notary Commission expires: JULY 23, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record	By whom issued and signed: Paradise Valley Sanitarium and Hospital, National City, Calif.	Date Issued: 10-9-58	Date Orig. Entry: Oct. 2, 1931	
	Date of Birth: age 22	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Church Record--Baptism	By whom issued and signed: Our Lady of the Sacred Heart, R. C. Church, San Diego, Calif.	Date Issued: 10-7-58	Date Orig. Entry: Aug. 28, 1909	
	Date of Birth: Aug. 28, 1909	Birth Place: ---	Full Name of Mother: Victoria Knudsen	Name of Father: Miles Wilson Romney	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present at birth, age 69,	By whom issued and signed: James F. Glenn	Date Issued: 10-21-58	Date Orig. Entry:	
	Date of Birth: Aug. 28, 1909	Birth Place: Rigby, Idaho	Full Name of Mother: Victoria Knudsen	Name of Father: Miles Wilson Romney	

QUALIFYING INFORMATION

School Record, Central School, San Diego; 10-9-58: age 13 as of Sept. 1922; mother--Mrs. Victoria Romney.

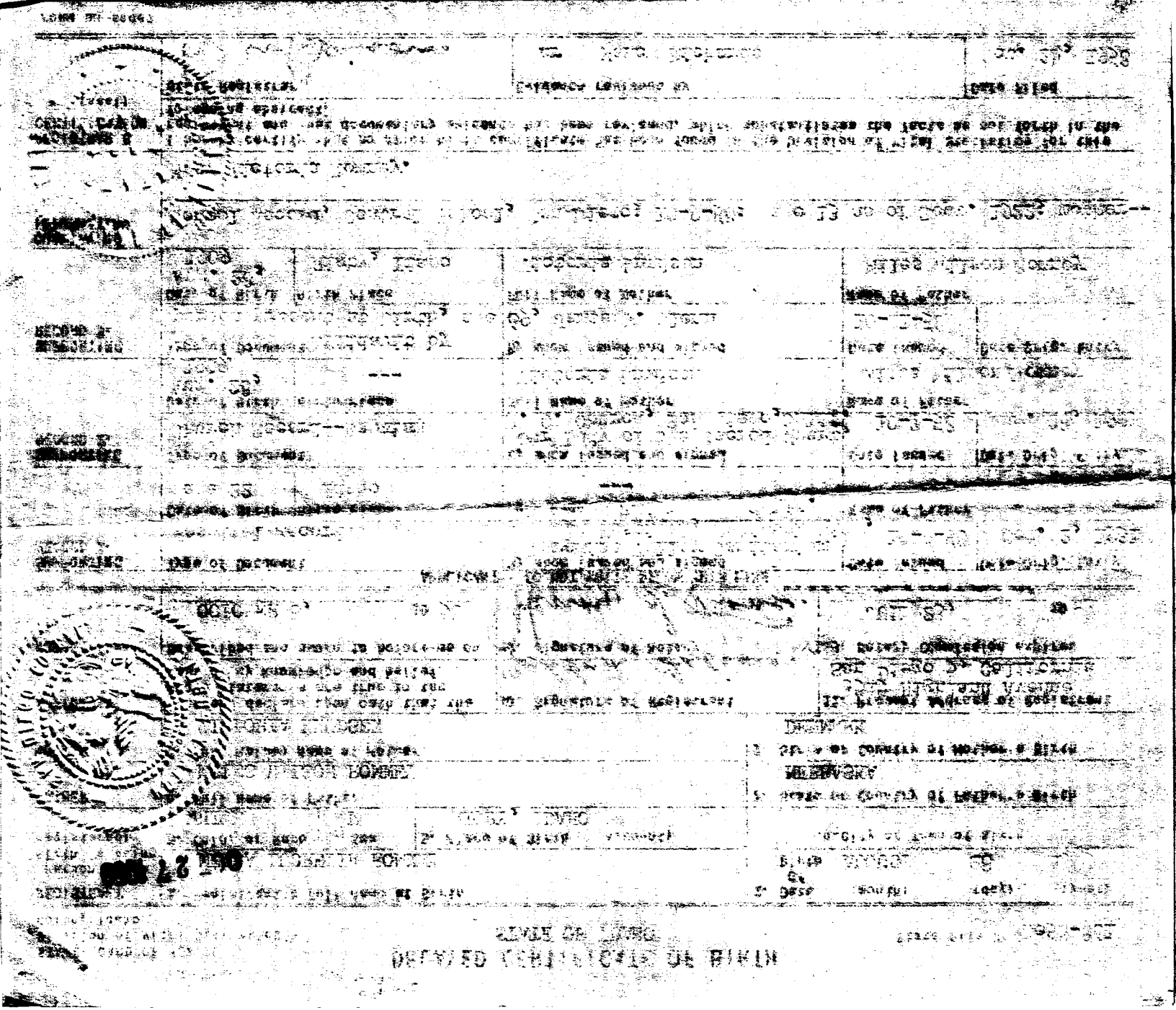
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Oct. 24, 1958

FORM BH 56067

1 Certified Copy



795-21-014-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-891

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY LUVERNE GREEN			2. Date Of Birth: (month) JUNE (day) 14 (year) 1909	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth: a. County: Canyon	b. City or Town of Birth: Parma	
FATHER	6. Full Name of Father: WALTER SMITH GREEN			7. State or Country of Father's Birth: IOWA	
MOTHER	8. Full Maiden Name of Mother: ORA VESTALINA (POWELL)			9. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary L. Turner		11. Present Address of Registrant: 5926 N. E. 18th Portland 11, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: October 28 1958	12. Signature of Notary: Thelma L. Behring		13. Notary Commission expires: My Commission Expires Aug. 26, 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 24, 1936	
	Date of Birth: June 14, 1909	Birth Place: Parma, Idaho	Full Name of Mother: Ora Powell	Name of Father: Walter S. Green	
SUPPORTING RECORD 2.	Type of Document: (14 years senior) Affidavit by sister	By whom issued and signed: Irva Marie (Green) Stroup	Date Issued: 10-28-58	Date Orig. Entry:	
	Date of Birth: June 14, 1909	Birth Place: Parma, Idaho	Full Name of Mother: Ora V. Green	Name of Father: Walter S. Green	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Dept. of Child Services, Portland Public Schools, Ore.	Date Issued: 5-13-58	Date Orig. Entry: school year 1924-25	
	Date of Birth: June 14, 1909	Birth Place: Parma, Idaho	Full Name of Mother: Ora V. Green	Name of Father: Walter S. Green	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: Nov. 4, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. NAME OF CHILD (First, Middle, Last)		2. Date of Birth (Month, Day, Year)	3. Sex
[illegible]		[illegible]	2
4. Place of Birth (County)		5. Place of Birth (City or Town)	
Idaho		Payne	
6. Full Name of Father		7. State or Country of Father's Birth	
[illegible]		Iowa	
8. Maiden Name of Mother		9. State or Country of Mother's Birth	
[illegible]		Minnesota	
10. Signature of Applicant		11. Present Address of Applicant	
[illegible]		3920 No. 18th Ave., Ontario, Oregon	
12. Relationship of Applicant to Person Named		13. Date Signed	
Self		Nov. 26, 1962	

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on [illegible]

[illegible]

14. Signature of Notary

15. Notary Commission Expires

My Commission Expires Nov. 26, 1962

DESCRIPTION OF RECORD

Type of Document		Date Issued	Date Orig. Entry
Social Security Record			Nov. 21, 1956
Date of Birth (Month, Day, Year)	Name of Father		
[illegible]	[illegible]		
Place of Birth (City or Town)	Full Name of Mother		
Payne, Idaho	Ora A. Green		

DESCRIPTION OF RECORD

Type of Document		Date Issued	Date Orig. Entry
[illegible]		12-28-56	
Date of Birth (Month, Day, Year)	Name of Father		
[illegible]	[illegible]		
Place of Birth (City or Town)	Full Name of Mother (Maiden)		
[illegible]	[illegible]		

DESCRIPTION OF RECORD

Type of Document		Date Issued	Date Orig. Entry
School Record		12-19-56	School year 1956-57
Date of Birth (Month, Day, Year)	Name of Father		
[illegible]	Walter S. Green		
Place of Birth (City or Town)	Full Name of Mother		
Payne, Idaho	Ora A. Green		

INFORMATION

I hereby certify that no prior birth certificate has been filed in the Division of Vital Statistics for this registered and that documentary evidence has been received which substantiates the facts as set forth in the foregoing affidavit.

Date Received	Examined & Recommended by	Date Filed
[illegible]	Nancy Ida Davis	Nov. 14, 1962

FORM DH 8-1427

639-205-006-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-897

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Annie Viola Flitton			2. Date Of Birth (month) May (day) 5, (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: (now Bonneville) Bingham	b. City or Town of Birth: Milo	
FATHER	6. Full Name of Father: Samuel D. Flitton			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Annie Zelpha Davies			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Grace Viola Downs	11. Present Address of Registrant: 1319 Luray Street Long Beach, California	
NOTARY (Seal)	Subscribed and sworn to before me on: July 8 1958		12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by close neighbor		By whom issued and signed: Nora Moore	Date Issued: July 7,1958	Date Orig. Entry:
	Date of Birth: May 5,1909	Birth Place: Bonneville County Idaho	Full Name of Mother: Annie Zelpha Davies	Name of Father: Samuel D. Flitton	
SUPPORTING RECORD 2.	Type of Document: Church record		By whom issued and signed: LDS Church	Date Issued: Feb 6,1957	Date Orig. Entry: baptized June 31,1917
	Date of Birth: May 5, 1909	Birth Place: Milo, Idaho	Full Name of Mother: Annie Zelpha Davies	Name of Father: Samuel D. Flitton	
SUPPORTING RECORD 3.	Type of Document: Marriage Record		By whom issued and signed: Bonneville County, Idaho	Date Issued: 10-24-58	Date Orig. Entry: Dec. 5, 1930
	Date of Birth: age 21	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	bf Nancy Richards	Nov. 12, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 12 1958

REGISTRANT	1. Registrant's Full Name of Birth: [illegible] Flitton	2. Date of Birth (month) May (day) 5 (year) 1958
	3. Color or Race: White	4. Sex: Female
	5. Place of Birth (County): (New Bonneville) Bingham	6. City or Town of Birth: Milo
FATHER	7. Full Name of Father: Samuel D. Flitton	8. State or Country of Father's Birth: Utah
MOTHER	9. Full Maiden Name of Mother: Annie Zelpha Davies	10. State or Country of Mother's Birth: Idaho
AFFIDAVIT	11. I hereby certify upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [signature]
	13. Present Address of Registrant: 1319 Luray Street, Long Beach, California	
NOTARY	14. Subscribed and sworn to before me on: [illegible]	15. Signature of Notary: [signature]
	16. Notary Commission expires: [illegible]	

SUPPORTING RECORD 1	Type of Document: Affidavit by close neighbor	Name of Issuer and Signed: Nita Moore	Date Issued: July 7, 1958	Date Orig. Entry:
	Date of Birth: [illegible]	Place of Birth: Bonneville County, Idaho	Name of Mother: Annie Zelpha Davies	Name of Father: Samuel D. Flitton
SUPPORTING RECORD 2	Type of Document: Church record	Name of Issuer and Signed: LDS Church	Date Issued: Feb 8, 1957	Date Orig. Entry: Dentized June 31, 1917
	Date of Birth: [illegible]	Place of Birth: Milo, Idaho	Name of Mother: Annie Zelpha Davies	Name of Father: Samuel D. Flitton
SUPPORTING RECORD 3	Type of Document: Marriage record	Name of Issuer and Signed: Bonneville County, Idaho	Date Issued: [illegible]	Date Orig. Entry: [illegible], 1958
	Date of Birth: [illegible]	Place of Birth: —	Name of Mother: —	Name of Father: —
QUALIFIED CERTIFICATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible] Nancy Richards	Nov. 12, 1958

966-227035-258

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-899

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Irene Edith Rowden
2. Date of Birth: (month) June (day) 27 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Nezperce; b. City or Town of Birth: Culdesac

FATHER

6. Full Name of Father: George Washington Rowden
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Leffa Laura Snyder
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Irene Edith Rowden Michalka
11. Present Address of Registrant: 7118 Fox Point Drive

NOTARY (Seal)

Subscribed and sworn to before me on Sept 29 1958

12. Signature of Notary: [signature]
13. Notary Commission expires: April 25 1961

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		March 2, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 27, 1909	Culdesac, Idaho	Leffie Rowden	George Rowden

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage Record	Asotin County, Washington	2-25-58	March 6, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 27	Culdesac, Idaho	Leffie Guider (born-Nebr.)	George Rowden (born-Missouri)

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 70	Leffa Laura Rowden	10-23-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 27, 1909	Culdesac, Idaho	Leffa Laura Snyder	George Washington Rowden

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	nr Nancy Richards	Nov. 12, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 865-299

1. Registrant	2. Registrant's Full Name at Birth	3. Date of Birth (Month) (Day) (Year)	
4. Sex	5. Place of Birth (County)	6. City or Town of Birth	
7. Full Name of Father		8. State or Country of Father's Birth	
9. Maiden Name of Mother		10. State or Country of Mother's Birth	
11. Person Making Statement	12. Signature of Registrant	13. Present Address of Registrant	
14. Notary Commission Expires	15. Signature of Notary		

I certify that the statements upon each line are true to the best of my knowledge and belief.

Subscribed and sworn to before me on

APPLICANT - DO NOT WRITE BELOW THIS LINE

Item	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
16	Birth Record	Health Director, Twin Falls, Idaho	8-25-38	March 6, 1937
17	Certificate of Birth	Health Director, Twin Falls, Idaho	8-25-38	March 6, 1937
18	Affidavit	Health Director, Twin Falls, Idaho	8-25-38	March 6, 1937
19	Affidavit	Health Director, Twin Falls, Idaho	8-25-38	March 6, 1937
20	Affidavit	Health Director, Twin Falls, Idaho	8-25-38	March 6, 1937

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORDS	Affidavit	Health Director, Twin Falls, Idaho	8-25-38	March 6, 1937
	Affidavit	Health Director, Twin Falls, Idaho	8-25-38	March 6, 1937
	Affidavit	Health Director, Twin Falls, Idaho	8-25-38	March 6, 1937
	Affidavit	Health Director, Twin Falls, Idaho	8-25-38	March 6, 1937
	Affidavit	Health Director, Twin Falls, Idaho	8-25-38	March 6, 1937

Date of Birth	Birth Place	Full Name at Birth	Name of Father
Aug 27	Twin Falls, Idaho	Leona Louise Hudson	George Hudson

693-20-7029-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-931

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anne Laurie Filseth			2. Date of Birth (month) Aug. (day) 7 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho — Latah	b. City or Town of Birth: Troy	
FATHER	6. Full Name of Father: John Filseth			7. State or Country of Father's Birth: Norway	
MOTHER	8. Full Maiden Name of Mother: Alma Martinsen			9. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Anne L Kehlein	11. Present Address of Registrant: 6503 29th N. E. Seattle 15, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: May 21 1958		12. Signature of Notary: Robert J. Allerdi	13. Notary Commission expires: 11-27-1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Aug. 28, 1943
	Date of Birth: Aug. 7, 1909	Birth Place: Troy, Idaho	Full Name of Mother: Alma Martinson	Name of Father: John Filseth	
SUPPORTING RECORD 2.	Type of Document: Marriage Record		By whom issued and signed: Spokane County, Washington	Date Issued: 8-21-58	Date Orig. Entry: Aug. 24, 1930
	Date of Birth: age 21	Birth Place: Idaho	Full Name of Mother: Alma Martinson	Name of Father: John Filseth	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Metropolitan Life Ins. Co. (Industrial Life Policy)	Date Issued: 7-1-32	Date Orig. Entry: July 1, 1932
	Date of Birth: age next birthday at issue--23 years	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by: nr Nancy Richards	Date Filed: Nov. 26, 1958	

FORM BH 56067

NOV 26 1958

JAN 21 1959

769-229-009-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-936

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Maria Gordon			2. Date of Birth (month) May (day) 29 (year) 1909	
	3. Color or Race	4. Sex: Female	5. Place of Birth a. County: Bonner Co.	b. City or Town of Birth: Sandpoint, Idaho	
FATHER	6. Full Name of Father: William Duncan Gordon			7. State or Country of Father's Birth: Scotland	
MOTHER	8. Full Maiden Name of Mother: Maria Kennedy			9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Maria Washburn		11. Present Address of Registrant: 3412 Pacific Ave Tacoma, Wn	
NOTARY (Seal)	Subscribed and sworn to before me on: April 10 1958 19	12. Signature of Notary: Brian Everhart		13. Notary Commission expires: Nov 15 1961 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at birth, age 60	By whom issued and signed: Mrs. Martin Kirkhoven	Date Issued: 6-26-57	Date Orig. Entry:
	Date of Birth: May 29, 1909 / Birth Place: Bonner Co. Sandpoint, Idaho	Full Name of Mother: Maria Kennedy Gordon	Name of Father: William Duncan Gordon	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued: 8-22-58	Date Orig. Entry: Oct. 24, 1940
	Date of Birth: May 29, 1909 / Birth Place: Bonner Co. Sandpoinr, Idaho	Full Name of Mother: Maria Kennedy	Name of Father: William Duncan Gordon	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 10-17-58	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 10 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: William Gordon	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Nancy Richards nr	Nov. 26, 1958

FORM BH 56067

1 copy to

NOV 26 1956

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

Boiler Idaho

REGISTRANT (By use above birth as being registered)	1. Registrant's Full Name at Birth: [illegible] Maria Gordon	2. Date of Birth (month) May (day) 29 (year) 1909	
	3. Origin of Birth: Female	4. Sex: Female	5. Place of Birth: Bonner Co.
	6. City or Town of Birth: Sandpoint, Idaho		
FATHER	7. Full Name of Father: [illegible] Duncan Gordon	8. State or Country of Father's Birth: Scotland	
MOTHER	9. Full Maiden Name of Mother: [illegible] Kennedy	10. State or Country of Mother's Birth: England	
AFFIDAVIT (Signature)	11. Registrant's Mailing Address: [illegible]	12. Signature of Registrant: [illegible]	13. Present Address of Registrant: 1912 Pacific Ave. Sandpoint
	14. Subscribed and sworn to before me on: Oct. 10 1958	15. Signature of Notary: [illegible]	16. Notary Commission expires: Nov 15 1961

ANNOTATIONS — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by Mrs. Vincent M. Birth, [illegible]	By whom issued and signed: Mrs. Martin Middleton	Date Issued: 6-26-57	Date Orig. Entry:
	Date of Birth: Sandpoint, Idaho	Full Name of Mother: Maria Kennedy Gordon	Name of Father: William Duncan Gordon	
SUPPORTING RECORD 2	Type of Document: Social Security Record	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] 1909	Birth Place: Bonner Co. Sandpoint, Idaho	Full Name of Mother: Maria Kennedy	Name of Father: William Duncan Gordon
SUPPORTING RECORD 3	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: [illegible]	Date Orig. Entry: [illegible] 1930
	Date of Birth: Age 10	Birth Place: Idaho	Full Name of Mother: —	Name of Father: William Gordon

QUALIFICATION

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar: [illegible]	Evidence Reviewed by: [illegible]	Date Filed: Nov. 26, 1958

FORM NO. [illegible]

533-107-003-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-937

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leo Francis Ellis			2. Date of Birth (month) (day) (year): March 7 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bench, Bannack, Idaho	b. City or Town of Birth: Bench
FATHER	6. Full Name of Father: Thomas W. Ellis			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Emma Webber			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leo F Ellis		11. Present Address of Registrant: 5501 arvilla n E new albuquerque mex.
NOTARY (Seal)	Subscribed and sworn to before me on: April 7 1958	12. Signature of Notary: Christine Jones		13. Notary Commission expires: December 30 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing		By whom issued and signed: Grace Ward, Bannock Stake LDS Church	Date issued:	Date Orig. Entry: April 2, 1909
	Date of Birth: March 7, 1909	Birth Place: Bannock Co. Bench, Idaho	Full Name of Mother: Emma Weber	Name of Father: Thomas W. Ellis	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Emma Ellis	Date issued: 4-14-58	Date Orig. Entry:
	Date of Birth: March 7, 1909	Birth Place: Bannock Co. Bench, Idaho	Full Name of Mother: Emma Webber Ellis	Name of Father: Thomas M. Ellis	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Joint Class A School Dist. #148 Grace, Idaho	Date issued: 11-12-58	Date Orig. Entry: Sept. 1926
	Date of Birth: March 7, 1909	Birth Place: Bench, Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Nov. 26, 1958

FORM BH 56067

NOV 26 1956

254-125-041-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-944

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Arthur Wesley Beddes
2. Date Of Birth (month) (day) (year): Aug. 25 1909
3. Color or Race: white
4. Sex: Male
5. Place of Birth a. County: Victor Idaho. Teton
b. City or Town of Birth: Victor Idaho

FATHER

6. Full Name of Father: Heber Booth Beddes
7. State or Country of Father's Birth: Cashvalley Utah

MOTHER

8. Full Maiden Name of Mother: Amanda Jones
9. State or Country of Mother's Birth: Cannonville Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Arthur Wesley Beddes
11. Present Address of Registrant: 247 E 8th Lovell Wyo.

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 4 1958
12. Signature of Notary: [illegible] Jan 16, 1960
13. Notary Commission expires: ____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

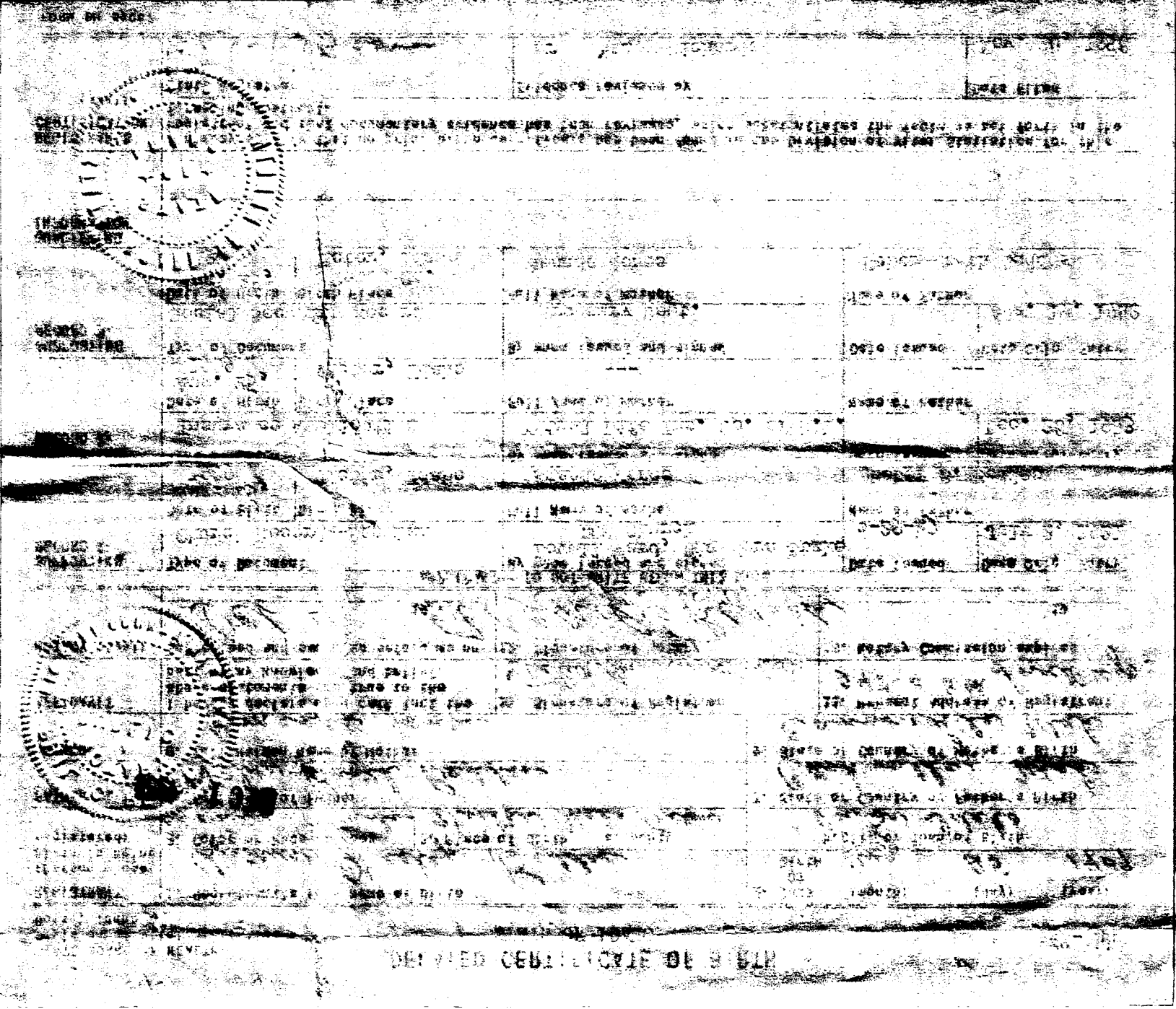
SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: Lovell Ward, Big Horn Stake LDS Church	Date Issued: 6-29-49	Date Orig. Entry: July 2, 1921
	Date of Birth: Aug. 25, 1909 / Birth Place: Victor, Idaho	Full Name of Mother: Amanda Jones	Name of Father: Heber B. Beddes	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Mutual Life Ins. Co. of N.Y.	Date Issued:	Date Orig. Entry: Dec. 28, 1943
	Date of Birth: Aug. 25, 1909 / Birth Place: Victor, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Aug. 19, 1942
	Date of Birth: Aug. 25, 1909 / Birth Place: Teton Co. Victor, Idaho	Full Name of Mother: Amanda Jones	Name of Father: Heber Booth Beddes	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	nr Nancy Richards	Nov. 28, 1958

FORM BH 56067



335-129-006-651

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-948

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Morain Holme Clement			2. Date of Birth (month) Oct. (day) 29 (year) 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Moreland Bingham	b. City or Town of Birth: Moreland Idaho
FATHER	6. Full Name of Father: Clarence Morain Clement			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Florence Weaver			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Morain Holme Clement		11. Present Address of Registrant: 709 South University Ave. Blackfoot, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 10/10 1958	12. Signature of Notary: Clyde J. Gardner		13. Notary Commission expires: 12/18 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father, age 71	By whom issued and signed: Clarence Morain Clement	Date Issued: 10-11-58	Date Orig. Entry:
	Date of Birth: Oct. 29, 1909 / Birth Place: Bingham Co. Moreland, Idaho	Full Name of Mother: --	Name of Father: Clarence Morain Clement	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #243940	Date Issued:	Date Orig. Entry: child born June 6, 1936
	Date of Birth: age 26 / Birth Place: Moreland, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Church Record-Blessing	By whom issued and signed: Moreland Ward, Idaho LDS Church	Date Issued:	Date Orig. Entry: Dec. 5, 1909
	Date of Birth: Oct. 29, 1909 / Birth Place: Bingham Co. Moreland, Idaho	Full Name of Mother: Florence Wheeler	Name of Father: Clarence Clement	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Spencer	Evidence reviewed by: nr Nancy Richards	Date Filed: Dec. 1, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

969-230-028 +19

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-958

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Tressa Mae Zornes		2. Date Of Birth (month) June (day) 30 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur d'Alene, Idaho
FATHER	6. Full Name of Father: James Samuel Zornes		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Nancy Emmaline Jarrett		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Tressa M. Jenkins	11. Present Address of Registrant: 1320 3rd Avenue Sacramento 16, California	
NOTARY (Seal)	Subscribed and sworn to before me on November 21, 1958	12. Signature of Notary: Katherine Golden	13. Notary Commission expires: My commission expires August 14, 1959	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Equitable Life Assurance Society of the U.S.	Date Issued: 11-16-33	Date Orig. Entry: Nov. 6, 1933	
	Date of Birth: June 30, 1909	Birth Place: Couer d'Alene, Idaho	Full Name of Mother: Nancy Zornes	Name of Father: James S. Zornes	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: California #36-004573	Date Issued: 7-17-52	Date Orig. Entry: child born Jan. 30, 1936	
	Date of Birth: age 26	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Sacramento State Dept. of Social Welfare, California	Date Issued:	Date Orig. Entry: Sept. 6, 1951	
	Date of Birth: June 30, 1909	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnum	Nancy Richards	Dec. 4, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth: June 30, 1909
	3. Color: White	5. Place of Birth: Kootenai
	6. Full Name of Father: [illegible] Samuel Forness	7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: [illegible] Jarrett	9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	1. Having declared upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant:
	12. Signature of Notary:	14. Present Address of Registrant: 1320 3rd Avenue, Sacramento 20, California
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	15. Notary Commission expires [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued / Date Orig. Entry
	Date of Birth: [illegible]	Full Name of Mother: Nancy Forness	Name of Father: James S. Forness
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: California [illegible]	Date Issued: [illegible] / Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: Sacramento State Dept. of Social Welfare, California	Date Issued / Date Orig. Entry: Dec. [illegible]
	Date of Birth: [illegible]	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which authenticates the facts as set forth in the [illegible]		
	State Registrar	Evidence reviewed by: Nancy [illegible]	Date Filed: Dec. 1, 1948

FORM OF [illegible]

466-127-003-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-962

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Paul Rudolph Mooring		2. Date of Birth (month) (day) (year): January 27 1909
	3. Color or Race: White	4. Sex	5. Place of Birth a. County: b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: Lenzy Epps Mooring		7. State or Country of Father's Birth: Wayne County N.C.
MOTHER	8. Full Maiden Name of Mother: Cora Emily Minshew		9. State or Country of Mother's Birth: Wayne County, North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Paul Rudolph Mooring	11. Present Address of Registrant: Eureka, North Carolina
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 19 1958	12. Signature of Notary: Clyde Minshew	13. Notary Commission expires: April 17 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin, age 63	By whom issued and signed: J. V. Mooring	Date Issued: 11-19-58	Date Orig. Entry:
	Date of Birth: Jan. 27, 1909 / Birth Place: Pocatello, Idaho	Full Name of Mother: Cora Emily Minshew Mooring	Name of Father: Lenzy Epps Mooring	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge record	By whom issued and signed: U. S. Army	Date Issued: discharged 6-23-44	Date Orig. Entry: inducted March 19, 1944
	Date of Birth / Birth Place: age when inducted 35 & 1/12 yrs. / Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: Protective Life Ins. Co.	Date Issued:	Date Orig. Entry: Apr. 23, 1934
	Date of Birth: Jan. 27, 1909 / Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Nancy Richards	Dec. 4, 1958

FORM BH 56067

1-60174-K

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

Stamp [illegible]

REGISTRATION (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): January [illegible] 1939
	3. Sex: [illegible]	4. Place of Birth: County: [illegible]
	5. Place of Birth: Pocatello, Idaho	6. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: Wayne County W.G.
MOTHER	8. Full Name of Mother: [illegible]	9. State or Country of Mother's Birth: Wayne County North Carolina
AFFIDAVIT	9. Hereby declare upon oath that the [illegible] to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: [illegible]	
NOTARY	12. Subscribed and sworn to before me on: [illegible]	13. Signature of Notary: [illegible]
	14. Notary Commission Expires: [illegible]	

APPLICANT - DO NOT WRITE BELOW THIS LINE

OPERATING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Birth Place: Pocatello, Idaho	Full Name of Mother: [illegible]
	Name of Father: [illegible]		
SUPPORTING RECORD 2	Type of Document: Generale Mechanics record	By whom issued and signed: [illegible] Army	Date Issued: [illegible]
	Date of Birth: [illegible]	Birth Place: Pocatello, Idaho	Full Name of Mother: ---
	Name of Father: ---		
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: Protective Life Ins. Co.	Date Issued: [illegible]
	Date of Birth: [illegible]	Birth Place: Pocatello, Idaho	Full Name of Mother: ---
	Name of Father: ---		
QUALIFYING INFORMATION			

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] abstract.

Signature of Registrar: [illegible]	Evidence reviewed by: Nancy [illegible]	Date Filed: Dec. 4, 1958

FORM GH 50087

231-226-022-683

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-976

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Ellen Stacey		2. Date Of Birth (month) (day) (year): August 26 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Archer
FATHER	6. Full Name of Father: Edwin Worrell Stacey		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Charlottie Wylie		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Ellen Stacey	11. Present Address of Registrant: Thorntons, Idaho. Rt 1, Box 86
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 6, 1958	12. Signature of Notary: Vernon C. Mortensen Probate Judge	13. Notary Commission expires: ____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record-Blessing	By whom issued and signed: Archer Ward LDS Church	Date Issued: 10-3-09	Date Orig. Entry: Oct. 3, 1909
	Date of Birth: Aug. 26, 1909	Birth Place: Fremont Co. Archer, Idaho	Full Name of Mother: Charlotte Wylie	Name of Father: Edwin W. Stacey
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother, age 61	By whom issued and signed: John Stacey	Date Issued: 11-28-58	Date Orig. Entry:
	Date of Birth: Aug. 26, 1909	Birth Place: Fremont Co. Archer, Idaho	Full Name of Mother: Charlottie Wylie Stacey	Name of Father: Edwin Worrel Stacey
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #163703	Date Issued:	Date Orig. Entry: child born May 15, 1928
	Date of Birth: age 18	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barsom	Nancy Richards	Dec. 9, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

219-21-003-847

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-1040

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GRACE MARY BARNES			2. Date of Birth (month) February (day) 11 (year) 1909	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: Andrew Barnes			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Mary Hughes			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: X Grace Mary (Barnes) Schmuth	11. Present Address of Registrant: 5113 Pioneer Blvd., Whittier, California	
NOTARY (Seal)	Subscribed and sworn to before me on: December 23 1958		12. Signature of Notary: Richard W. Gastel	13. Notary Commission expires: Aug 15 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Social Security Administration	Date Issued:	Date Orig. Entry: July 16, 1937
	Date of Birth: Feb. 11, 1909 / Birth Place: Pocatello, Idaho	Full Name of Mother: Mary Hughes	Name of Father: LeRoy Barnes	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle, age 64	By whom issued and signed: Joseph Barnes	Date Issued: 11-26-57	Date Orig. Entry:
	Date of Birth: Feb. 11, 1909 / Birth Place: Pocatello, Idaho	Full Name of Mother: Mary Hughes Barnes	Name of Father: Andrew Barnes	
SUPPORTING RECORD 3.	Type of Document: Statement re: Insurance Policy	By whom issued and signed: Prudential Ins. Co. of Amer.	Date Issued: statement 12-12-58	Date Orig. Entry: policy March 7, 1932
age	Date of Birth: nearest birthday 23 yrs. / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Jensen	Evidence reviewed by: Nancy Richards	Date Filed: Dec. 31, 1958

FORM BH 56067

1 copy Pd

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

JAN 2 [illegible]

REGISTRAR	1. Date of Birth: Month (day) (year) — Birth: February 11 1909	2. Date of Birth: Month (day) (year) — Birth: February 11 1909	
	3. Order of Handling Sex: A F	4. Place of Birth: County: Bannock	5. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Andrew Barnes		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Mary Hughes		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	10. Hereby declare upon oath that the statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: California 5[illegible] Pioneer Blvd., Whittier,
NOTARY	12. Sworn and sworn to before me	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Social Security Administration	Date Issued:	Date Orig. Entry: July 14, 1937
	Date of Birth: Feb. 11, 1909	Birth Place: Pocatello, Idaho	Mary Hughes	Mary Hughes
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle, and Ch.	By whom issued and signed: Hannah Barnes	Date Issued: 11-25-57	Date Orig. Entry:
	Date of Birth: Feb. 11, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Mary Hughes Barnes	Name of Father: Andrew Barnes
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Prudential Ins. Co. of Amer.	Date Issued: Statement 12-22-58	Date Orig. Entry: Policy March 7, 1932
	Date of Birth: Birth Place: age present birthday	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

ADDITIONAL CERTIFICATION (Seal): I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Title Registrar	Evidence reviewed by: Nancy Richards	Date Filed: Dec. 31, 1958

FORM [illegible]

686-213-009-556

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-010
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jessie Anna Whorrall
2. Date of Birth (month) Aug. (day) 13 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bonner Co. b. City or Town of Birth: Vay - now - Valley Idaho

FATHER

6. Full Name of Father: James William Whorrall
7. State or Country of Father's Birth: Elgaso - Woodford County - Ill.

MOTHER

8. Full Maiden Name of Mother: Anna Margarett Newman
9. State or Country of Mother's Birth: Roberts Ill - Ford county

AFFIDAVIT — I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jessie Anna Smith
11. Present Address of Registrant: 12009 Hiram rd. N.E. Seattle 55 Washington

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 25th 1958
12. Signature of Notary: Kein Kehl
13. Notary Commission expires: July 21st 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism and Confirmation	LDS Church Seattle Stake, Wash.	12-17-53	Dec. 12, 1953
Class* B	Date of Birth: Aug. 13, 1909 — Birth Place: Vay (Valley) Idaho	Full Name of Mother: Anna Margaret Newman	Name of Father: James William Whorrall	
SUPPORTING RECORD 2.	Hospital Certificate of own child's birth	Seattle General Hospital Seattle, Washington	Date Issued	Date Orig. Entry: child born July 3, 1943
Class B	Date of Birth: Aug. 13, 1909 — Birth Place: Valley, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Family Record (photostat)	By whom issued and signed: original viewed by Notary Public Geraldine E. Oas; Seattle, Wash. 12-29-58	Date Issued	Date Orig. Entry: old record
Class B	Date of Birth: Aug. 13, 1909 — Birth Place: ---	Full Name of Mother: Anna M. Newman	Name of Father: James W. Whorrall	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	Nancy Richards	Jan. 8, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 8 1959

Date Filed

Jan. 8, 1959

415-221-004-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-024

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cleone Davis			2. Date Of Birth (month) (day) (year): September 21 1909	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Dingle	
FATHER	6. Full Name of Father: Nelson William Davis			7. State or Country of Father's Birth: Clarkston, Utah	
MOTHER	8. Full Maiden Name of Mother: Edna Elizabeth Dayton			9. State or Country of Mother's Birth: Dingle, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Cleone D Bagley	11. Present Address of Registrant: 170 So 3rd St Montpelier Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: October 16 1958		12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: Bishop S. Humpheys, L.D.S. Church, Dingle, Idaho	Date Issued: Nov. 7, 1909	Date Orig. Entry: Child Blessed Nov. 7, 1909
	Date of Birth: Sept. 21 1909	Birth Place: Dingle, Idaho	Full Name of Mother: Edna E. Dayton	Name of Father: Nelson W. Davis	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Vital Statistics, #324255	Date Issued:	Date Orig. Entry: child born Oct. 31, 1941
	Date of Birth: Age 32	Birth Place: Dingle, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Beneficial Life Insurance Co. of Utah	Date Issued:	Date Orig. Entry: May 23, 1932
	Date of Birth: Sept. 21, 1909	Birth Place: Dingle, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W. Benson	Evidence reviewed by: Sharon E. Skaggs	Date Filed: January 15, 1959

FORM BH 56067

(Original page)

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. De 59-024

REGISTRAR	1. Registrant - Full Name of Birth [illegible]	2. Date of Birth (month) (day) (year) September 21 1909
Person whose birth is being registered	3. Sex: Female	4. Place of Birth (Country): Bear Lake
	5. Birth Name of Birth: Dingle	6. Birth Name of Birth: Dingle
FATHER	6. Full Name of Father Nelson William Davis	7. State or Country of Father's Birth Clarkston, Utah
MOTHER	8. Full Maiden Name of Mother Elizabeth Dayton	9. State or Country of Mother's Birth Dingle, Idaho
AFFIDAVIT	10. Name, Address and Oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant [illegible]
NOTARY	12. Sworn and sworn to before me on [illegible]	13. Notary Commission expires [illegible]

APPLICANT — DO NOT WRITE FROM THIS LINE

SUPPORTING RECORD 1	Type of Document Certificate of Blessing	By whom issued and signed Bishop S. Humphreys, L.D. Church, Dingle, Idaho	Date Issued Nov. 7, 1909
	Date of Birth: Sept. 21, 1909	Full Name of Mother Edna S. Dayton	Date Orig. Entry Child Blessed Nov. 7, 1909
			Name of Father Nelson W. Davis
SUPPORTING RECORD 2	Type of Document Own child's birth certificate	By whom issued and signed Bureau of Vital Statistics, 4324255	Date Issued
	Date of Birth: Age 32	Full Name of Mother ----	Date Orig. Entry Child born Oct. 31, 1940
	Birth Place Dingle, Idaho		Name of Father ----
SUPPORTING RECORD 3	Type of Document Insurance Policy	By whom issued and signed Beneficial Life Insurance Co. of Utah	Date Issued May 23, 1932
	Date of Birth: Sept. 21, 1909	Full Name of Mother ----	Name of Father ----
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION

A Delayed Certificate of Birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Chief Registrar W. W. Benson	Evidence reviewed by Sharon E. Skaggs	Date Filed January 15, 1959

314-109-007-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-045

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Berle William Cameron			2. Date of Birth (month) Mar. (day) 9 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Bellevue
FATHER	6. Full Name of Father: William Henry Cameron			7. State or Country of Father's Birth: Montana
MOTHER	8. Full Maiden Name of Mother: Isabelle Adamson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Berle Wm Cameron / B.W. Cameron		11. Present Address of Registrant: Carey, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: April 16, 1958	12. Signature of Notary: Alice A. York		13. Notary Commission expires: Feb. 28, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: LDS Church, Salt Lake City	Date Issued: 3-6-58	Date Orig. Entry: May 1909
	Date of Birth: March 9, 1909 / Birth Place: Blaine Co, Bellevue, Idaho	Full Name of Mother: Isabelle Adamson	Name of Father: William H. Cameron	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Salt Lake County, Utah	Date Issued: 1-13-59	Date Orig. Entry: June 10, 1936
	Date of Birth: March 9, 1909 / Birth Place: Bellevue, Idaho	Full Name of Mother (born-Utah): Isabelle Adamson	Name of Father (born-Montana): William H. Cameron	
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued:	Date Orig. Entry: Feb. 28, 1945
	Date of Birth: March 9, 1909 / Birth Place: Belvue, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Jensen	Evidence reviewed by: mr Nancy Richards	Date Filed: Jan. 28, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

JAN 26 1979

215-110-020-431

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-046
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Paul Amos Bancroft
2. Date of Birth: (month) July (day) 10 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Elmore; b. City or Town of Birth: Glenns Ferry

FATHER

6. Full Name of Father: George Amos Bancroft
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Myrtle Irene McAnulty
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Paul Amos Bancroft
11. Present Address of Registrant: Shoshone Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Feb 13 1956
12. Signature of Notary: Ralph A. Smith
Notary Public
Residing in Shoshone, Idaho 19
My Commission Expires Jan. 19, 1958
13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	School Record	Camden B. Meyer, School Supt. Shoshone Public Schools, Idaho	3-10-57	May 17, 1929
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	July 10, 1909	Glenns Ferry, Idaho	---	G. A. Bancroft
SUPPORTING RECORD 2. Class B	own child's birth certificate	Idaho #316297		child born June 16, 1941
	age 31	Glenns Ferry, Idaho	---	---
SUPPORTING RECORD 3. Class B	Affidavit by mother	Myrtle Irene Bancroft	1-9-59	
	July 10, 1909	Glenns Ferry, Idaho	Myrtle Irene Bancroft	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Jenson	nr Nancy Richards	Jan. 28, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 2 0 2009

MAY 2 0 2009

819-210-004-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-065

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carma Hart			2. Date of Birth (month) (day) (year): December 10, 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bear Lake County	b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: William A. Hart			7. State or Country of Father's Birth: Wyoming
MOTHER	8. Full Maiden Name of Mother: Susan C. Birch			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Carma Hart (Davis)	11. Present Address of Registrant: 2043 N 68 Scottsdale Ariz
NOTARY (Seal)	Subscribed and sworn to before me on: JAN 14 '59 19___		12. Signature of Notary: Miriam Drury	13. Notary Commission expires: My Commission Expires May 23, 1959 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother		By whom issued and signed: Susan C. Hart	Date Issued: Sept. 11, 1958	Date Orig. Entry:
	Date of Birth: Dec. 10, 1909	Birth Place: Montpelier, Idaho	Full Name of Mother: Susan C. Birch	Name of Father: William A. Hart	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: L.D.S. Church in Raymond, Ida. Priest W.A. Hart	Date Issued:	Date Orig. Entry: Aug. 3, 1919
	Date of Birth: Dec. 10, 1909	Birth Place: Montpelier, Idaho	Full Name of Mother: Susan Birch	Name of Father: W.A. Hart	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file-Vital Statistics #171853	Date Issued:	Date Orig. Entry: child born May 18, 1929
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: ses Nancy Richards	Date Filed: Jan. 30, 1959

FORM BH 56067

2 copies Ford

JAN 30 1959

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT (Person - Base Birth in Bear Lake Registration)	1. Registrant's Full Name at Birth: Susan Hart	2. Date of Birth (month) December 20, 1959
	3. Sex: Female	4. Place of Birth: Near Bear Lake County
	5. Birth or Town of Birth: Montpelier	
FATHER	6. Full Name of Father: William A. Hart	7. State or Country of Father's Birth: Wyoming
MOTHER	8. Full Maiden Name of Mother: Susan C. Birch	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Proved by Oath of Proper Witness: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on 19__	12. Signature of Notary: [illegible]
		13. Notary Commission Expires: [illegible]

REGISTRAR — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: affidavit by mother	By whom issued and signed: Susan C. Hart	Date Issued: [illegible]
	Date of Birth: Dec. 20, 1959	Place of Birth: Montpelier, Idaho	Name of Father: William A. Hart
		By whom issued and signed: Susan C. Birch	
SUPPORTING RECORD 2	Type of Document: Certificate of Baptism	By whom issued and signed: [illegible] Church in Raymond, Ida. Priest W. A. Hart	Date Issued: Aug. 3, 1959
	Date of Birth: Dec. 20, 1959	Place of Birth: Montpelier, Idaho	Name of Father: W. A. Hart
		Full Name of Mother: Susan Birch	
SUPPORTING RECORD 3	Type of Document: Own child's birth certificate	By whom issued and signed: A file-Vital Statistics	Date Issued: Dec 18, 1959
	Date of Birth: Age 19	Place of Birth: Idaho	Name of Father: -----
		Full Name of Mother: -----	
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the [illegible] statement.		
	State Registrar: [illegible]	Evidence reviewed by: Nancy Richards	Date Filed: Jan. 30, 1959

FORM 50 SEC 7

693-131-036-462

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-089

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Benjamin Orrelliss Williams		2. Date Of Birth (month) January (day) 31 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Preston, Ida. a. County: Oneida b. City or Town of Birth: Preston, Ida.
FATHER	6. Full Name of Father: Frank Williams		7. State or Country of Father's Birth: Bonneville County, Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Moser		9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Benjamin Orrelliss Williams	11. Present Address of Registrant: 6415 Beldart St., Houston Texas.
NOTARY (Seal)	Subscribed and sworn to before me on: December 30 19 58	12. Signature of Notary: Helen Case	13. Notary Commission expires: Sept. 1, 1961 1961 Preston, Ida

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: 2nd Ward, Preston, Idaho LDS Church	Date issued:	Date Orig. Entry: March 14, 1909
	Date of Birth: Jan. 31, 1909 — Birth Place: Oneida Co. Preston, Idaho	Full Name of Mother: Mary Moser	Name of Father: Frank Williams	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Nov. 27, 1936
	Date of Birth: Jan. 31, 1909 — Birth Place: Preston, Idaho	Full Name of Mother: Mary Moser	Name of Father: Frank Williams	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mary Moser Williams Gish	Date issued: 12-30-58	Date Orig. Entry:
	Date of Birth: Jan. 31, 1909 — Birth Place: Oneida Co. Preston, Idaho	Full Name of Mother: Mary Moser Williams	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Nancy Richards	Date Filed: Feb. 5, 1959

FORM BH 56067

FEB 5 1950

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. Registrant's Full Name at Birth: Benjamin Franklin Williams	2. Date of Birth: January 31 1909	
3. Color or Race: White	4. Sex: Male	5. Place of Birth: Preston, Ida. Onida County
6. Full Name of Father: Frank Williams	7. State or Country of Father's Birthplace: Bonneville Co. Idaho	
8. Full Maiden Name of Mother: Mary Moser	9. State or Country of Mother's Birthplace: Switzerland	

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]

11. Present Address of Registrant: 1415 Delhart St., Houston Texas.

NOTARY (Seal)

Subscribed and sworn to before me on: December 30 [illegible]

12. Signature of Notary: [signature]

13. Notary Commission Expires: Sept. 1, [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document	By whom Issued and Signature	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]

Date of Birth	Birth Place	Full Name of Registrant	Name of Father
[illegible] 1909	Preston, Idaho	Mary Moser	Frank Williams

SUPPORTING RECORD 2.	Type of Document	By whom Issued and Signature	Date Issued	Date Orig. Entry
	Social Security Record	Treasury Dept.	[illegible] 27, 1936	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 31, [illegible]	Preston, Idaho	Mary Moser	Frank Williams

SUPPORTING RECORD 3.	Type of Document	By whom Issued and Signature	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 31, [illegible]	Preston, Idaho	[illegible] Williams	---

QUALIFICATIONS

REGISTRAR'S CERTIFICATE (Seal)

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Registrar	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	[illegible] 5, 1950

789-127-007-466

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-095
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frederick Leroy Phillips
2. Date of Birth (month) (day) (year): Dec 27 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Blaine
b. City or Town of Birth: Carey Idaho

FATHER

6. Full Name of Father: John Leroy Phillips
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Genia Moore
9. State or Country of Mother's Birth: North Carolina

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fred L Phillips
11. Present Address of Registrant: 622 4 Chiquita Home San Bernardino Co Cly

NOTARY (Seal)

Subscribed and sworn to before me on: JAN. 26 1959
12. Signature of Notary: Ron L Shepherd
13. Notary Commission expires: OCT. 1 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Church Record--Blessing	By whom issued and signed: Carey Ward, Blaine Stake LDS Church	Date Issued:	Date Orig. Entry: Feb. 6, 1910	
	Date of Birth: Dec. 27, 1909	Birth Place: Blaine Co. Carey, Idaho	Full Name of Mother: Genia Moore	Name of Father: John LeRoy Phillips	
SUPPORTING RECORD 2. Class B	Type of Document: Insurance Policy	By whom issued and signed: Calif. State Life Ins. Co.	Date Issued: 12-8-28	Date Orig. Entry: Nov. 26, 1928	
	Date of Birth: Dec. 27, 1909	Birth Place: Carey, Idaho	Full Name of Mother: ---	Name of Father: John L. Phillips	
SUPPORTING RECORD 3. Class B	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #262219	Date Issued:	Date Orig. Entry: child born Sept. 6, 1937	
	Date of Birth: age 27	Birth Place: Carey, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Affidavit by father, John Leroy Phillips; 1-24-59: born in Carey, Idaho on the 27th of Dec., 1909.

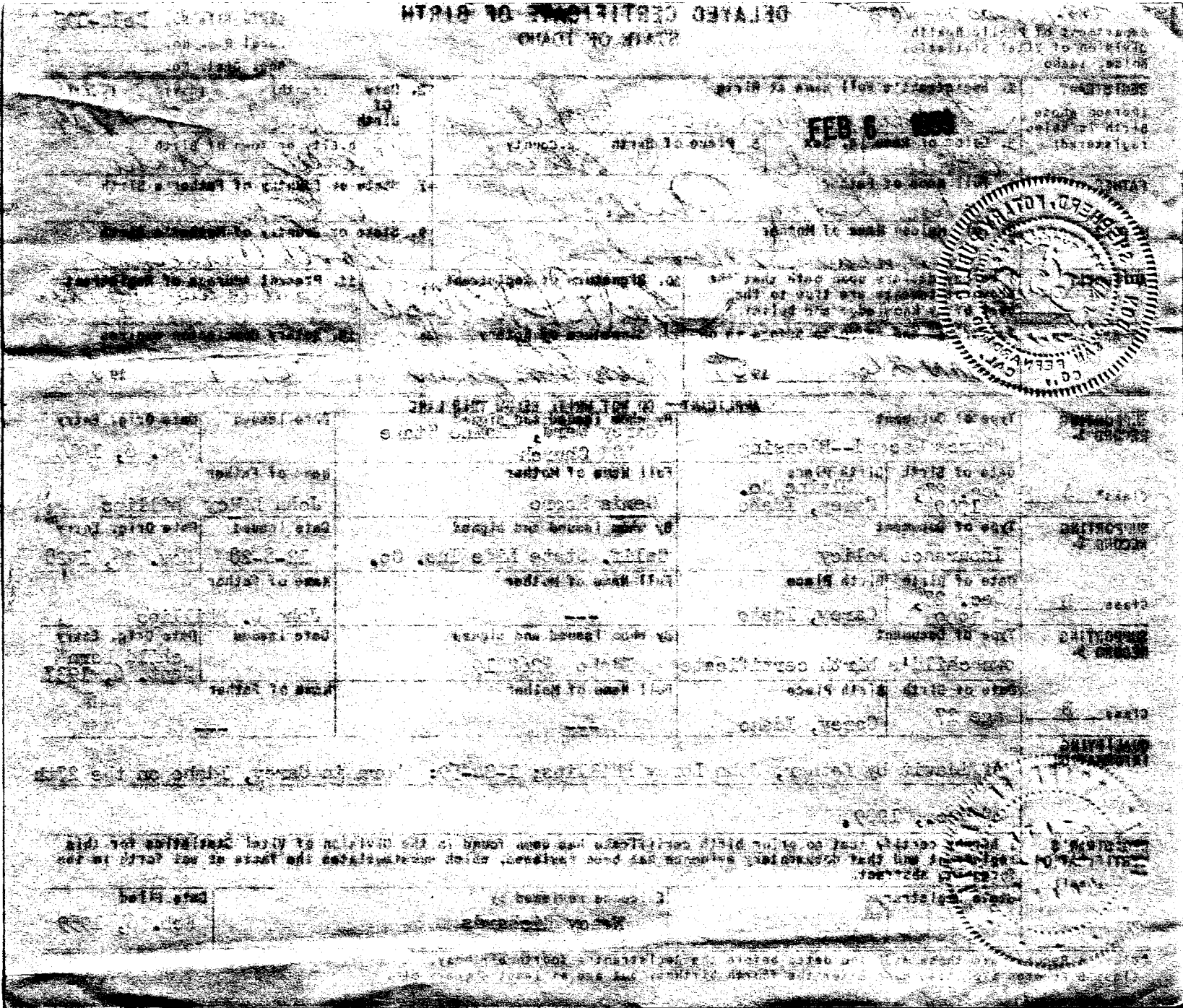
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Nancy Richards	Feb. 6, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



799-21503 6-955

RECEIVED (Be sure the information is complete and accurate)

Federal Security Agency
United States Public Health Service

JAN 20 1959

Bureau of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-097
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF BIRTH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad.
d. STREET ADDRESS (If rural, give location): Malad

3. CHILD'S NAME (Type or print)
a. (First): Susana
b. (Middle): Mae
c. (Last): Price

4. SEX: female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Aug. (Day) 15 (Year) 1909

FATHER OF CHILD

7. FULL NAME
a. (First): Benjamin
b. (Middle): Franklin
c. (Last): Price

8. COLOR OR RACE: white

9. AGE (At time of this birth): 37 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Malad Idaho

11a. USUAL OCCUPATION: Sheep man

11b. KIND OF BUSINESS OR INDUSTRY: live stock

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Elizabeth
b. (Middle): Ellen
c. (Last): Reese

13. COLOR OR RACE: white

14. AGE (At time of this birth): 35 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Ben F. Price Father

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: D. C. Ray

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Pocatello Idaho

18d. DATE SIGNED: 8-17-1956

19. DATE REC'D BY LOCAL REG.: Jan 20, 1959

20. REGISTRAR'S SIGNATURE: W. W. Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY WEEKS

22b. WEIGHT AT BIRTH LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [X]
Approximate date

Name prophylactic used to prevent Ophthalmia Neonatorum: 1 dg no 3.

DELAYED

Form DPH-48001

FEB 9 1959

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

415-103-022-412

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-109

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vivian Davenport			2. Date Of Birth (month) 10 (day) 3 (year) 1909	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Parker		b. City or Town of Birth: Fremont Parker, Idaho
FATHER	6. Full Name of Father: Joseph Elmer Davenport			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Gertrude Eugenie Mason			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Vivian Davenport	11. Present Address of Registrant: 2024 Pandora Dr. Boise	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 27th 1958		12. Signature of Notary: L. A. Dunn	13. Notary Commission expires: Sept 18th 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother		By whom issued and signed: Gertrude E. Davenport	Date Issued: September 9 1957	Date Orig. Entry:
	Date of Birth: October 3, 1909	Birth Place: Parker, Fremont Co Idaho	Full Name of Mother: Gertrude Eugenie Mason	Name of Father: Joseph Elmer Davenport	
SUPPORTING RECORD 2.	Type of Document: Own child;s birth certificate		By whom issued and signed: On file Vital Statistics, Idaho 249198	Date Issued:	Date Orig. Entry: Child born November 4, 1936
	Date of Birth: Age 27	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Ward Record from L.D.S. Church		By whom issued and signed: L.D.S. Church	Date Issued:	Date Orig. Entry: Blessed Nov. 21, 1909
	Date of Birth: Oct. 3, 1909	Birth Place: Parker, Fremont Co Idaho	Full Name of Mother: Gertrude E. Mason	Name of Father: Joseph E. Davenport	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W. Benson	Evidence reviewed by: ses Sharon Skaggs	Date Filed: February 11,1959

FORM BH 56067

FEB 12 1969

69129:010-342

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-116

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marvin Scott Wright
2. Date of Birth (month) Dec (day) 29 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Lincoln Ida. Bonneville
b. City or Town of Birth: Lincoln, Idaho

FATHER

6. Full Name of Father: Scott B. Wright
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Julia Ellen Luby
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marvin S. Wright
11. Present Address of Registrant: 430 So. 1st West Brigham City, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 30 1959
12. Signature of Notary: Lorene B. Smith
13. Notary Commission expires: July 8 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Marriage Record	Box Elder County, Utah	1-16-59	March 15, 1952
	Date of Birth: Dec. 29, 1909 / Birth Place: Bonneville Co. Lincoln, Idaho	Full Name of Mother (born-Iowa): Julia Luby	Name of Father (born-Utah): Scott B. Wright	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: 11-30-49	Date Orig. Entry: Nov. 27, 1949
	Date of Birth: Dec. 29, 1909 / Birth Place: Lincoln, Idaho	Full Name of Mother: Julia Luby Wright	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Passport	By whom issued and signed: Dept. of State, Washington	Date Issued: 4-17-47	Date Orig. Entry: Apr. 17, 1947
	Date of Birth: Dec. 29, 1909 / Birth Place: Lincoln, Idaho	Full Name of Mother: ---	Name of Father: Scott B. Wright	

QUALIFYING INFORMATION

Affidavit by father; Scott B. Wright, 12-26-58: born Dec. 29, 1909 at Lincoln, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Nancy Richards	Feb. 13, 1959

FORM BH 56067

1 COPY

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1959

154-221-022-119

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-152

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Andrus			2. Date of Birth (month) Oct. (day) 21, (year) 1909
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: St. Anthony, Fremont	b. City or Town of Birth: St. Anthony, Idaho.
FATHER	6. Full Name of Father: Horace Andrus			7. State or Country of Father's Birth: Utah.
MOTHER	8. Full Maiden Name of Mother: Elizabeth Y. Jardine			9. State or Country of Mother's Birth: Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel Andrus (Ball)		11. Present Address of Registrant: R3, Idaho Falls, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 21st, 19 57	12. Signature of Notary: Louise Keeler Blackbird		13. Notary Commission expires: March 20th 1959.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism		By whom issued and signed: Ammon Ward, LDS Church	Date Issued:	Date Orig. Entry: July 6, 1918
	Date of Birth: Oct. 21, 1909	Birth Place: Fremont Co. St. Anthony, Idaho	Full Name of Mother: Elizabeth Jardine	Name of Father: Horace Andrus	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle, age 65		By whom issued and signed: Lester H. Jardine	Date Issued: 11-21-57	Date Orig. Entry:
	Date of Birth: Oct. 21, 1909	Birth Place: St. Anthony, Idaho	Full Name of Mother: Elizabeth Y. Yardine	Name of Father: Horace Andrus	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #170375	Date Issued:	Date Orig. Entry: child born March 15, 1929
	Date of Birth: age 19	Birth Place: St. Anthony, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
L. D. Brown	Nancy Richards	Feb. 20, 1959

FORM BH 56067

FEB 20 1959

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose Birth is being registered)	1a. Registrant's Full Name of Birth: [illegible]	2. Date of Birth (Month) (Day) (Year): [illegible] 21, 1909
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth (County): St. Anthony, Fremont.	Birth or Lead of Birth: St. Anthony, Idaho.
FATHER	6. Full Name of Father: Horace Andrus	7. State or Country of Father's Birth: Utah.
MOTHER	8. Full Maiden Name of Mother: Elizabeth Y. Jardine	9. State or Country of Mother's Birth: Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: R3, Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 21st, 19 57	12. Signature of Notary: [illegible]
		13. Notary Commission Expires: March [illegible]

REGISTRANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Church Record--Baptism	By whom Issued and Signed: [illegible]	Date Issued:
	Date of Birth: Birth Place: [illegible]	Full Name of Mother: Elizabeth Jardine	Name of Father: Horace Andrus
SUPPORTING RECORD 2	Type of Document: Affidavit by uncle, age 65	By whom Issued and Signed: Lester H. Jardine	Date Issued: 11-21-57
	Date of Birth: Oct. 21, 1909; Birth Place: St. Anthony, Idaho	Full Name of Mother: Elizabeth Y. Jardine	Name of Father: Horace Andrus
SUPPORTING RECORD 3	Type of Document: [illegible] birth certificate	By whom Issued and Signed: [illegible]	Date Issued:
	Date of Birth: age 19; Birth Place: St. Anthony, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING PERSPECTIVE			

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing contract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Nancy Richards	Feb. 20, 1959

FORM NO. [illegible]

669-126-035-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-169

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James George Forsman			2. Date Of Birth (month) June (day) 26 (year) 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Juliaetta, Idaho
FATHER	6. Full Name of Father: George Forsman			7. State or Country of Father's Birth: Ill.
MOTHER	8. Full Maiden Name of Mother: Nellie Martin			9. State or Country of Mother's Birth: Mich.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James George Forsman		11. Present Address of Registrant: Lapwai, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 11, 19 59	12. Signature of Notary: A. Vernon Rognstad		13. Notary Commission expires: Dec 11, 19 59

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father, age 78		By whom issued and signed: George Forsman	Date issued: 2-11-59	Date Orig. Entry:
	Date of Birth: June 26, 1909	Birth Place: Juliaetta, Idaho	Full Name of Mother: Nellie Martin Forsman	Name of Father: George Forsman	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #49-006059	Date issued: (amended 9-16-49)	Date Orig. Entry: child born April 20, 1949
	Date of Birth: age 39	Birth Place: Juliaetta, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: school record		By whom issued and signed: Nez Perce Co., Idaho	Date issued: 2-6-59	Date Orig. Entry: Sept. 1915
	Date of Birth: age 6	Birth Place: ---	Full Name of Mother: ---	Name of Father: George Forsman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Nancy Richards	Feb. 26, 1959

FORM BH 56067 1 copy pd 11-2-59

FEB 26 1959

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Regist'nt's Full Name of Birth: James George Forsman	2. Date of Birth: June 26, 1939
	3. Color or Race: White	4. Sex: M
	5. Place of Birth: Nez Perce	6. City or Town of Birth: Juliaetta, Idaho
FATHER	6. Full Name of Father: George Forsman	7. State or Country of Father's Birth: Ill.
MOTHER	8. Full Maiden Name of Mother: Hellie Martin	9. State or Country of Mother's Birth: Mich.
APPLICANT	9. Person before open oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant:
		11. Present Address of Registrant: Lapwai, Idaho
NOTARY	Subscribed and sworn to before me on: February 11, 19 59	12. Signature of Notary: J. Vernon Rosenstad
		13. Notary Commission expires: Dec 11, 19 59

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: June 26, 1939	Birth Place: Juliaetta, Idaho	Full Name of Mother: Hellie Martin Forsman	Name of Father: George Forsman
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: Idaho [illegible]	Date Issued: [illegible]	Date Orig. Entry: April 21, 1949
	Date of Birth: [illegible]	Birth Place: Juliaetta, Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 3	Type of Document: School record	By whom issued and signed: New Pence Co., Idaho	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: —	Full Name of Mother: —	Name of Father: George Forsman

SUBSTITUTING INFORMATION

MAGISTRATE'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Feb. 26, 1959

955-123-035-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-180

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verl Raymond Reeves			2. Date Of Birth (month) (day) (year): October 23 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nez Perce Co.	b. City or Town of Birth: Culdesac, Idaho
FATHER	6. Full Name of Father: Henry Herbert Reeves			7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Della Florence Gaskill			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verl Raymond Reeves		11. Present Address of Registrant: 715 South 6th St. Cottage Grove, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 21 1959	12. Signature of Notary: June N. Bird		13. Notary Commission expires: June 30 1961

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Dec. 26, 1938
	Date of Birth: Oct. 23, 1909 / Birth Place: Culdesac, Idaho	Full Name of Mother: Della Gaskill		Name of Father: Henry Reeves
SUPPORTING RECORD 2.	Type of Document: (born 8-14-1894) Affidavit by mother's sister	By whom issued and signed: Jessie Hanses	Date Issued: 2-18-59	Date Orig. Entry:
	Date of Birth: Oct. 23, 1909 / Birth Place: Culdesac, Idaho	Full Name of Mother (born-Missouri): Della Gaskill		Name of Father (born-Washington): Henry Reeves
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Booth Kelly Lumber Co. Springfield, Oregon	Date Issued: 2-5-59	Date Orig. Entry: May 1947
	Date of Birth: Oct. 23, 1909 / Birth Place: ---	Full Name of Mother: ---		Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: Nancy Richards	Date Filed: March 2, 1959

FORM BH 56067

MAR 2 1959

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

DESIGNATE (person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth: October 23, 1909
	3. Color or Race: [illegible]	4. Place of Birth: [illegible] Co.
		Duty or Item of Birth: Guildesac, Idaho
FATHER	6. Full Name of Father: Henry Herbert Reeves	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: Delia [illegible]	9. State or Country of Mother's Birth: Wisconsin
APPLICANT	1. Person [illegible] upon oath [illegible] above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. [illegible] Address of Registrant: [illegible]
NOTARY (Seal)	12. [illegible] and sworn to before me on [illegible]	13. Signature of Notary: [illegible]
		14. Not by Qualification Expires: [illegible]

APPLICATION TO WHOM ISSUED

SUPPORTING RECORD 1	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued	Date Orig. Entry: Feb. 26, 1938
	Date of Birth: Oct. 23, 1909	Birth Place: Guildesac, Idaho	Full Name of Mother: Delia Gaskill	Name of Father: Henry Reeves
SUPPORTING RECORD 2	Type of Document: Affidavit by mother's sister	By whom issued and signed: Jessie Hanses	Date Issued: 2-11-59	Date Orig. Entry: [illegible]
	Date of Birth: Oct. 23, 1909	Birth Place: Guildesac, Idaho	Full Name of Mother (born-Wisconsin): Delia Gaskill	Name of Father: Henry Reeves
SUPPORTING RECORD 3	Type of Document: Employment Record	By whom issued and signed: Rect. [illegible] Lumber Co. [illegible], Oregon	Date Issued: 2-5-59	Date Orig. Entry: May 1947
	Date of Birth: Oct. 23, 1909	Birth Place: —	Full Name of Mother: —	Name of Father: —

QUALIFYING INFORMATION

CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] abstract.

Name Registrar	Evidence Reviewed by	Date Filed
[illegible]	Nancy [illegible]	March 2, 1959

FORM [illegible]

493-220-033-384

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-204

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BLANCHE MARGUERITE DICKSON		2. Date Of Birth (month) JAN (day) 20 (year) 1909
	3. Color or Race: WHT	4. Sex: FEM	5. Place of Birth a. County: THORNTON IDA MADISON b. City or Town of Birth: THORNTON
FATHER	6. Full Name of Father: JUDSON DICKSON		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: GUNDEL MARTHA LANE LYMAN		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Blanche McKnight	11. Present Address of Registrant: Dillon Mont.
NOTARY (Seal)	Subscribed and sworn to before me on: January 31 1959	12. Signature of Notary: [signature]	13. Notary Commission expires: Jan 4 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism		By whom issued and signed: Presbyterian Church Dillon, Montana	Date Issued:	Date Orig. Entry: May 27, 1951
	Date of Birth: Jan. 20, 1909	Birth Place: Thornton, Idaho	Full Name of Mother: Gundel Lyman Dickson	Name of Father: Judson Dickson	
SUPPORTING RECORD 2.	Type of Document: Voting Registration Record		By whom issued and signed: Beaverhead Co., Montana	Date Issued: 2-20-59	Date Orig. Entry: May 27, 1938
(age 29)	Date of Birth: Jan. 20, 1909	Birth Place: Thornton, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Beaverhead Co., Montana	Date Issued: 2-26-59	Date Orig. Entry: child born Dec. 7, 1943
	Date of Birth: age 34	Birth Place: Thornton, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	March 5, 1959

FORM BH 56067

1 copy paid

DUPLICATE CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 5 1959

866-209-042-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-207

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ~~Ethel Howard~~ Ethyl Howard			2. Date of Birth: (month) March (day) 9 (year) 1909	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Twin Falls	b. City or Town of Birth: Buhl	
FATHER	6. Full Name of Father: James Amos Howard			7. State or Country of Father's Birth: State of Missouri	
MOTHER	8. Full Maiden Name of Mother: Maggie Shark also known as Margaret Shark			9. State or Country of Mother's Birth: State of Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethyl Howard Furman		11. Present Address of Registrant: 3704 Mc Arthur Blvd Oakland Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 7, 1958	12. Signature of Notary: W. E. Corbett		13. Notary Commission expires: Nov. 16, 1960	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security record	By whom issued and signed: Treasury Dept.		Date Issued: 9-19-40	Date Orig. Entry: Sept. 19, 1940
	Date of Birth: March 9, 1909	Birth Place: Buhl, Idaho	Full Name of Mother: Margaret Shark	Name of Father: Amos Howard	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Buhl Public Schools, Idaho		Date Issued: 10-24-58	Date Orig. Entry: Oct. 15, 1917
	Date of Birth: March 9, 1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: J. A. Howard	
SUPPORTING RECORD 3.	Type of Document: (present at birth) Affidavit by aunt, age 65	By whom issued and signed: Retta Moore		Date Issued: 2-2-59	Date Orig. Entry:
	Date of Birth: March 9, 1909	Birth Place: Buhl, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Affidavit by Editor & Manager of the Buhl Herald; 1-9-59: May 6, 1926 issue: age 17, father-James Amos Howard.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Bacon	Evidence reviewed by: mr Nancy Richards		Date Filed: March 6, 1959	

FORM BH 56067

MAR 6 1950

APR 3 1950

847-220-036-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-266

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Millie Hughes			2. Date Of Birth (month) Sept. (day) 20 (year) 1909	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Oneida	b. City or Town of Birth (P.O. address-Malad): Pleasant View Malad	
FATHER	6. Full Name of Father: Thomas Mason Hughes			7. State or Country of Father's Birth: Samaria, Oneida, Idaho	
MOTHER	8. Full Maiden Name of Mother: Margaret Elizabeth Price			9. State or Country of Mother's Birth: Malad, Oneida, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant (Mrs. Price): Vera Millie Hughes		11. Present Address of Registrant: R.F.D. #1 Box 97. Malad, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: Mar. 12 1959	12. Signature of Notary: Colon F. Sequeira Jr. Clerk of the district court		13. Notary Commission expires: Jan 12 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: (no name shown) County Birth Record (female child)	By whom issued and signed: (Page 32, Oneida Co. Records) Oneida County, Idaho		Date Issued: 2-26-59	Date Orig. Entry: soon after birth
	Date of Birth: Sept. 20, 1909	Birth Place: Malad, Idaho	Full Name of Mother: Maggie Price Hughes	Name of Father: Thomas Hughes	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 72	By whom issued and signed: Margaret Elizabeth Price Hughes		Date Issued: 3-13-59	Date Orig. Entry:
	Date of Birth: Sept. 20, 1909	Birth Place: Oneida Co. Pleasant View, Idaho	Full Name of Mother: Margaret Elizabeth Price Hughes	Name of Father: Thomas Mason Hughes	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #241724		Date Issued:	Date Orig. Entry: child born Feb. 20, 1936
	Date of Birth: age 26	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: March 24, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 24 1959

345-22-0067-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-267

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Martha Kathryn Cunningham
2. Date of Birth (month) (day) (year): September 23, 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Blaine Co.
b. City or Town of Birth: Picabo, Idaho

FATHER

6. Full Name of Father: Van Cunningham
7. State or Country of Father's Birth: Bates Co., Missouri

MOTHER

8. Full Maiden Name of Mother: Elizabeth Kathryn White
9. State or Country of Mother's Birth: Eureka, Nevada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Martha Richards
11. Present Address of Registrant: 2506 Palouse, Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 24 1959
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28. 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by person present at birth, age 83	Mrs. Minnie Baldwin	3-16-59	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 23, 1909	Picabo, Idaho	Elizabeth Cunningham	Van Cunningham

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #358510		child born Sept. 7, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 32	Picabo, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible Record			August 11, 1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 23, 1909	Picabo, Idaho	Elizabeth Kathern Cunningham	Van Cunningham

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	mr Sharon E. Skaggs	March 24, 1959

FORM BH 56067

1 copy paid

MAR 25 1958

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 39-267

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): September 23, 1909
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Bishop Co.	6. City or Town of Birth: Nicabo, Idaho
FATHER	7. Full Name of Father: [illegible]	8. State or Country of Father's Birth: Bates Co., Missouri
MOTHER	9. Full Name of Mother: [illegible]	10. State or Country of Mother's Birth: [illegible], Nevada
AFFIDAVIT	11. Hereby declare upon oath that the above [illegible] is true to the best of [illegible] and belief.	12. Signature of Registrant: [illegible]
	13. Present Address of Registrant: 2556 [illegible] Idaho	
NOTARY	14. Subscribed and sworn to before me on [illegible]	15. Signature of Notary: [illegible]
	16. Notary Commission expires: [illegible]	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at birth	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: [illegible]	Birth Place: Nicabo, Idaho	Full Name of Mother: Elizabeth Cunningham	Name of Father: Van Cunningham
SUPPORTING RECORD 2.	Type of Document: [illegible] birth certificate	By whom issued and signed: Idaho [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Nicabo, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed:	Date Issued:	Date Orig. Entry: August 11, 1933
	Date of Birth: Sept. 23, 1909	Birth Place: Nicabo, Idaho	Full Name of Father: Elizabeth Kathern Cunningham	Name of Father: Van Cunningham
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing contract.			
	State Registrar: W.W. Benson	Evidence reviewed by: Sharon E. Skaggs	Date Filed: March 24, 1958	

515-224-022-193

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-304

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NORMA NAEF		2. Date Of Birth (month) MAR (day) 24 (year) 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: TETON, IDAHO FREMONT; b. City or Town of Birth: TETON, IDAHO
FATHER	6. Full Name of Father: RUDOLPH NAEF		7. State or Country of Father's Birth: PROVIDENCE, UTAH
MOTHER	8. Full Maiden Name of Mother: MARY ELLEN ARCHIBALD		9. State or Country of Mother's Birth: WELLISVILLE UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant (Mrs. Powell): Norma Naef	11. Present Address of Registrant: 1249 E. 1ST PLACE, MESA, ARIZONA.
NOTARY (Seal)	Subscribed and sworn to before me on: March 4 1959	12. Signature of Notary: Charles C. Gretzmacher	13. Notary Commission expires: My Commission Expires Sept. 27, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Jan. 1, 1942
	Date of Birth: March 24, 1909	Birth Place: Fremont Co. Teton, Idaho	Full Name of Mother: Mary Ellen Archibald	Name of Father: Rudolph Naef
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date issued: 7-23-52	Date Orig. Entry: July 15, 1952
	Date of Birth: March 24, 1909	Birth Place: Teton, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #200678	Date issued:	Date Orig. Entry: child born Feb. 1, 1932
	Date of Birth: age 22	Birth Place: Teton, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	April 3, 1959

FORM BH 56067

APR 27 1969

AMENDED CERTIFICATE OF BIRTH
STATE OF IDAHO

313-216-014-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-320

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Esther Malissa Callender
2. Date of Birth (month) April (day) 16 (year) 1909
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Emmett

FATHER

6. Full Name of Father: William T. Callender
7. State or Country of Father's Birth: Michigan.

MOTHER

8. Full Maiden Name of Mother: Margaret L. Callender
9. State or Country of Mother's Birth: Penn.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Esther M. Clare
11. Present Address of Registrant: N. 5525 Whitehouse, Spokane 19, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: May 24 1959
12. Signature of Notary: [illegible]
13. Notary Commission expires: Oct 12 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	First Methodist Church, Boise, Idaho	March 26 1959	Baptized April 16, 1922
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	April 16, 1909 / Emmett, Idaho	Margaret L. Callender	William T. Callender	
SUPPORTING RECORD 2.	Affidavit by Mother	Margaret L. Callender	April 7, 1959	--
	April 16, 1909 / Emmett, Idaho	Margaret L. Callender	William T. Callender	
SUPPORTING RECORD 3.	Page 38 -No. 829 Certified Copy of Birth Record filed with Canyon Co.	S.S.Foote, County Recorder Canyon County	March 26 1959	soon after birth
	April 16 1909 / Emmett, Idaho	Margaret L. Callender	William T. Callender	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	April 8, 1959

FORM BH 56067

APR 8 1958

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

1. Registrant's Full Name at Birth: Esther Mallesse Callender		2. Date of Birth: April 16, 1909	
3. Color or Race: [illegible]	4. Sex: [illegible]	5. Place of Birth: Canyon	6. Birth or Town of Birth: Emmett
7. Full Name of Father: William L. Callender		8. State or Country of Father's Birth: Michigan.	
9. Full Maiden Name of Mother: Margaret L. Callender		10. State or Country of Mother's Birth: Penn.	
11. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [illegible]	13. Present Address of Registrant: [illegible] Spokane 12, Wash.	
14. Subscribed and sworn to before me	15. Signature of Notary: [illegible]	16. Notary Commission Expires: [illegible]	

Attachment to Certificate of Birth

Type of Document: Certificate of Baptism	Place of Birth: Emmett, Idaho	Date of Birth: April 16, 1909	Date of Birth: Emmett, Idaho
Full Name of Mother: Margaret L. Callender		Name of Father: William L. Callender	
Type of Document: Affidavit by Mother	Place of Birth: Emmett, Idaho	Date of Birth: April 16, 1909	Date of Birth: Emmett, Idaho
Full Name of Mother: Margaret L. Callender		Name of Father: William L. Callender	
Type of Document: Certified Copy of Birth Record filed with Canyon Co.	Place of Birth: Emmett, Idaho	Date of Birth: April 16, 1909	Date of Birth: Emmett, Idaho
Full Name of Mother: Margaret L. Callender		Name of Father: William L. Callender	

Registrar's Certificate

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible]

Registrar's Signature: [illegible]

State Registrar: [illegible]

Date Filed: April 24, 1959

Joyce [illegible]

FORM NO. [illegible]

349-116-022-893

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-343
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leo Laurel Curr			2. Date Of Birth (month) Sept. (day) 16 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Chester, Ida. Fremont	b. City or Town of Birth
FATHER	6. Full Name of Father: Otis Sherman Curr			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Hannah Hill			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leo Laurel Curr		11. Present Address of Registrant
NOTARY (Seal) Judge	Subscribed and sworn to before me on: March 6 1959	12. Signature of Notary: George S Rudd		13. Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, age 75	By whom issued and signed: Alice Hill Curr		Date Issued: 3-3-59	Date Orig. Entry:
Class* B	Date of Birth: Sept. 16, 1909	Birth Place: Chester, Idaho	Full Name of Mother: Hannah Hill Curr	Name of Father: Otis Sherman Curr	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army		Date Issued: discharged 1-30-45	Date Orig. Entry: inducted Feb. 14, 1942
Class B	Date of Birth: Sept. 16, 1909	Birth Place: Chester, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: original viewed by Bureau of Vital Statistics		Date Issued: 4-21-59	Date Orig. Entry: old record
Class B	Date of Birth: Sept. 16, 1909	Birth Place: ---	Full Name of Mother: Hannah Cur	Name of Father: Otis Sherman Cur	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W L Benson	Evidence reviewed by: mr Nancy Richards		Date Filed: April 21, 1959	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 21 1959

796-202-035-85J

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-360

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Frances Provost		2. Date of Birth (month) (day) (year): May 2 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce, Ida. b. City or Town of Birth: Waha, Ida.
FATHER	6. Full Name of Father: William Provost		7. State or Country of Father's Birth: Decora Iowa
MOTHER	8. Full Maiden Name of Mother: Vina Fannie Heckman		9. State or Country of Mother's Birth: Telford Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Gladys Provost Miller	11. Present Address of Registrant: Meadows Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 11 1959	12. Signature of Notary: Carl Benson	13. Notary Commission expires: Jan 6 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Oct. 25, 1944
	Date of Birth: May 2, 1909	Birth Place: Nez Perce Co. Waha, Idaho	Full Name of Mother: Vina Fannie Heckman	Name of Father: William Provost
SUPPORTING RECORD 2.	Type of Document: Church Record--Baptism	By whom issued and signed: St. Stanislaus R. C. Church Lewiston, Idaho	Date Issued: 8-27-58	Date Orig. Entry: June 27, 1909
	Date of Birth: May 2, 1909	Birth Place: ----	Full Name of Mother: Vina Heckman	Name of Father: William Provost
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Nez Perce Co., Idaho	Date Issued: 8-28-58	Date Orig. Entry: Oct. 2, 1929
	Date of Birth: age 20	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	April 24, 1959

FORM BH 56067 1 copy paid

APR 24 1950

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

255-212 10 21-264

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-410

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Iona Kent		2. Date Of Birth (month) (day) (year): September 12, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Franklin Co. b. City or Town of Birth: Fairview, Idaho
FATHER	6. Full Name of Father: Thomas Jefferson Kent		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lucy Elvira Bodily		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Iona Kent Coleman	11. Present Address of Registrant: 128 Washington Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May. 2 1959	12. Signature of Notary: A. D. Bruhall	13. Notary Commission expires: Sept. 30 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Lucy E. Kent	Date issued: 12-26-58	Date Orig. Entry:
	Date of Birth: Sept. 12, 1909 / Birth Place: Franklin Co. Fairview, Idaho	Full Name of Mother: Lucy E. Kent	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Cache Co., Utah	Date issued: 1-26-59	Date Orig. Entry: July 9, 1929
	Date of Birth: Sept. 12, 1909 / Birth Place: Fair View, Idaho	Full Name of Mother (born-Utah): Lucy Elvira Bodily	Name of Father (born-Utah): Thas. J. Kent	
SUPPORTING RECORD 3.	Type of Document: Church Record--Blessing	By whom issued and signed: Pocatello 13th Ward, N. Pocatello Stake, Pocatello, Ida. LDS CHURCH	Date issued: 4-11-59	Date Orig. Entry: Oct. 3, 1909
	Date of Birth: Sept. 12, 1909 / Birth Place: Franklin Co. Fairview, Idaho	Full Name of Mother: Lucy E. Bodely Kent	Name of Father: Thomas J. Kent	
QUALIFYING INFORMATION	own child's birth certificate, Idaho #51-13819: age 42 as of date of child's birth on Nov. 6, 1951; born-Fairview, Idaho.			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: May 13, 1959

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

132-203-014-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-412

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Lucille Ackerman		2. Date Of Birth (month) April (day) 3 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5a. Place of Birth: New Plymouth, Canyon	5b. City or Town of Birth: New Plymouth, Idaho
FATHER	6. Full Name of Father: George Ackerman		7. State or Country of Father's Birth: Switzerland	
MOTHER	8. Full Maiden Name of Mother: Bessie Mae Chadwick		9. State or Country of Mother's Birth: Nebraska U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Lucille Ackerman	11. Present Address of Registrant: 301 Nemrod St Nevada City Calif	
NOTARY (Seal)	Subscribed and sworn to before me on June 11 19 58	12. Signature of Notary: Thelma A. Dodson Jackson	13. Notary Commission expires Dec 7 19 61	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Record		By whom issued and signed: Multnomah County Clerk Portland, Oregon	Date Issued:	Date Orig. Entry: Nov. 5, 1927
	Date of Birth: age 18	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father, age 91		By whom issued and signed: George Ackerman	Date Issued: 7-15-58	Date Orig. Entry:
	Date of Birth: April 3, 1909	Birth Place: New Plymouth, Idaho	Full Name of Mother: Bessie May Chadwick Ackerman	Name of Father: George Ackerman	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: California #41-014770	Date Issued: 4-3-59	Date Orig. Entry: child born Feb. 5, 1941
	Date of Birth: age 31	Birth Place: New Plymouth, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	School Record, New Plymouth Public Schools, Dist. #372, New Plymouth, Idaho: enrollment record of Sept. 6, 1922 -- born April 3, 1909.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Barron		Evidence reviewed by: nr Nancy Richards		Date Filed: May 15, 1959

FORM BH 56067

MAY 15 1959

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D659-[illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant - Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race	4. Place of Birth - Calendar
		5. Sex of Birth
FATHER	6. Full Name of Father	7. Place or Country of Father's Birth
MOTHER	8. Full Name of Father	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me	12. Signature of Notary
		13. Notary Commission Expires

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Record	By whom Issued and Signed: Multnomah County Clerk Portland, Oregon	Date Issued: [illegible] 5, 1959
	Date of Birth: Birth Place: [illegible]	Full Name of Mother: ---	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit by father, age 91	By whom Issued and Signed: George Ackerman	Date Issued: 7-15-58
	Date of Birth: Birth Place: April 3, 1959 New Plymouth, Idaho	Full Name of Mother: Jessie May Chadwick Ackerman	Name of Father: George Ackerman
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom Issued and Signed: California [illegible]	Date Issued: 4-2-59
	Date of Birth: Birth Place: June 21 New Plymouth, Idaho	Full Name of Mother: ---	Name of Father: ---

OFFICIAL SUPPORTING RECORD

School Record, New Plymouth Public Schools, Dist. #222, New Plymouth, Idaho

Enrollment record of Sept. 6, 1922 -- born April 3, 1909.

REGISTRAR'S CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	May 15, 1959

792-207-022-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-434

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Polly Geneva Gibson			2. Date Of Birth (month) April (day) 7 (year) 1909	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: (now Jefferson) Fremont	b. City or Town of Birth: Menan	
FATHER	6. Full Name of Father: William Wesley Gibson			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Jane Ballantyne			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Polly Geneva Gibbal Gibson	11. Present Address of Registrant: Roberts, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on April 27 - 1959		12. Signature of Notary: Eileen Madsen	13. ~~Notary Commission expires~~ CLERK OF THE DISTRICT COURT TWELFTH JUDICIAL DISTRICT	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism		By whom issued and signed: Roberts Ward, Rigby Stake LDS Church	Date Issued: 9-7-24	Date Orig. Entry: Sept. 6, 1924
	Date of Birth: April 7, 1909	Birth Place: Jefferson Co.(now) Menan, Idaho	Full Name of Mother: Jane Ballantyne	Name of Father: -- Wesley Gibson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Jane Gibson	Date Issued: 4-27-59	Date Orig. Entry:
	Date of Birth: April 7, 1909	Birth Place: Fremont Co. Menan, Idaho	Full Name of Mother: Jane Ballantyne Gibson	Name of Father: William Wesley Gibson	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #250353	Date Issued:	Date Orig. Entry: child born May 10, 1936
	Date of Birth: age 27	Birth Place: Menan, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Marriage Record, Cache County, Utah; 5-4-59: age 26 as of July 29, 1935.				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jensen	Nancy Richards	May 21, 1959

FORM BH 56067

MAY 21 1959

625-220-029-655

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-500
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Divona Marie O'Keefe
2. Date of Birth: (month) 9 (day) 20 (year) 1909
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Latah; b. City or Town of Birth: Moscow

FATHER

6. Full Name of Father: Louis J. O'Keefe
7. State or Country of Father's Birth: Asotin Co. Wash.

MOTHER

8. Full Maiden Name of Mother: Tamsel Claudia Overby
9. State or Country of Mother's Birth: Pittman C.O. Wash.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Divona Marie Yeaps
11. Present Address of Registrant: Moses Lake, Washington 4126 E. 3rd Ave

NOTARY (Seal)

Subscribed and sworn to before me on: August 10, 1956
12. Signature of Notary: Phyllis Ekanger
13. Notary Commission expires: March 7, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Federal Census Record	age 10	Idaho	U. S. Bureau of the Census	Tamsel C. O'Keefe	3-26-59	Jay L. O'Keefe	Jan. 1, 1920
SUPPORTING RECORD 2. Class B	Social Security Record	Sept. 20, 1909	Moscow, Idaho	Treasury Dept.	Tamsel Overby		Jay O'Keefe	Oct. 3, 1946
SUPPORTING RECORD 3. Class B	own child's birth certificate	age last birthday 27 years	Moscow, Idaho	Washington #363	---	5-20-59	---	child born Sept. 10, 1937

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: nr Nancy Richards
Date Filed: June 10, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 10 1950

518-22-014-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-537

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louise Ernestine Vahlberg		2. Date Of Birth (month) (day) (year): July 22, 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Edward Carl Conrad Vahlberg		7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Ona Groesbeck		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louise Ernestine	11. Present Address of Registrant: Boise Idaho 2712 Woodlawn	
NOTARY (Seal)	Subscribed and sworn to before me on: June 17 1959	12. Signature of Notary: Hazel L. Huggins Hazel L. Hurlbert	13. Notary Commission expires: Sept 28 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics, Idaho #241964	Date Issued:	Date Orig. Entry: Child born March 24, 1936	
	Date of Birth: Age 26	Birth Place: Emmett, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister, Age 56	By whom issued and signed: Mabel Lenora Vahlberg Wellman	Date Issued: April 9, 1956	Date Orig. Entry:	
	Date of Birth: July 22, 1909	Birth Place: Emmett, Idaho	Full Name of Mother: Ona Groesbeck	Name of Father: Edward Carl Conrad Vahlberg	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: American Home Benefit Association, Inc., Boise	Date Issued: Oct. 3, 1949	Date Orig. Entry:	
	Date of Birth: 7/22/1909	Birth Place: --	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	ses Sharon E. Skaggs	June 18, 1959

FORM BH 56067

JUN 19 1969

396-230-036-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-546

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donna Emma Crockett		2. Date Of Birth (month) March (day) 30, (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Dayton, a. County: Oneida Co. b. City or Town of Birth: Dayton
FATHER	6. Full Name of Father: Irving Ernest Crockett		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Alice Dees		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donna Josephson	11. Present Address of Registrant: Box 314, Shelley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 22nd., 1959	12. Signature of Notary: Melva Poppy	13. Notary Commission expires: July 26 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: Dayton Ward, Dayton, Idaho LDS Church	Date issued: 6-28-09	Date Orig. Entry: June 6, 1909
	Date of Birth: March 30, 1909 / Birth Place: Oneida Co. Dayton, Idaho	Full Name of Mother: Alice Dees	Name of Father: I. E. Crockett	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father, age 77	By whom issued and signed: Irving E. Crockett	Date issued: 5-8-59	Date Orig. Entry:
	Date of Birth: March 30, 1909 / Birth Place: Dayton, Idaho	Full Name of Mother: Alice Dees Crockett	Name of Father: Irving E. Crockett	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #245773	Date issued:	Date Orig. Entry: child born Aug. 1, 1936
	Date of Birth: age 27 / Birth Place: Dayton, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Nancy Richards	June 24, 1959

FORM BH 56067

1 copy paid

JUN 25 1990

669-123-044-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-573

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Eugene Ford		2. Date Of Birth (month) August (day) 23 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington; b. City or Town of Birth: Midvale
FATHER	6. Full Name of Father: Walter Eugene Ford		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Carrie Lee Woods		9. State or Country of Mother's Birth: Texas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur Eugene Ford	11. Present Address of Registrant: Cambridge, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 26 1959	12. Signature of Notary: May Collins	13. Notary Commission expires: June 3 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at birth, age	By whom issued and signed: 70, Margie Ader	Date issued: 4-25-59	Date Orig. Entry:
	Date of Birth: Aug. 23, 1909; Birth Place: Midvale, Idaho	Full Name of Mother: Carrie Lee Woods	Name of Father: Walter Eugene Ford	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Union County, Oregon	Date issued: 4-17-59	Date Orig. Entry: June 20, 1931
	Date of Birth: age 21 yrs., 9 mos., 27 days; Birth Place: Midvale, Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #408350	Date issued:	Date Orig. Entry: child born June 18, 1945
	Date of Birth: age 35; Birth Place: Midvale, Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	July 6, 1959

FORM BH 56067

JUL 6 1950

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth: [illegible]
	3. Color or Race: [illegible]	4. Place of Birth: [illegible]
	5. Sex: [illegible]	6. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	1. Before [illegible] that the [illegible] are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
Notary (seal)	Subscribed and sworn to before me on: June 26	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at birth, age 70, Marvin Adler	By whom issued and signed: Garrie Lee Woods	Date Issued: 4-25-50	Date Orig. Filed:
	Date of Birth: Apr. 13, 1909	Birth Place: Midvale, Idaho	Name of Father: Walter Wayne Ford	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Union County, Oregon	Date Issued: 4-17-50	Date Orig. Entry: June 20, 1931
	Date of Birth: Apr. 21 1909	Birth Place: Midvale, Idaho	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: [illegible] certificate	By whom issued and signed: Idaho #[illegible]	Date Issued:	Date Orig. Entry: Child born June 18, 1946
	Date of Birth: June 25	Birth Place: Midvale, Idaho	Name of Father: —	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]	Evidence reviewed by: Nancy Richards	Date Filed: July 6, 1950

FORM BH 1602

263-218-035-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-590

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MAGDALENE Kolmorgan
2. Date of Birth (month) (day) (year): AUGUST 18, 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Nez Perce
b. City or Town of Birth: Kamiah

FATHER

6. Full Name of Father: Leo Richard Kolmorgan
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Blanch Kidder
9. State or Country of Mother's Birth: Montana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Magdalena Kolmorgan
11. Present Address of Registrant: 417 CASCADE SHELTON WASH.

NOTARY (Seal)

Subscribed and sworn to before me on: July 10, 1959
12. Signature of Notary: Robert L Smyth
13. Notary Commission expires: FEBRUARY 18, 1962

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	U. S. Bureau of the Census	6-16-59	Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 10	Idaho	Blanche Kolmorgan	Leo Kolmorgan

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		July 11, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 18, 1909	Lewis Co. Kamiah, Idaho	Blanche May Kidder	Leo Richard Kolmorgan

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 74	Blanch Kolmorgan	4-30-59	

Date of Birth	Birth Place	Full Name of Mother (born-Montana)	Name of Father (born-Michigan)
Aug. 18, 1909	Nez Perce Co. Kamiah, Idaho	Blanch Kidder Kolmorgan	Leo Richard Kolmorgan

QUALIFYING INFORMATION

Marriage Record, Tacoma-Pierce Co., Wash.; 5-6-59: age 18 as of Mar. 26, 1928; born-Kamiah, Idaho; parents--Leo Kolmorgan and Blanch Kidder. Own child's birth certificate; Washington #66; 5-5-59: age 23 as of July 17, 1933; born-Idaho. Insurance Record; Reserve Life Ins. Co.; Dallas, Texas; March 7, 1952: born-Aug. 18, 1909.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barnum	Nancy Richards	July 14, 1959

FORM BH 56067

JUL 14

696-221-039-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-657

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Inis Fifield			2. Date of Birth (month) March (day) 21 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Power	b. City or Town of Birth: Rockland
FATHER	6. Full Name of Father: William Phelps Fifield			7. State or Country of Father's Birth: Weston, Oneida Co., Idaho
MOTHER	8. Full Maiden Name of Mother: Amorett Allen			9. State or Country of Mother's Birth: Logan, Cashe Co., Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant (Mrs. Butler): Inis Fifield		11. Present Address of Registrant: W. 1228 Jackson Ave. Spokane 17, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: July 8 1954	12. Signature of Notary: Otto L. [illegible] Notary Public in and for the State of Washington, residing at Spokane		13. Notary Commission expires: April 4 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Rockland, Idaho	Date issued: May 27-09	Date Orig. Entry: May 2, 1909
	Date of Birth: March 21, 1909	Birth Place: Rockland, Idaho	Full Name of Mother: Amretta Allen	Name of Father: Wm. Fifield	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Amorett Allen Fifield	Date issued: 6-17-59	Date Orig. Entry:
	Date of Birth: March 21, 1909	Birth Place: Power Co. Rockland, Idaho	Full Name of Mother: Amorett Allen Fifield	Name of Father: William Phelps Fifield	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church --	Date issued: 7-7-17	Date Orig. Entry: July 7, 1917
	Date of Birth: March 21, 1909	Birth Place: Power Co. Rockland, Idaho	Full Name of Mother: Amorett Allen	Name of Father: Wm. P. Fifield	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr W. W. Benson	Aug. 11, 1959

FORM BH 56067

AUG 11 1959

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: This Fifield	2. Date (month) (day) (year): March 21 1909	
	3. Color or Race: White	4. Sex: F	5. Place of Birth (County): Power
			6. City or Town of Birth: Rockland
FATHER	7. Full Name of Father: William Phelps Fifield		7. State or Country of Father's Birth: Benton, Oneida Co., Idaho
MOTHER	8. Full Maiden Name of Mother: Amorett Allen		9. State or Country of Mother's Birth: Logan, Cache Co., Utah
AFFIDAVIT	10. I declare upon oath that the [illegible] statements are true to the [illegible] knowledge and belief.	11. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible] Jackson Ave. Pickens 12, Idaho.
	12. Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICANT - [illegible] WHITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: [illegible] Church, Rockland, Idaho	Date Issued: May 27-59	Date Orig. Entry: May 2, [illegible]
	Date of Birth: March 21, 1909	Full Name of Mother: Amorette Allen	Name of Father: Wm. Fifield	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Amorett Allen Fifield	Date Issued: 6-17-59	Date Orig. Entry:
	Date of Birth: March 21, 1909	Full Name of Mother: Amorett Allen Fifield	Name of Father: William Phelps Fifield	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: [illegible] Church	Date Issued: 7-7-22	Date Orig. Entry: July 7, 1917
	Date of Birth: March 21, 1909	Full Name of Mother: Amorett Allen	Name of Father: Wm. F. Fifield	

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by: Mr. W. [illegible]	Date Filed: Aug. 11, 1959

FORM [illegible]

619-223-033-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-663

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Farnsworth			2. Date Of Birth (month) Feb. (day) 23 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Albert Stephen Farnsworth			7. State or Country of Father's Birth: Beaver, Utah
MOTHER	8. Full Maiden Name of Mother: Mary Alice Anderson			9. State or Country of Mother's Birth: Smithfield, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Farnsworth (Kirsard)		11. Present Address of Registrant: 1299 Middle Park Calif.
NOTARY (Seal)	Subscribed and sworn to before me on JUL 6 1959 19	12. Signature of Notary: [signature]		13. Notary Commission expires: and County of San Francisco State of California 19

My Commission Expires January 3, 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mary Alice Anderson Farnsworth	Date Issued: Feb. 23, 1909	Date Orig. Entry:
	Date of Birth: Feb. 23, 1909	Birth Place: Rexburg, Madison Co., Idaho	Full Name of Mother: Mary Alice Anderson	Name of Father: Albert Stephen Farnsworth	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Vital Statistics, Idaho #205055	Date Issued:	Date Orig. Entry: child born 6-14-1932
	Date of Birth: Age 23	Birth Place: Rexburg, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Insurace Policy		By whom issued and signed: Pacific National Life Assurance Company	Date Issued:	Date Orig. Entry: April 7, 1954
	Date of Birth: Feb. 23, 1909	Birth Place: Rexburg, Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	ses Sharon E. Skaggs	August 12, 1959

FORM BH 56067

AUG 12 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

343-108-037-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-691

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Albert Cutting
2. Date Of Birth (month) (day) (year): April 8 1909
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Owyhee Co.
b. City or Town of Birth: Delamar

FATHER

6. Full Name of Father: Fred Cutting
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Elizebeth Lackman
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Albert Cutting
11. Present Address of Registrant: 2610 Pine Street, Butte, Montana

NOTARY (Seal)

Subscribed and sworn to before me on: Feb. 20 1958
12. Signature of Notary: Neil E. Shea
13. Notary Commission expires: Jan. 26 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Maybelle Hogan, Co. Supt. of Schools, Silver Bow Co., Butte, Montana.	2-18-58	school census 1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 8, 1909	----	Elizabeth (Lizzie) Lockman Cutting	Fred Cutting

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Voting Record	Co. Clerk, Silver Bow County, Montana	2-18-58	Feb. 2, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 35	Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt, age 63	Ruth M. Fleming	7-23-59	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 8, 1909	Owyhee County Delamar, Idaho	Elizabeth Groth	Fredrick Cutting

QUALIFYING INFORMATION

own child's birth certificate, Montana #22479; 2-18-58: age 26 as of April 22, 1935; born-Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Aug. 19, 1959

FORM BH 56067

AUG 19 1959

155-210-024-393

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-725

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GERALDINE DOUGLAS AVERY			2. Date of Birth (month) (day) (year): NOVEMBER 10 1909
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: IDAHO	b. City or Town of Birth: GOODING
FATHER	6. Full Name of Father: BYRON LYMAN AVERY			7. State or Country of Father's Birth: MASSACHUSETTS
MOTHER	8. Full Maiden Name of Mother: MABEL ABIGAIL TICE			9. State or Country of Mother's Birth: MASSACHUSETTS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geraldine A. Powell		11. Present Address of Registrant: 156 LOMBARDY LANE - ORINDA CALIF
NOTARY (Seal)	Subscribed and sworn to before me on: August 17 1959	12. Signature of Notary: [illegible]		13. Notary Commission expires: My Commission Expires June 21, 1960 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 27, 1936
	Date of Birth: Nov. 10, 1909 / Birth Place: Gooding, Idaho	Full Name of Mother: Mabel Tice Avery (Norvall)	Name of Father: Byron Lyman Avery	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: Peralta Hospital Oakland, California	Date Issued: 7-7-59	Date Orig. Entry: July, 1940
	Date of Birth: Nov. 10, 1909 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Alameda County, California	Date Issued: 7-9-59	Date Orig. Entry: Dec. 21, 1945
	Date of Birth: age 36 / Birth Place: Idaho	Full Name of Mother: Mabel Abigail Tice	Name of Father: Byron Lyman Avery	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Nancy Richards	Date Filed: Sept. 1, 1959

FORM BH 56067

SEP 1 [illegible]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Filing No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth (month) (day) (year)
	3. Color of Race: [illegible]	4. Sex: [illegible]
	5. Place of Birth: [illegible] County	6. City or Town of Birth: [illegible]
FATHER	7. Full Name of Father: [illegible]	8. State or Country of Father's Birth: [illegible]
MOTHER	9. Full Maiden Name of Mother: [illegible]	10. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

AFFIDAVIT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	5. Code Issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 27, [illegible]
	Date of Birth: Nov. 10, 1900	Place of Birth: Coeding, Idaho	Name of Mother: Mabel Tice Avery (Murrell)	Name of Father: Byron Lyman Avery
SUPPORTING RECORD 2.	Type of Document: Hospital Record	5. Code Issued and signed: Peralta Hospital Oakland, California	Date Issued: 7-7-[illegible]	Date Orig. Entry: July, 1943
	Date of Birth: Nov. 20, 1900	Place of Birth: Idaho	Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Marriage Record	5. Code Issued and signed: Alameda County, California	Date Issued: 7-9-[illegible]	Date Orig. Entry: Dec. 21, 1943
	Date of Birth: Age 35	Place of Birth: Idaho	Name of Mother: Mabel Abigail Tice	Name of Father: Byron Lyman Avery
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the above statement.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Nancy Richards	Sept. 1, 1950

FORM NO. [illegible]

463-215-033-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-726
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Anna Gretta Mack
2. Date of Birth (month) (day) (year): Feb. 15 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County:
b. City or Town of Birth: Rexburg, Idaho

FATHER

6. Full Name of Father: John Mack
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Marie Wild
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Anna G Clark
11. Present Address of Registrant: 894 Commonwealth Ave Venice, Calif

NOTARY (Seal)

Subscribed and sworn to before me on: 8-19 1959
12. Signature of Notary: Martin J O'Connor
13. Notary Commission expires: 19 962

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Blessing Record	LDS Church Salt Lake City, Utah	7-23-52	April 4, 1909
	Date of Birth: Feb. 15, 1909 / Birth Place: Rexburg, Idaho	Full Name of Mother: Marie Wild	Name of Father: John Mack	
SUPPORTING RECORD 2. Class B	Type of Document: Statement re: Insurance Policy	By whom issued and signed: New York Life Ins. Co. New York, N.Y.	Date issued: Statement 8-14-59	Date Orig. Entry: policy Oct. 5, 1943
	Date of Birth: Feb. 15, 1909 / Birth Place: Rexburg, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3. Class B	Type of Document: Baptismal Certificate	By whom issued and signed: LDS Church Salt Lake City, Utah	Date issued: 7-23-52	Date Orig. Entry: May 8, 1917
	Date of Birth: Feb. 15, 1909 / Birth Place: Rexburg, Idaho	Full Name of Mother: Marie Wild	Name of Father: John Mack	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	nr WWB Nancy Richards	Sept. 1, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 13 1966

NOV 3 1966

CHILD	1. Name of child (If not given, so state)	2. Full name to be given child	3. Full name of child's father
	4. Sex	5. Color or race	6. Full maiden name of mother
	7. Date of birth (month, day, year)	8. Place of birth (county, city or town, and state)	9. Usual residence of parents (state, county, city or town, and street address)
	10. Name of hospital or institution (if not in hospital or institution, give street address or location)		11. Name of physician or midwife in attendance at birth
	12. Was child born alive?	13. Was child born dead?	14. Was child born before marriage of parents?
	15. Was child born as a result of a multiple birth?	16. Was child born as a result of an illegitimate conception?	17. Was child born as a result of artificial insemination?
	18. Was child born as a result of a premature birth?	19. Was child born as a result of a stillbirth?	20. Was child born as a result of a miscarriage?
	21. Was child born as a result of a live birth?	22. Was child born as a result of a twin birth?	23. Was child born as a result of a triplet birth?
	24. Was child born as a result of a quadruplet birth?	25. Was child born as a result of a quintuplet birth?	26. Was child born as a result of a sextuplet birth?
	27. Was child born as a result of a septuplet birth?	28. Was child born as a result of an octuplet birth?	29. Was child born as a result of a nonuplet birth?
	30. Was child born as a result of a decuplet birth?	31. Was child born as a result of an undecuplet birth?	32. Was child born as a result of a duodecuplet birth?
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	36. Was child born as a result of a sexdecuplet birth?	37. Was child born as a result of a septendecuplet birth?	38. Was child born as a result of an octodecuplet birth?
	39. Was child born as a result of a novemdecuplet birth?	40. Was child born as a result of a vigintuplet birth?	41. Was child born as a result of a trigintuplet birth?
	42. Was child born as a result of a quadragintuplet birth?	43. Was child born as a result of a quinquagintuplet birth?	44. Was child born as a result of a sexagintuplet birth?
	45. Was child born as a result of a septuagintuplet birth?	46. Was child born as a result of an octogintuplet birth?	47. Was child born as a result of a nonagintuplet birth?
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319-120-020-643

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-746
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hellam A Laible		2. Date of Birth (month) (day) (year): March 20 - 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Elmore b. City or Town of Birth: Glenns Ferry Idaho
FATHER	6. Full Name of Father: John Laible		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Louise Wuthrick		9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hellam A Laible	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: July 17th 1959	12. Signature of Notary: Geo. F. Robertson	13. Notary Commission expires: Feb. 20 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 82		By whom issued and signed: Louise Laible	Date Issued: 7-13-59	Date Orig. Entry:
Class* B	Date of Birth: March 20, 1909	Birth Place: Elmore Co. Glenns Ferry, Idaho	Full Name of Mother: Louise Laible	Name of Father: —	
SUPPORTING RECORD 2.	Type of Document: Church Record		By whom issued and signed: R. C. Church of St. Peter Shoshone, Idaho	Date Issued: 7-9-59	Date Orig. Entry: Sept. 17, 1909
Class A	Date of Birth: March 20, 1909	Birth Place: —	Full Name of Mother: Louise Wuthrick	Name of Father: John Laible	
SUPPORTING RECORD 3.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 30, 1936
Class B	Date of Birth: March 20, 1909	Birth Place: Glenns Ferry, Idaho	Full Name of Mother: Louise Wotritch	Name of Father: John Laible	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	nr Nancy Richards	Sept. 8, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067 1 copy pd.

SEP 6 1973

OCT 5 1973

349-205-011-381

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-750
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Veda Bell Turner
2. Date of Birth (month) (day) (year): MARCH 5 1909
3. Color or Race: White
4. Sex: fe
5. Place of Birth a. County: Boundary
b. City or Town of Birth: Bonners Ferry, Ida

FATHER

6. Full Name of Father: William Joseph Turner
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Millie Mabel Chambers
9. State or Country of Mother's Birth: Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Veda Turner Stroud
11. Present Address of Registrant: Box 307 Osburn, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on: 8-31 1959

12. Signature of Notary: Maya Burns
13. Notary Commission expires: Sept. 17 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1. Class* B	Affidavit by mother's sister (age 66)	March 5, 1909	Boundary Co., Idaho near Bonners Ferry	Myrtle C. Brooks	Millie Mable Chambers	8-25-59		William Joseph Turner
SUPPORTING RECORD 2. Class B	School Record	March 5, 1909	Bonners Ferry, Ida.	Northern Idaho College of Education, Lewiston, Idaho	---	10-8-54	1928	---
SUPPORTING RECORD 3. Class B	own child's birth certificate	age 28	Bonners Ferry, Ida.	Idaho #256900	---		child born July 27, 1937	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson
Evidence reviewed by: Nancy Richards
Date Filed: Sept. 9, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

SEP 9 1950

APR 27 1967

381-203-005-614

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-781
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: KALORA JOSEPHINE CHAPMAN		2. Date of Birth (month) Sept. (day) 3 (year) 1909
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Benewah County; b. City or Town of Birth: St. Joe
FATHER	6. Full Name of Father: Leslie Frank Chapman		7. State or Country of Father's Birth: Wis.
MOTHER	8. Full Maiden Name of Mother: Josephine Foubert		9. State or Country of Mother's Birth: Mich.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kalora Josephine Chapman Brugger	11. Present Address of Registrant: 1305 So. Cook Street, Spokane Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: September 9 1959	12. Signature of Notary: B. G. Furley	13. Notary Commission expires: Dec. 18, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Spokane Public Schools Supt. Spokane, Washington	Date Issued: 9-10-59	Date Orig. Entry: Sept. 9, 1926
Class* B	Date of Birth: Sept. 3, 1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: L. F. Chapman
SUPPORTING RECORD 2.	Type of Document: Marriage Certificate	By whom issued and signed: Spokane County, Washington	Date Issued: 9-11-59	Date Orig. Entry: June 27, 1936
Class B	Date of Birth: age 26	Birth Place: St. Joe, Idaho	Full Name of Mother (born-Mich.): Josephine Foubert	Name of Father (born-Wisc.): Leslie Frank Chapman
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Board of Health Spokane, Washington	Date Issued: 9-15-59	Date Orig. Entry: child born April 15, 1937
Class B	Date of Birth: age 27	Birth Place: St. Joe, Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION: Voting Registration Record, Spokane, Wash.; 9-15-59: age 31 as of Oct. 16, 1940; born-Idaho.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Nancy Richards	Sept. 21, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Health
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 21 1959

Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible] JOSEPHINE CHAPMAN	2. Date of Birth (month) (day) (year): [illegible]
	3. Color or Race: [illegible]	4. City or Town of Birth: St. Joe
	5. Sex: Female	6. Place of Birth: Benewah County
FATHER	7. Full Name of Father: [illegible] Frank Chapman	8. State or Country of Father's Birth: Wash.
MOTHER	9. Full Name of Mother: Josephine Forbert	10. State or Country of Mother's Birth: Wash.
AFFIDAVIT	1. Kindly set are upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: 1305 So. Cook Street, Spokane, Wash.
	12. Signature of Registrant: [illegible]	13. Notary Commission expires: Dec. 18, 1960
NOTARY (Seal)	Subscribed and sworn to before me on: [illegible]	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Spokane Public Schools Supt. Spokane, Washington	Date Issued: 9-10-59	Date Orig. Entry: Sept. 9, 1926
	Date of Birth: Oct. 3, 1909	Full Name of Mother:	Name of Father: [illegible]	
SUPPORTING RECORD 2.	Type of Document: Marriage Certificate	By whom issued and signed: Spokane County, Washington	Date Issued: 9-11-59	Date Orig. Entry: June 27, 1936
	Date of Birth: age 26	Full Name of Mother: Josephine Forbert (born-Mich.)	Name of Father: Leslie Frank Chapman (born-Wisc.)	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Board of Health Spokane, Washington	Date Issued: 9-15-59	Date Orig. Entry: child born April 15, 1937
	Date of Birth: age 27	Full Name of Mother: —	Name of Father: —	

QUALIFYING INFORMATION: Voting Registration Record, Spokane, Wash.; 9-15-59: age 31 as of Oct. 16, 1940; born Idaho.

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar: [illegible]

Evidence reviewed by: Nancy Richards

DECEASED

*Class I Records are those data and [illegible] before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but not [illegible] years old.

-236-103-004-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-785

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alvin Philemon Stowell
2. Date Of Birth (month) (day) (year): Dec. 3 1909
3. Color or Race: White
4. Sex: MALE
5. Place of Birth a. County: Bear Lake
b. City or Town of Birth: Nounan, Idaho

FATHER

6. Full Name of Father: Alexander Stowell
7. State or Country of Father's Birth: Ogden, Utah

MOTHER

8. Full Maiden Name of Mother: Mary Ann Williams
9. State or Country of Mother's Birth: Logan, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alvin Philemon Stowell
11. Present Address of Registrant: 309 Park Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Sept - 16 1959
12. Signature of Notary: Leon Tessell
13. Notary Commission expires: 7 - 11 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Nounan Ward, Nounan LDS Church	11-10-11	Feb. 6, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 3, 1909	Bear L. Co. Nounan, Idaho	Mary A. Williams	Alexander Stowell

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Application	Idaho Mutual Benefit Assoc.		March 15, 1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 3, 1909	Nounan, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #295732		child born Feb. 13, 1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 30	Nounan, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barrows	Nancy Richards	Sept. 21, 1959

FORM BH 56067

1 copy said receipt 14213

SEP 21 1959

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race / 4. Sex / 5. Place of Birth — a. County	b. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant / 11. Present address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary / 13. Notary Commission expires

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Noonan Ward, Noonan [illegible]	Date Issued: [illegible]	Date Orig. Entry: Feb. [illegible], 1910
	Date of Birth: Dec. 3, 1909 / Birth Place: Noonan, Idaho	Full Name of Mother: Mary W. Williams	Name of Father: Alexander Stowell	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: March 15, 1949	Date Orig. Entry:
	Date of Birth: Dec. 3, 1909 / Birth Place: Noonan, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Can child's birth certificate	By whom issued and signed: Idaho #[illegible]	Date Issued:	Date Orig. Entry: Sept. 13, 1949
	Date of Birth: Sept 30 / Birth Place: Noonan, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

[illegible]

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Fletcher	Sept. 21, 1959

147-207022-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-786

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alton Ellen Augason			2. Date Of Birth (month) (day) (year): Aug. 7 1909	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Sugar City, Idaho	
FATHER	6. Full Name of Father: Andrew William Augason			7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Katherine Marie Pederson			9. State or Country of Mother's Birth: Denmark	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alton Ellen Stowell		11. Present Address of Registrant: 309 Park Pocatello Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 16 1959	12. Signature of Notary: Leon Tirrell		13. Notary Commission expires: 7-11-1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father, age 86	By whom issued and signed: Andrew W. Augason		Date Issued: 5-4-59	Date Orig. Entry:
	Date of Birth: Aug. 7, 1909	Birth Place: Sugar City, Idaho	Full Name of Mother: Katherine Marie Pederson	Name of Father: Andrew W. Augason	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Cassia Co., Burley, Idaho		Date Issued: 9-3-59	Date Orig. Entry: Feb. 1, 1930
	Date of Birth: age 20	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #295732		Date Issued:	Date Orig. Entry: child born Feb. 13, 1940
	Date of Birth: age 30	Birth Place: Sugar City, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Barron	Evidence reviewed by: Nancy Richards		Date Filed: Sept. 21, 1959	

FORM BH 56067

1 copy paid receipt # 14213

SEP 21 1950

254-229-029-419

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-795
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marjorie Evelyn Bedient
2. Date of Birth: (month) 1 (day) 29 (year) 1909
3. Color or Race: white
4. Sex: Female
5. Place of Birth: a. County: Latah; b. City or Town of Birth: Freeze

FATHER

6. Full Name of Father: Lawrence J. Bedient
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Sarah Angeline Marsh
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marjorie Evelyn Bedient Hayes / Marjorie Evelyn Bedient
11. Present Address of Registrant: Lenore, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: June 3, 1959

12. Signature of Notary: Joe M Skok
13. Notary Commission expires: February 1, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by parents
By whom issued and signed: L. J. Bedient and Sarah Bedient
Date Issued: 7-17-59
Date Orig. Entry:

Class*

Date of Birth: Jan. 29, 1909
Birth Place: (near Potlatch, Ida.) Freeze, Idaho
Full Name of Mother: Sarah Angeline Bedient
Name of Father: Lawrence J. Bedient

SUPPORTING RECORD 2.

Type of Document: own child's birth certificate
By whom issued and signed: Idaho #157030
Date Issued:
Date Orig. Entry: child born Nov. 27, 1927

Class

Date of Birth: age 18
Birth Place: Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: School Record
By whom issued and signed: (Nola I. Pierstorff, Teacher) Jack's Canyon School
Date Issued:
Date Orig. Entry: Sept. 1917

Class

Date of Birth: age 8
Birth Place: ---
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W L Benson
Evidence reviewed by: nr Nancy Richards
Date Filed: Sept. 22, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 23 1959

REGISTRANT (Person whose birth is being registered)	1. Registrant - Full Name of Birth: Marjorie Evelyn Redient	2. Date of Birth (Month) 1 (Day) 29 (Year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Latah
			6. City or Town of Birth: Freeze
FATHER	7. Full Name of Father: Lawrence L. Redient		8. State or Country: Minnesota
MOTHER	9. Full Maiden Name of Mother: Sarah Angeline Marsh		10. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon data that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [illegible]	12. Present Address of Registrant: Lenora, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 3, 1959	13. Signature of Notary: [illegible]	14. Notary Commission expires: February 1, 1960

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by parents	By whom issued and signed: L. L. Redient and Sarah Redient	Date Issued: 7-17-59	Date Orig. Entry:
Class:	Date of Birth: Apr. 29, 1909	Birth Place: Freeze, Latah	Full Name of Mother: Sarah Angeline Redient	Name of Father: Lawrence L. Redient
SUPPORTING RECORD 2	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho [illegible]	Date Issued:	Date Orig. Entry: [illegible]
Class:	Date of Birth: Age 18	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3	Type of Document: School Record	By whom issued and signed: Nola [illegible] Pierstorff, Teacher, Jackie Canyon School	Date Issued:	Date Orig. Entry: Sept. 1917
Class:	Date of Birth: Age 8	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following attest.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	Sept. 22, 1959

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but at least 5 years old.

154-209-003-867

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-799

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mileta (none) ANDRUS.			2. Date Of Birth (month) (day) (year): June 9th 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Thatcher.
FATHER	6. Full Name of Father: Franklin William Andrus			7. State or Country of Father's Birth: Franklin, Idaho.
MOTHER	8. Full Maiden Name of Mother: Harriet Dessie Hogan			9. State or Country of Mother's Birth: Richmond, Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mileta Andrus Fife		11. Present Address of Registrant: RT 1 Box 280 A Nyssa Ore
NOTARY (Seal)	Subscribed and sworn to before me on: AUGUST. 1ST 1959	12. Signature of Notary: [signature]		13. Notary Commission expires: Feb. 23- 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy #777 own childs birth certificate	By whom issued and signed: Bureau of Vital Statistics Salt Lake City, Utah	Date Issued: July 16, 1958	Date Orig. Entry: Child born Dec 23, 1941	
	Date of Birth: age 32	Birth Place: Thatcher, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: Family Record Book	By whom issued and signed: Franklin W. Andrus	Date Issued: April 25 1954	Date Orig. Entry: April 25, 1954	
	Date of Birth: June 9, 1909	Birth Place: Thatcher, Bannock County, Idaho	Full Name of Mother: Harriett Dessie Hogan	Name of Father: Franklin William Andrus	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father, age 83	By whom issued and signed: Franklin W. Andrus	Date Issued: 9-18-59	Date Orig. Entry:	
	Date of Birth: June 9, 1909	Birth Place: Thatcher, Idaho	Full Name of Mother: Harriet Dessie Hogan	Name of Father: Franklin W. Andrus	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	la Nancy Richards	Sept. 25, 1959

FORM BH 56067

1000 paid

SEP 25 1959

793-210-001-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-800

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HARRIET FRANCES Gill		2. Date Of Birth (month) 11 (day) 10 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada Co. b. City or Town of Birth: BOISE IDAHO
FATHER	6. Full Name of Father: HARRY Wilson Gill		7. State or Country of Father's Birth: COLORADO
MOTHER	8. Full Maiden Name of Mother: LOLA EMMA CARSON		9. State or Country of Mother's Birth: ILLINOIS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harriet Frances Sherman	11. Present Address of Registrant: H20 ARCHER BOISE IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 11, 1959	12. Signature of Notary: S. F. Gee	13. Notary Commission expires: 5-19 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Lola Emma Gill	Date Issued: Sept. 11, 1959	Date Orig. Entry: --
	Date of Birth: Nov. 10, 1909 / Birth Place: Boise, Idaho	Full Name of Mother: Lola Emma Carson	Name of Father: Harry Wilson Gill	
SUPPORTING RECORD 2.	Type of Document: Metropolitan Life Ins. Policy # 10 384 492	By whom issued and signed: Met. Life Ins. Co. of New York	Date Issued: July 1, 1943	Date Orig. Entry: July 1, 1943
	Date of Birth: Nov. 10, 1909 / Birth Place: Boise, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: March 12, 1937
	Date of Birth: Nov. 10, 1909 / Birth Place: Boise, Idaho	Full Name of Mother: Lola Carson	Name of Father: Harry William Gill	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: 1a Nancy Richards	Date Filed: Sept. 25, 1959

FORM BH 56067

SEP 25 1950

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRY	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible]	
(Person whose birth is being registered)	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Ada Co. b. City or Town of Birth: [illegible]
PAYEE	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]	
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]	
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant: [illegible]	
NOTARY (Seal)	12. Signature of Notary	13. Notary Commission Expires: [illegible]	

SUPPORTING RECORD 1	Date of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 2	Date of Document: Social Security Record	By whom Issued and Signed: Treasury Dept.	Date Issued: March 12, 1937
	Date of Birth: Nov. 10, 1909	Birth Place: [illegible]	Full Name of Mother: [illegible]
			Name of Father: Harry William [illegible]

CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which accomplishes the facts as set forth in the following abstract.

State Registrar	Agency reviewed by: Nancy [illegible]	Date filed: Sept. 25, 1950

FORM 2H SEC 7

719-213-042-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-838

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Mae Parsons
2. Date of Birth (month) (day) (year): October 13, 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: ~~Filer~~, Twin Falls
   b. City or Town of Birth: Filer

FATHER

6. Full Name of Father: William Deweese Parsons
7. State or Country of Father's Birth: Illinois, Chatsworth

MOTHER

8. Full Maiden Name of Mother: Jennie Mae Jack
9. State or Country of Mother's Birth: Canada, Ontario

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Koolhof
11. Present Address of Registrant: R.1 Bx. 290 Winters, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: August 6 1959
12. Signature of Notary: Jean E. Hunter
13. Notary Commission expires: Oct. 9 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		May 31, 1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 13, 1909	Twin Falls Co. Filer, Idaho	Jennie May Jack	William Dewees Parsons

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Application	Idaho Mutual Benefit Assoc.		Aug. 21, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 13, 1909	Filer, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father, age 81	William D. Parsons	9-25-59	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 13, 1909	Filer, Idaho	Jennie Mae Jack	William D. Parsons

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Nancy Richards	Oct. 19, 1959

FORM BH 56067

1 copy said receipt 12603

OCT 19

53-216-037-312

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-840
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Carmen Marie Elordi
2. Date of Birth (month) July (day) 16 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: ~~Idaho~~ (Idaho)
   a. County: Owyhee Co.
   b. City or Town of Birth: Del-Lamar, Idaho

FATHER

6. Full Name of Father: DAMASO ELORDI
7. State or Country of Father's Birth: GAUTEQUIZ ARTEAGA, SPAIN

MOTHER

8. Full Maiden Name of Mother: GREGORIA CABOT
9. State or Country of Mother's Birth: LEQUEITIO VIZCAYA, SPAIN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant (Mrs. Acarregui): Carmen M. Elordi
11. Present Address of Registrant: Jordan Valley, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on Aug 17 1959
12. Signature of Notary: Gabriel Elordi
13. Notary Commission expires Sept 12 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Baptismal Certificate	St. Paul's R. C. Church Nampa, Idaho	8-28-56	Sept. 9, 1909
Class*	Date of Birth: July 16, 1909 / Birth Place: DeLamar, Idaho	Full Name of Mother: Gregoria Cabot	Name of Father: Damaso Elordi	
SUPPORTING RECORD 2.	School Record	Principal of Jordan Valley Grade School, Oregon	4-30-56	Sept. 15, 1916
Class	Date of Birth: age 7 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	County Birth Record	Owyhee County, Idaho	10-1-59	1909
Class	Date of Birth: July 16, 1909 / Birth Place: DeLamar, Idaho	Full Name of Mother (born-Spain): Gregoria Cabot Elordi	Name of Father (born-Spain): Damaso Elordi	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: nr Nancy Richards
Date Filed: Oct. 19, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy pd.

OCT 13 1959

996-229-001-883

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-854

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Catheryn Mabel Riopelle		2. Date Of Birth (month) April (day) 29, (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: William Riopelle		7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Irene Hill		9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Catheryn R. Miller	11. Present Address of Registrant: 2534 Dwight Way, Boise	
NOTARY (Seal)	Subscribed and sworn to before me on July 22 1959	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: A.H. Franzen, Pastor	Date Issued:	Date Orig. Entry: Baptized May 29, 1910
	Date of Birth: April 29, 1909 / Birth Place: Boise	Full Name of Mother: Irene Riopelle	Name of Father: William Riopelle	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt, Age 78	By whom issued and signed: Eva S. Anderson	Date Issued: July 22, 1959	Date Orig. Entry:
	Date of Birth: April 29, 1909 / Birth Place: Boise, Ada Co., Idaho	Full Name of Mother: Irene Hill	Name of Father: William Riopelle	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: San Diego County, Calif.	Date Issued:	Date Orig. Entry: Aug. 15, 1928
	Date of Birth: age 19 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: ses Nancy Richards	Date Filed: Oct. 23, 1959	

FORM BH 56067

OCT 23 1959

666-20-7033-468

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-862

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Woodmansee			2. Date of Birth (month) August (day) 7 (year) 1909	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County: State of Idaho Madison Co.	b. City or Town of Birth: Rexburg	
FATHER	6. Full Name of Father: James Albert Woodmansee			7. State or Country of Father's Birth: Ogden, Weber Co., Utah	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Ann Moyes			9. State or Country of Mother's Birth: Weber County, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice W. Peterson		11. Present Address of Registrant: 283 Juanita Way San Francisco, California	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 8th 1959	12. Signature of Notary: [signature]		13. Notary Public in and for the City and County of San Francisco State of California. My Commission Expires January 6, 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother (born 11-15-1898)	By whom issued and signed: Carl Moyes Woodmansee		Date Issued: 9-8-59	Date Orig. Entry:
	Date of Birth: Aug. 7, 1909	Birth Place: Madison Co. Rexburg, Idaho	Full Name of Mother: Elizabeth Moyes Woodmansee	Name of Father: James Albert Woodmansee	
SUPPORTING RECORD 2.	Type of Document: Statement re: Insurance Policy	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: Statement 9-2-59	Date Orig. Entry: policy April 13, 1925
	Date of Birth: age next birthday 16 yrs.	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Employment Application	By whom issued and signed: Oakland Army Base Oakland, Calif.		Date Issued:	Date Orig. Entry: July 26, 1949
	Date of Birth: Aug. 7, 1909	Birth Place: Madison Co. Rexburg, Idaho	Full Name of Mother: Elizabeth Ann Moyes	Name of Father: James Albert Woodmansee	
QUALIFYING INFORMATION	Marriage Record, Bonneville Co., Idaho; 9-8-59: age 21 as of Feb. 21, 1931.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: [signature]	Evidence reviewed by: Nancy Richards		Date Filed: Oct. 26, 1959	

FORM BH 56067

OCT 26 1950

3. Date of birth (month) August (day) 7 (year) 1929	
4. Place of birth: State or Country	Idaho
City or County	Preston
5. Name of father	James Albert Woodmansee
6. Birthplace of father: State or Country	Idaho
7. Name of mother	Elizabeth Ann Moyes
8. Birthplace of mother: State or Country	Utah
9. Applicant's present mailing address	233 Juanita Way, San Francisco, California
10. Applicant's present occupation	Student
11. Name of employer	
12. Address of employer	
13. Married, single, widowed, or divorced	Single
14. Date and place of present marriage, if married	
15. Husband's or wife's name	
16. Husband's or wife's present address	
17. Husband's or wife's present occupation	
18. Husband's or wife's present employer	
19. Husband's or wife's present employer's address	
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819-208-035-554

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-884
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mamie Violet Hartman
2. Date Of Birth (month) 7 (day) 8 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Lenore Nezperce
b. City or Town of Birth: Lenore Idaho

FATHER

6. Full Name of Father: John Frank Hartman
7. State or Country of Father's Birth: Lawath Colorado

MOTHER

8. Full Maiden Name of Mother: Mary H Neuburg
9. State or Country of Mother's Birth: Indeana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mamie Violet Hartman
11. Present Address of Registrant: Kamiah Idaho

NOTARY (Seal)

Subscribed and sworn to before me on September 10 1959
12. Signature of Notary: Albert J Goode
13. Notary Commission expires: July 18 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Mary Neuburg Hartman	9-10-59	
Class* B	Date of Birth: July 8, 1909 / Birth Place: Nez Perce Co. Lenore, Idaho	Full Name of Mother: Mary Neuburg Hartman	Name of Father: John Frank Hartman	
SUPPORTING RECORD 2.	own child's birth certificate	Idaho #431423		child born Jan. 3, 1947
Class B	age 37 / Lenore, Idaho	—	—	
SUPPORTING RECORD 3.	Liquor Permit	Washington State Liquor Control Bd., Vancouver Store #10	2-11-43	Feb. 11, 1943
Class B	age 33 / —	—	—	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Nancy Richards nr	Nov. 2, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

NOV 2 1959

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being Registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race 4. Sex 5. Place of Birth a. County	b. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth

AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant / 11. Present Address of Registrant
NOTARY (seal)	Subscribed and sworn to before me on 19	12. Signature of Notary / 13. Notary Commission expires 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by mother	By whom issued and signed: Mary Neuburg Hartman	Date Issued: 9-10-59	Date Orig. Entry
Class* B	Date of Birth: 1903 / Birth Place: Lenore, Idaho	Full Name of Mother: Mary Neuburg Hartman	Name of Father: John Frank Hartman	
SUPPORTING RECORD 2	Type of Document: one child's birth certificate	By whom issued and signed: Idaho [illegible]	Date Issued	Date Orig. Entry: child born Jan. 3, 1947
Class B	Date of Birth: Age 37 / Birth Place: Lenore, Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3	Type of Document: Liquor Permit	By whom issued and signed: Washington State Liquor Control Bd., Vancouver Store #10	Date Issued: 2-11-43	Date Orig. Entry: Feb. 11, 1943
Class B	Date of Birth: Age 33 / Birth Place: —	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by: Nancy Richards	Date Filed: Nov. 2, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form [illegible]

54Y-115-041-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-903

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ross Hall Eddington
2. Date Of Birth (month) (day) (year): Aug. 15 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a/County: Driggs Idaho Teton
b. City or Town of Birth: Driggs

FATHER

6. Full Name of Father: Elijah Eddington
7. State or Country of Father's Birth: Utah Salt Lake

MOTHER

8. Full Maiden Name of Mother: Effie Hall
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ross H Eddington
11. Present Address of Registrant: RT#3 Box 812A Oroville Calif

NOTARY (Seal)

Subscribed and sworn to before me on: Nov 2 1959
12. Signature of Notary: Myra C. Garnis
13. Notary Commission expires: Dec 8 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		Dec. 4, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 15, 1909	Driggs, Idaho	Effie Hall	Elijah Eddington

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage Record	signed only by J. P. Reul Walton, Justice Court, Evanston, Wyoming		Feb. 28, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 33	Driggs, Idaho	Effie Hall	Elijah Eddington

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Application	American National Ins. Co.		Aug. 7, 1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 15, 1909	Driggs, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Jameson	Nancy Richards	Nov. 5, 1959

FORM BH 56067

NOV 5

MAR 24 1964

955-229-019-351

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-906

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leah Margaret Reese
2. Date Of Birth (month) (day) (year): March 29 1909
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Goldburg Custer
b. City or Town of Birth: Goldburg Idaho

FATHER

6. Full Name of Father: Elmer D. Reese
7. State or Country of Father's Birth: Helena Mont

MOTHER

8. Full Maiden Name of Mother: Leah G. ~~Leaton~~ Leaton
9. State or Country of Mother's Birth: [redacted] Kansas.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leah M. Holcomb
11. Present Address of Registrant: 359 Park Pocatello Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: October 30 1958

12. Signature of Notary: J. Lessil Sharp
13. Notary Commission expires: March 17 1959

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	On file Vital Statistics #189131	--	child born Feb. 7, 1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 21	Goldberg, Idaho	--	--

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by close nieghbor age 76	Ethel Philps	--	Nov. 4, 1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 29, 1909	Goldburg, Idaho	Leah G. Leaton	Elmer D. Reese

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		Aug. 19, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 29, 1909	Goldburg, Idaho	Leah G. Leaton	Elmer Reese

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson

Evidence reviewed by: la Nancy Richards

Date Filed: Nov. 6, 1959

FORM BH 56067

NOV 6 1959

815-213-006-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-920

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: **Eva Pearl Yancey**			2. Date of Birth (month) (day) (year): **October 13, 1909**
	3. Color or Race: **white**	4. Sex: **female**	5. Place of Birth a. County: **Shelley, Bingham**	b. City or Town of Birth: **Shelley**
FATHER	6. Full Name of Father: **George Washington Yancey**			7. State or Country of Father's Birth: **Illinois**
MOTHER	8. Full Maiden Name of Mother: **Rosa Hannah Fowers**			9. State or Country of Mother's Birth: **Utah**
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Pearl Yancey Nelson		11. Present Address of Registrant: **Rt. 1, Firth, Idaho.**
NOTARY (Seal)	Subscribed and sworn to before me on: **November 2, 1959**	12. Signature of Notary: L. Dean Jensen		13. Notary Commission expires: **June 15 1963.**

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Shelley 2nd Ward, Blackfoot Stake, LDS Church		Date Issued:	Date Orig. Entry: Nov. 7, 1909
	Date of Birth: Oct. 13, 1909 / Birth Place: Bingham Co. Shelley, Idaho	Full Name of Mother: Rosa H. Fowers		Name of Father: George W. Yancey	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Shelley 2nd Ward, Shelley Stake LDS Church		Date Issued:	Date Orig. Entry: Oct. 13, 1917
	Date of Birth: Oct. 13, 1909 / Birth Place: Bingham Co. Shelley, Idaho	Full Name of Mother: Rosa H. Fowers		Name of Father: Geo. W. Yancey	
SUPPORTING RECORD 3.	Type of Document: (born 5-2-1898) Affidavit by relative	By whom issued and signed: Sophia Yancey Casper		Date Issued: 9-30-59	Date Orig. Entry:
	Date of Birth: Oct. 13, 1909 / Birth Place: Shelley, Idaho	Full Name of Mother: Rosa Hannah Fowers Yancey		Name of Father: George W. Yancey	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Barsom	Evidence reviewed by: Nancy Richards			Date Filed: Nov. 12, 1959

FORM BH 56067

2 copies paid

NOV 12 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Registrar's Number	1. Name of Person	2. Date of Birth (month) (day) (year)
	Eva Pearl Yancey	October 13, 1900
Person whose birth is being registered	3. Color or Race	4. Sex	5. Place of Birth (Town) (County) (State)
	White Female	Shelley, Bingham	Shelley
Father	6. Full Name of Father	7. State or Country of Father's Birth
	George Washington Yancey	Illinois
Mother	8. Full Name of Mother	9. State or Country of Mother's Birth
	Rosa Hannah Powers	Utah
Certificate	10. Signature of Registrant	11. Present Address of Registrant
	[illegible]	Rt. 1, Firth, Idaho.
Notary Public	12. Signature of Notary	13. Notary Commission Expires
	November 2, 1959	[illegible]

APPLICATION FOR DELAYED CERTIFICATE

Supporting Document	Type of Document	By whom Issued and Signed	Date Issued / Date Only, Entry
	Certificate of Blessing	Shelley 2nd Ward, Blackfoot Stake, [illegible]	[illegible] 1900
	Date of Birth / Birth Place	Name of Father	Name of Father
	[illegible]	Rosa H. Powers	[illegible]
Supporting Affidavit	Type of Document	By whom Issued and Signed	Date Issued / Date Only, Entry
	Certificate of Baptism	[illegible]	Oct. 13, 1922
	Date of Birth / Birth Place	Full Name of Father	Name of Father
	Oct. 13, 1900 / [illegible]	Rosa H. Powers	Mo. [illegible] Yancey
Supporting Affidavit	Type of Document	By whom Issued and Signed	Date Issued / Date Only, Entry
	Affidavit of Relative	[illegible]	[illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Mother
	Oct. 13, 1900 / Shelley, Idaho	Rosa Hannah Powers Yancey	George W. Yancey

Certificate of Birth certificate has been found in the Division of Vital Statistics for this Registrar and that documentary reference has been reviewed, which reported that the facts as set forth in the foregoing abstract.

State Registrar | Evidence Reviewed | Date Filed

[illegible] | [illegible] | Nov. 12, 1959

455-209-020-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-957

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Kathryn Ardella Denten
2. Date Of Birth (month) (day) (year): April 9 1909.
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Elmore
b. City or Town of Birth: Mountain Home

FATHER

6. Full Name of Father: John Gilbert Denten
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Emma Tiecke
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Kathryn Simpson
11. Present Address of Registrant: 725-39th St. Oakland Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: October 6 1959
12. Signature of Notary: F. Louise Dubeault
13. Notary Commission expires: F. Louise Dubeault, 4100 Brockdale Ave., Oakland 19, My Commission Expires July 28, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security Record	Treasury Dept.		Oct. 23, 1939
	Date of Birth: April 9, 1909 / Birth Place: Mtn. Home, Idaho	Full Name of Mother: Emma Tieck	Name of Father: John Gilbert Denten	
SUPPORTING RECORD 2.	Type of Document: (age 73) Affidavit by neighbor at time	By whom issued and signed: Ora F. Cannon	Date Issued: 9-4-59	Date Orig. Entry:
	Date of Birth: April 9, 1909 / Birth Place: of birth ---	Full Name of Mother: Emma Tiecke Denten	Name of Father: John Denten	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: 4-1-36	Date Orig. Entry: March 6, 1936
	Date of Birth: April 9, 1909 / Birth Place: Mountain Home, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	rr Nancy Richards	Nov. 24, 1959

FORM BH 56067

1 copy paid

NOV 24 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRATION	1. Registration Full Name of Birth	2. Date of Birth	
	3. Place of Birth		
PARENTS	4. Full Name of Father	5. State or Country of Father's Birth	
	6. Maiden Name of Mother	7. State or Country of Mother's Birth	
	8. Date of Birth	9. Signature of Registrar	10. Present Address of Registrar
	11. Date of Birth	12. Signature of Notary	13. Notary Commission Expires

APPLICANT — DO NOT WRITE WHERE IT IS LINE

SUPPORTING RECORD 1	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Feb. 23, 1959
		Full Name of Mother	Name of Father	
	1909 Mtn. Home, Idaho	Dora Tieck	John Gilbert Hansen	
SUPPORTING RECORD 2	Type of Document: Affidavit by neighbor at time	By whom issued and signed: Ora F. Hansen	Date Issued: 9-1-59	Date Orig. Entry
	Date of Birth: April 9, 1909	Full Name of Mother: Emma Tieck Hansen	Name of Father: John Hansen	
SUPPORTING RECORD 3	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: 1-1-36	Date Orig. Entry: March 6, 1936
	Date of Birth: April 9, 1909	Full Name of Mother: Mountain Home,	Name of Father:	

REGISTRAR'S CERTIFICATE

I hereby certify that the certificate has been found in the Division of Vital Statistics for this [illegible] and that the [illegible] has been reviewed, which substantiates the facts as set forth in the [illegible]

Date Registrar	Guidance reviewed by	Date Filed
	Nancy Richards	Nov. 24, 1959

613-205-003-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-963

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bessie E. WATERS ~~States~~			2. Date Of Birth (month) (day) (year): October 5, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: LAVA HOT SPRINGS Bannock Co.	b. City or Town of Birth: Lava Hot Springs, Idaho
FATHER	6. Full Name of Father: Reuben Free MON WATERS			7. State or Country of Father's Birth: MILCREEK - UTAH
MOTHER	8. Full Maiden Name of Mother: Luzetta Fisher			9. State or Country of Mother's Birth: SIPPIO-UTAH- MILLARD
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bessie E. Waters ~~Staten~~		11. Present Address of Registrant: ~~Enter Sandhurst~~ 15511-3 ~~rd~~ Court, Fontana, California Victorville
NOTARY (Seal)	Subscribed and sworn to before me on: 16th day of Nov. 1959	12. Signature of Notary: Donald E. Elle		13. Notary Commission expires: My Commission Expires ~~July 8, 1960~~

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census		Date Issued: 7-29-59	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 10	Birth Place: Idaho	Full Name of Mother: Luzetta Waters	Name of Father: Ruben F. Waters	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: June 21, 1954
	Date of Birth: Oct. 5, 1909	Birth Place: Lava Hot Springs, Idaho	Full Name of Mother: Luzetta Fisher	Name of Father: Reuben Freeman Waters	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #174355		Date Issued:	Date Orig. Entry: child born Aug. 3, 1929
	Date of Birth: age 19	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Marriage Record, Bonneville Co., Idaho; 10-23-59: age 17 as of Oct. 14, 1926; mother-Mrs. Luzetta Waters.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar	Evidence reviewed by: nr Nancy Richards			Date Filed: Nov. 25, 1959

FORM BH 56067

1 copy pd.

NOV 27 1950

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child (First, middle, last)	2. Sex	3. Date of birth (month, day, year)	
	Female	December 5, 1929	
4. Place of birth (county)		5. Name of hospital (if not in hospital, give street address)	
Bingham Co.			
6. Name of father		7. Maiden name of mother	
[illegible]		[illegible]	
8. Father's birthplace (state or foreign country)		9. Mother's birthplace (state or foreign country)	
[illegible]		[illegible]	
10. Father's occupation		11. Mother's occupation	
[illegible]		[illegible]	
12. Name and address of informant		13. Relationship to child	
[illegible]		[illegible]	

AFFIDAVIT

I hereby swear (or affirm) that the above facts are true to the best of my knowledge and belief.

[illegible]

Signature of Informant

SUBSCRIBED AND SWORN TO before me on [illegible]

Signature of Notary

Notary Commission Expires

[illegible]

CERTIFICATE OF PERSON PRESENTING CHILD FOR REGISTRATION

I hereby certify that I was present at the birth of the child described above and that the facts stated are true.

[illegible]

Signature of Person Presenting Child for Registration

Address

[illegible]

CERTIFICATE OF REGISTRAR

I hereby certify that the child named above was registered in this office on the date indicated below.

[illegible]

Registrar

Date Received

[illegible]

EVIDENCE

The following documentary evidence was submitted in support of the facts set forth in the statement above:

Type of Document	Date Filed
[illegible]	[illegible]

Evidence Reviewed by

[illegible]

Date Filed

[illegible]

REGISTRAR'S RECORD

Date Received	Registered Number
[illegible]	[illegible]

Delayed Certificate of Birth

Type of Document	Date Filed
Delayed Certificate of Birth	Dec. 5, 1929
Issued by	Date Issued
Treasure Dept.	[illegible]
Full Name of Mother	Name of Father
Lucette Fisher	[illegible]

Issued Records

Type of Document	Date Filed
[illegible]	[illegible]
Issued by	Date Issued
[illegible]	[illegible]
Full Name of Mother	Name of Father
[illegible]	[illegible]

Issued Records

Type of Document	Date Filed
[illegible]	[illegible]
Issued by	Date Issued
[illegible]	[illegible]
Full Name of Mother	Name of Father
[illegible]	[illegible]

Issued Records

Type of Document	Date Filed
[illegible]	[illegible]
Issued by	Date Issued
[illegible]	[illegible]
Full Name of Mother	Name of Father
[illegible]	[illegible]

466-104-019-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-970

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Rodney Moore			2. Date Of Birth (month) (day) (year): November 4, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Custer Co.	b. City or Town of Birth: Challis, Idaho
FATHER	6. Full Name of Father: William LeRoy Moore			7. State or Country of Father's Birth: Eureka, Utah
MOTHER	8. Full Maiden Name of Mother: Blanche Martin			9. State or Country of Mother's Birth: Salmon, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Rodney Moore		11. Present Address of Registrant: Challis, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 18 1959	12. Signature of Notary: Jack B. Turey		13. Notary Commission expires: April 4 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth, age 71, A. S. McCoy	By whom issued and signed	Date Issued: 10-27-59	Date Orig. Entry
	Date of Birth: Nov. 4, 1909	Birth Place: Challis, Idaho	Full Name of Mother: Blanche L. Moore	Name of Father: William LeRoy Moore
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Custer County Recorder, Challis, Idaho.	Date Issued: 10-27-59	Date Orig. Entry: Feb. 23, 1931
	Date of Birth: age 21	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #48-2071	Date Issued:	Date Orig. Entry: child born Feb. 13, 1948
	Date of Birth: age 38	Birth Place: Challis, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: nr Nancy Richards		Date Filed: Nov. 27, 1959

FORM BH 56067

1 copy paid

NOV 27 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

366-124-022-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-1013

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VERGA ELIZABETH LOOSLI			2. Date of Birth (month) DECEMBER (day) 24 (year) 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: Fremont Co.	b. City or Town of Birth: Ashton, Idaho
FATHER	6. Full Name of Father: JOSEPH FRANK LOOSLI			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: MINNIE LUCINDA CUNNINGHAM			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verga E. Masoner		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: December 23 19 59	12. Signature of Notary: [signature]		13. Notary Commission expires: January 1 19 63

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: 4th Ward, LDS Church Rupert, Minidoka Co., Idaho	Date issued: 12-23-59	Date Orig. Entry: Blessed Feb. 6, 1910
	Date of Birth: Dec. 24, 1909	Birth Place: Fremont Co. Ashton, Idaho	Full Name of Mother: Minnie Cunningham	Name of Father: Joseph L. Loosli	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: Idaho Mutual Benefit Assoc.	Date issued: 1-8-43	Date Orig. Entry: Dec. 30, 1942
	Date of Birth: Dec. 24, 1909	Birth Place: Ashton, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #256235	Date issued:	Date Orig. Entry: child born May 8, 1937
	Date of Birth: age 27	Birth Place: Ashton, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Nancy Richards	Date Filed: Dec. 24, 1959

FORM BH 56067 12-21-59

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 24 1959

DECEASED

035-218-029-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-1036

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Belle Steelsmith			2. Date of Birth (month) June (day) 18 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Troy, Idaho
FATHER	6. Full Name of Father: Benjamin Franklin Steelsmith			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Hazel Vaughn Trout			9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Belle Muller		11. Present Address of Registrant: R. F. D. 1, Box 47, Genesee, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 10th day of November 1959	12. Signature of Notary: C. Flatt		13. Notary Commission expires: Feb. 6 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record		By whom issued and signed: Lewis-Clark Normal School Lewiston, Idaho	Date Issued: 4-21-59	Date Orig. Entry: Sept. 1927
	Date of Birth: June 18, 1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Marriage Record		By whom issued and signed: Asotin County, Wash.	Date Issued: 4-24-59	Date Orig. Entry: April 2, 1933
	Date of Birth: age 23	Birth Place: Latah Co. Troy, Idaho	Full Name of Mother: Hazel Trout	Name of Father: B. F. Steelsmith	
SUPPORTING RECORD 3.	Type of Document: Bible record--photocopy		By whom issued and signed: original viewed by Notary Public C.L. Flatt; Moscow, Ida.	Date Issued: 12-3-59	Date Orig. Entry: old record
	Date of Birth: June 18, 1909	Birth Place: ----	Full Name of Mother: Hazel V. Trout Steelsmith	Name of Father: B. F. Steelsmith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: nr Nancy Richards	Date Filed: Dec. 30, 1959

FORM BH 56067

DEC 31 1959

	Bernal Hollo Kesselsmith	June	1899
White	Female	Latah	Troy, Idaho
	Benjamin Franklin Kesselsmith		Iowa
	Maral Marilyn Trout		
	30th day of November, 59		Feb. 8 1960

381-101-036-695

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-013
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grover Winward Chatterton		2. Date of Birth (month) (day) (year): May 1 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: (Franklin) Oneida; b. City or Town of Birth: Franklin
FATHER	6. Full Name of Father: Grover Cleveland Chatterton		7. State or Country of Father's Birth: (Oneida) Franklin Idaho
MOTHER	8. Full Maiden Name of Mother: Sarah Olive Winward.		9. State or Country of Mother's Birth: Oneida (Whitney) Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grover W Chatterton	11. Present Address of Registrant: 544 Jefferson Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 21 1959	12. Signature of Notary: Joseph Emmett	13. Notary Commission expires: Jan 25 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Grace 2nd Ward, Bannock Stake LDS Church	Date Issued: 8-3-30	Date Orig. Entry: June 30, 1917
Class*_____	Date of Birth: May 1, 1909	Birth Place: Oneida Co. Franklin, Idaho	Full Name of Mother: Sarah Olive Winward	Name of Father: Grover C. Chatterton
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Grover C. Chatterton	Date Issued: 12-15-59	Date Orig. Entry:
Class_____	Date of Birth: May 1, 1909	Birth Place: Franklin, Idaho	Full Name of Mother: Olive Winward Chatterton	Name of Father: Grover C. Chatterton
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: Mutual Life Ins. Co. of New York	Date Issued:	Date Orig. Entry: June 21, 1936
Class_____	Date of Birth: May 1, 1909	Birth Place: Franklin, Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION: own child's birth certificate, Idaho #210511: age 23 as of March 31, 1933; born-Franklin, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Nancy Richards	Jan. 7, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy sent

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 7 1950

State File No. D660-023

Local Reg. No.

Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Name of Birth (month) (day) (year)
	3. Color or Race / 4. Sex / 5. Place of Birth (County)	6. Place of Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the ... is true to the best of my knowledge and belief.	10. Signature of Registrant / 11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 19	12. Signature of Notary / 13. Notary Commission expires 19

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: Rev. Fred Ward, Pennock Plains	Date Issued	Date Orig. Entry
Class	Date of Birth: May 1, 1909	Birth Place: Ohio Co., Franklin, Idaho	Full Name of Mother: Sarah Olive Winward	Name of Father: Grover C. Chatterton	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Father		By whom issued and signed: Grover C. Chatterton	Date Issued: 12-15-49	Date Orig. Entry
Class	Date of Birth: May 1, 1909	Birth Place: Franklin, Idaho	Full Name of Mother: Olive Winward Chatterton	Name of Father: Grover C. Chatterton	
SUPPORTING RECORD 3.	Type of Document: Insurance Application		By whom issued and signed: Mutual Life Ins. Co. of New York	Date Issued	Date Orig. Entry: June 21, 1936
Class	Date of Birth: May 1, 1909	Birth Place: Franklin, Idaho	Full Name of Mother: —	Name of Father: —	

QUALIFYING INFORMATION: Ohio Co., Idaho #210511; Page 23 as of March 31, 1933; born-

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date filed
[illegible]	Nancy Richards	Jan. 7, 1950

*Class A Delayed [illegible] and dated before the Registrant's [illegible]

*Class B [illegible] for the Fourth Birthday but are [illegible] years old.

769-228-030-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-070

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ona Porter			2. Date Of Birth (month) April (day) 28 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: May
FATHER	6. Full Name of Father: Andrew Christopher Porter			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Nellie Iona C Cunningham O.			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ona Kester		11. Present Address of Registrant: Caldwell Idaho Rt. Box 281
NOTARY (Seal)	Subscribed and sworn to before me on: January 21 1960	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family record book		By whom issued and signed: --	Date issued: --	Date Orig. Entry: obviously old
	Date of Birth: April 28, 1909	Birth Place: --	Full Name of Mother: Nellie Iona Porter	Name of Father: Andrew Christopher Porter	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Vital Statistics #382525	Date issued: --	Date Orig. Entry: child born Nov. 21, 1943
	Date of Birth: age 34	Birth Place: May, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Nellie Iona Porter	Date issued: 1-22-60	Date Orig. Entry:
	Date of Birth: April 28, 1909	Birth Place: May, Idaho	Full Name of Mother: Nellie Iona Cunningham	Name of Father: Andrew Christopher Porter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	1a Nancy Richards	Jan. 28, 1960

FORM BH 56067 1-21-60

FEB 2 [illegible]

State File No. [illegible]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registration Full Name at Birth: Ona Porter	2. Date of Birth (month) (day) (year): April 28 1909	
	3. Child: White; 4. Race: [illegible]; 5. Sex: Female	6. Place of Birth: a. County: Lemhi	Bodily or Town of Birth: May
FATHER	6. Full Name of Father: Andrew Christopher Porter	7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Name of Mother: Nellie Lona Cunningham	9. State or Country of Mother's Birth:	
AFFIDAVIT	9. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief	10. Signature of Registrant	11. Present Address of Registrant: [illegible]
NOTARY	Subscribed and sworn to before me on: 19	12. Signature of Notary	13. [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family record book	By whom issued and signed:	Date issued:	Date Orig. Entry: Previously old
	Date of Birth: April 28, 1909	Full Name of Mother: Nellie Lona Porter	Name of Father: Andrew Christopher Porter	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics #382325	Date issued: --	Date Orig. Entry: Child born Nov. 21, 1943
	Date of Birth: June 30	Birth Place: May, Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Nellie Lona Porter	Date issued: 2-[illegible]-60	Date Orig. Entry:
	Date of Birth: April 28, 1909	Full Name of Mother: [illegible]	Name of Father: [illegible]	

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for the registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by: [illegible]	Date filed: [illegible] 28, 1960

141-218-003-572

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-078
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ANNIE MAY ADAMS
2. Date of Birth (month) (day) (year): August 18 1909
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County: Grace Bannock
b. City or Town of Birth: Grace - Bannock Co. Idaho

FATHER

6. Full Name of Father: Hyrum Rufus Adams
7. State or Country of Father's Birth: Layton, Utah

MOTHER

8. Full Maiden Name of Mother: Elzina Luvisa Egbert
9. State or Country of Mother's Birth: Granite - Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Annie May Adams Chatterton
11. Present Address of Registrant: 544 Jefferson

NOTARY (Seal)

Subscribed and sworn to before me on: Dec 21 1959
12. Signature of Notary: Inga Emmons
13. Notary Commission expires: Jan 25 1963

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*	Church Record-Baptism	LDS Church		Aug. 31, 1918
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	Aug. 18, 1909	Bannock Co. Grace, Idaho	Elzina Egbert	Hyrum R. Adams
SUPPORTING RECORD 2. Class	own child's birth certificate	Idaho #210511		child born March 31, 1933
	age 23	Grace, Idaho	---	---
SUPPORTING RECORD 3. Class	Marriage Record	Cache County, Utah	1-26-60	April 30, 1930
	Aug. 18, 1909	Grace, Idaho	Elzina Egbert (born-Utah)	Rufus Adams (born-Utah)

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	mr Nancy Richards	Jan. 29, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

FEB 1

714/24:036-242

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-095

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHARLES GEORGE PAULL			2. Date Of Birth (month) SEPTEMBER (day) 24, (year) 1909
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: ONEIDA COUNTY	b. City or Town of Birth: PRESTON, IDAHO
FATHER	6. Full Name of Father: JOHN GEORGE PAULL			7. State or Country of Father's Birth: LOGAN, UTAH
MOTHER	8. Full Maiden Name of Mother: LETITIA BUSBY			9. State or Country of Mother's Birth: SALT LAKE CITY, UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles G Paull		11. Present Address of Registrant: 1886 East 3780 South, Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: February 1st 1960	12. Signature of Notary: Florence B. Searle		13. Notary Commission expires: Oct. 24, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by nurse in attendance at birth	By whom issued and signed: Mrs. Emma M. States, age 77	Date Issued: 2-1-60	Date Orig. Entry:
	Date of Birth: Sept. 24, 1909	Birth Place: Oneida Co. Preston, Idaho	Full Name of Mother: Letitia Busby Paull	Name of Father: John George Paull
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Oneida Stake, Preston 4th Ward, LDS Church	Date Issued: 2-1-60	Date Orig. Entry: Aug. 6, 1911
	Date of Birth: Sept. 24, 1909	Birth Place: Oneida Co. Preston, Idaho	Full Name of Mother: Letitia Busby	Name of Father: John George Paull
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: 8-1-50	Date Orig. Entry: June 20, 1950
	Date of Birth: Sept. 24, 1909	Birth Place: Preston, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Nancy Richards	Feb. 4, 1960

FORM BH 56067

1-26-60

FEB 4 1960

JUN 1 1970

DELAYED CERTIFICATE OF BIRTH

STATE OF UTAH

364-216-007-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-096

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vivian Combe
2. Date Of Birth: (month) May (day) 16 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Blaine Co. (Butte Co. now); b. City or Town of Birth: Arco, Idaho

FATHER

6. Full Name of Father: Bartholmew Combe
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Josephine Gardiol
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vivian Combe Blattner
11. Present Address of Registrant: Arco, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Feb. 1 1960
12. Signature of Notary: Ruby B. Garnett
13. Notary Commission expires: Clerk of District Court

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Social Security Record
By whom issued and signed: Treasury Dept.
Date Issued:
Date Orig. Entry: March 20, 1944
Date of Birth: May 16, 1909
Birth Place: Butte Co. Arco, Idaho
Full Name of Mother: Josephine Gardiol
Name of Father: Bartholmew Combe

SUPPORTING RECORD 2.

Type of Document: School Record
By whom issued and signed: Joint Class A School Dist.#111 Arco, Idaho
Date Issued: 9-13-59
Date Orig. Entry: 1918-19
Date of Birth: May 16, 1909
Birth Place: ---
Full Name of Mother: ---
Name of Father: Bartholemew Combe

SUPPORTING RECORD 3.

Type of Document: Affidavit by maternal uncle (more than 10 yrs. older)
By whom issued and signed: Paul Gardiol
Date Issued: 10-26-59
Date Orig. Entry:
Date of Birth: May 16, 1909
Birth Place: Blaine Co. Arco, Idaho
Full Name of Mother: Josephine Gardiol Combe
Name of Father: Bartholmew Combe

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson
Evidence reviewed by: nr Nancy Richards
Date Filed: Feb. 4, 1960

FORM BH 56067

1 copy paid

FEB 4 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

625-213-029-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-105

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vivian Frederica Oberg		2. Date Of Birth (month) Aug (day) 13 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Moscow Idaho; b. City or Town of Birth: Moscow, Idaho
FATHER	6. Full Name of Father: Erick N. Oberg		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Minnie Peterson		9. State or Country of Mother's Birth: Minnesota U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vivian F Plews	11. Present Address of Registrant: 708 - E. Sheridan St Newberg Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: January 18 1960	12. Signature of Notary: Austin Trull	13. Notary Commission expires: May 20 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: Roger P. Oliver, Pastor of 1st Luth. Church, Moscow, Ida.	Date issued: 9-19-31	Date Orig. Entry: Sept. 5, 1909
	Date of Birth: Aug. 13, 1909	Birth Place: Moscow, Idaho	Full Name of Mother: Minnie Oberg	Name of Father: Erick N. Oberg	
SUPPORTING RECORD 2.	Type of Document: Passport		By whom issued and signed: U. S. Dept. of State	Date issued: 1-11-27	Date Orig. Entry: Jan. 11, 1927
	Date of Birth: Aug. 13, 1909	Birth Place: Moscow, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 70		By whom issued and signed: Minnie Oberg	Date issued: 2-1-60	Date Orig. Entry:
	Date of Birth: Aug. 13, 1909	Birth Place: Moscow, Idaho	Full Name of Mother: Minnie Oberg	Name of Father: Erick N. Oberg	

QUALIFYING INFORMATION: School Record, Newberg Public Schools Clerk, Newberg, Ore.; 2-1-60: age 13 as of October of 1922; father-E. N. Oberg.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr Nancy Richards	Feb. 8, 1960

FORM BH 56067 1-14-60 one copy paid #19265.

FEB 8 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

864-120-030-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-108

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Ashley Young
2. Date of Birth (month) (day) (year): August 20 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: IDAHO Lemhi; b. City or Town of Birth: SALMON

FATHER

6. Full Name of Father: Louis Ashley Young
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Jennie Josephine Morrill
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George Ashley Young
11. Present Address of Registrant: Grandview, Washington 505 Crescent Drive

NOTARY (Seal)

Subscribed and sworn to before me on Jan 4th 1960

12. Signature of Notary: Lettie Hauge
13. Notary Commission expires: May 27 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	original viewed by Bible Record-photostat	Notary Public Reah Worden; Portland, Oregon	1-15-60	obviously very old
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 20, 1909 / Salmon, Idaho	Jennie J. Young	Louis Ashley Young	
SUPPORTING RECORD 2.	Baby Contest Record	Lemhi County Fair Salmon, Idaho		Oct. 1, 1913
	49 months / ----	Jennie Morrill	Louis A. Young	
SUPPORTING RECORD 3.	Insurance Application	Provident Life Ins. Co.		Apr. 24, 1953
	Aug. 20, 1909 / ----	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. H. Jensen | Evidence reviewed by: Nancy Richards | Date Filed: Feb. 9, 1960

FORM BH 56067 12-9-59 one copy paid #18297

FEB 9 1960

12-9-59 one copy paid $16297

343-210-022-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-124

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Margaret Norcen Cutler		2. Date Of Birth (month) 4 (day) 10 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Ashton Idaho
FATHER	6. Full Name of Father: Andrew Sheldon Cutler		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Lillian Kathrine Powers		9. State or Country of Mother's Birth: Virginia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Norcen Cutler	11. Present Address of Registrant: Stafford apt 21 Pocatello Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 13 1958	12. Signature of Notary: M. D. Deaton	13. Notary Commission expires: August 25 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: May 17, 1941
	Date of Birth: April 10, 1909 / Birth Place: Fremont Co. Ashton, Idaho	Full Name of Mother: Lillian Kathrine Powers	Name of Father: Andrew Sheldon Cutler	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 74	By whom issued and signed: Lillie Cutler	Date Issued: 5-19-58	Date Orig. Entry:
	Date of Birth: April 10, 1909 / Birth Place: Fremont Co. Ashton, Idaho	Full Name of Mother: Lillie Cutler	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Church Record-Baptism	By whom issued and signed: Bishop H. Nebeker, LDS Church Pocatello 1st Ward, Pocat. Stake, Pocatello, Ida.	Date Issued: 2-4-60	Date Orig. Entry: July 29, 1917
	Date of Birth: April 10, 1909 / Birth Place: Fremont Co. Ashton, Idaho	Full Name of Mother: Lillie C. Powers	Name of Father: Andrew Sheldon Cutler	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Barron	Evidence reviewed by: nr Nancy Richards	Date Filed: Feb. 12, 1960

FORM BH 56067

FEB 12 1980

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

893-228-014-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-139

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Isabel Hickman			2. Date Of Birth (month) February (day) 28 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Parma, Idaho — Canyon	b. City or Town of Birth: Parma, Idaho	
FATHER	6. Full Name of Father: Albert Luther Hickman			7. State or Country of Father's Birth: Springfield Missouri	
MOTHER	8. Full Maiden Name of Mother: Eva Lovisa Rose			9. State or Country of Mother's Birth: Joplin, Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Isabel Nelson		11. Present Address of Registrant: 725 Cedar St. Red Bluff, Cal.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 28, 1960 19	12. Signature of Notary: Elsie Jukey		13. Notary Commission expires: March 3 19 60	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father, age 84	By whom issued and signed: Albert Luther Hickman		Date Issued: 1-28-60	Date Orig. Entry:
	Date of Birth: Feb. 28, 1909	Birth Place: Parma, Idaho	Full Name of Mother: Eva Lovisa Rose	Name of Father: Albert Luther Hickman	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: Sept. 7, 1946
	Date of Birth: Feb. 28, 1909	Birth Place: Canyon Co. Parma, Idaho	Full Name of Mother: Eva Lovisa Rose	Name of Father: Albert Luther Hickman	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: City Clerk, Red Bluff, Calif.; Local #96		Date Issued: 1-28-60	Date Orig. Entry: child born July 22, 1929
	Date of Birth: age 20	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —	

QUALIFYING INFORMATION

California Operator's License No. W 972106; issued Nov. 29, 1945: born Feb. 28, 1909.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	Feb. 17, 1960

FORM BH 56067

FEB 17 1969

DELAYED CER. RELATE OF BIRTH
STATE OF IDAHO

562-220-042-751

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-141

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ferne Irene Nokes		2. Date Of Birth (month) (day) (year): Feb 20 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County	b. City or Town of Birth: Filer Idaho
FATHER	6. Full Name of Father: Charles John Nokes			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Ellen G. Peach			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ferne Irene Heinrich		11. Present Address of Registrant: 1614 N Summer
NOTARY (Seal)	Subscribed and sworn to before me on: January 25 1960	12. Signature of Notary: William L Morris		13. Notary Commission expires: ~~January 25~~ 8/26/60 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: June 15, 1938
	Date of Birth: Feb. 20, 1909 / Birth Place: Filer, Idaho	Full Name of Mother: Ellen Peach	Name of Father: Charles John Nokes	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. T. B. Hamilton (now)	Date Issued: 2-4-60	Date Orig. Entry:
	Date of Birth: Feb. 20, 1909 / Birth Place: Filer, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Portland Public Schools Dept. of Child Services, Ore.	Date Issued: 1-25-60	Date Orig. Entry: school year 1914-15
	Date of Birth: Feb. 20, 1909 / Birth Place: Filer, Idaho	Full Name of Mother: Ellen G. Nokes	Name of Father: Charles J. Nokes	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Nancy Richards	Feb. 17, 1960

FORM BH 56067 1-19-60

FEB 17 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

367-21 71035 -155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-146

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sylvia Maude Topping			2. Date Of Birth (month) Aug. (day) 17 (year) 1909
	3. Color or Race: White	4. Sex: Fe	5. Place of Birth a. County: Lewiston Ida- Nez Perce	b. City or Town of Birth: Lewiston Idaho
FATHER	6. Full Name of Father: Clark Austen Topping			7. State or Country of Father's Birth: United States
MOTHER	8. Full Maiden Name of Mother: Maude S. Jenson			9. State or Country of Mother's Birth: United States
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sylvia Bunce		11. Present Address of Registrant: E 107 29th Spokane, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: February 12 1960	12. Signature of Notary: Glennis F Smith		13. Notary Commission expires: 7-22 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. (age 36)	Type of Document: Marriage Record	By whom issued and signed: Missoula County, Montana	Date Issued:	Date Orig. Entry: April 4, 1946
	Date of Birth: Aug. 17, 1909 / Birth Place: Lewiston, Idaho	Full Name of Mother: Maude Jenson	Name of Father: C. A. Topping	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: City of Spokane, Wash. #1555	Date Issued: 6-22-44	Date Orig. Entry: child born Sept. 23, 1934
	Date of Birth: age 25 / Birth Place: Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: Hospital Record of child's birth	By whom issued and signed: St. Joseph's Hospital Lewiston, Idaho	Date Issued:	Date Orig. Entry: child born March 10, 1938
	Date of Birth: Aug. 17, 1909 / Birth Place: Lewiston, Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: Feb. 18, 1960

FORM BH 56067

2-5-60

FEB 18 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

432-208-035-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-172

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Houston McKissick			2. Date of Birth (month) 1 (day) 8 (year) 09	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lewiston	
FATHER	6. Full Name of Father: Robert Benjamin McKissick			7. State or Country of Father's Birth: Tennessee	
MOTHER	8. Full Maiden Name of Mother: Gussie Houston Clark			9. State or Country of Mother's Birth: Tennessee	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Houston McKissick	11. Present Address of Registrant: 965 - 54th Street, Sacramento, California	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 10th 1960		12. Signature of Notary: Ruth McSutton / Ruth McSutton	13. Notary Commission expires: Aug 20 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 27, 1936
	Date of Birth: Jan. 8, 1909	Birth Place: Nez Perce Co. Lewiston, Idaho	Full Name of Mother: Gussie Houston Clark	Name of Father: Robert Benjamin McKissick	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father, age 85		By whom issued and signed: Robert B. McKissick	Date Issued: 2-10-60	Date Orig. Entry:
	Date of Birth: Jan. 8, 1909	Birth Place: Lewiston, Idaho	Full Name of Mother: Gussie McKissick	Name of Father: Robert B. McKissick	
SUPPORTING RECORD 3.	Type of Document: Employment Record		By whom issued and signed: Calif. State Personnel Board 1015 L St., Sacramento	Date Issued:	Date Orig. Entry: July 1, 1948
	Date of Birth: Jan. 8, 1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

War Ration Book, U. S. of Amer. Office of Price Admin.; Sacramento, Calif.: age 33 as of May 5, 1942.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Nancy Richards	Feb. 29, 1960

FORM BH 56067 12-4-59

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

DEB 29 1960

State File No. [illegible]

REGISTRANT (Person whose birth is being recorded)	1. Registrant's Full Name of Birth: Houston McKissick	2. Date of Birth (month) 1 (day) 6 (year) 39	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth (Count): Nez Perce; City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Robert Benjamin McKissick	7. State or Country of Father's Birth: Tennessee	
MOTHER	8. Full Maiden Name of Mother: Gussie Houston Clark	9. State or Country of Mother's Birth: Tennessee	
AFFIDAVIT	1. Affidavit declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: 765 - 24th Street, Sacramento, California
NOTARY FOR	Subscribed and sworn to before me on 19	12. Signature of Notary	13. Notary Commission expires 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD A	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued	Date Orig. Entry: [illegible]
	Date of Birth: Feb. 8, 1869	Birth Place: Nez Perce Co., Lewiston, Idaho	Full Name of Mother: Gussie Houston Clark	Name of Father: Robert Benjamin McKissick
SUPPORTING RECORD B	Type of Document: Affidavit by Father, age 85	By whom issued and signed: Robert B. McKissick	Date Issued: 2-10-60	Date Orig. Entry
	Date of Birth: Jan. 8, 1869	Birth Place: Lewiston, Idaho	Name of Mother: Gussie McKissick	Name of Father: Robert B. McKissick
SUPPORTING RECORD C	Type of Document: Employment Record	By whom issued and signed: Calif. State Personnel Board, 1015 [illegible] St., Sacramento	Date Issued	Date Orig. Entry: July 1, 1940
	Date of Birth: [illegible] 1869	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION: New Ration Book, U. S. of Amer. Office of Price Admin.; Sacramento, Calif. Exp. 32 [illegible] May 1942.

REGISTRAR: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] contract.

Date Registrar	Reviewed by: [illegible]	Date Filed: Feb. 29, 1960

759-115-004-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-199

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louis Barry Perkins		2. Date of Birth (month) January (day) 15, (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake; b. City or Town of Birth: Montpelier, Idaho
FATHER	6. Full Name of Father: John Francis Perkins		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Minnie N. Wride		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louis B. Perkins	11. Present Address of Registrant: McGill, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: February 24, 1960	12. Signature of Notary: Dorothy G. Perkins	13. Notary Commission expires: January 21, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Payson 3rd Ward, Nebo. Stake LDS Church	Date Issued: 5-14-22	Date Orig. Entry: June 15, 1917
	Date of Birth: Jan. 15, 1909 / Birth Place: Montpelier, Idaho	Full Name of Mother: Minnie N. Wride	Name of Father: John Francis Perkins	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Pacific Nat'l. Life Assur. Co.	Date Issued:	Date Orig. Entry: July 14, 1940
	Date of Birth: Jan. 15, 1909 / Birth Place: Montpelier, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Utah #334	Date Issued: 6-20-51	Date Orig. Entry: child born March 29, 1936
	Date of Birth: age 27 / Birth Place: Montpelier, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: March 8, 1960

FORM BH 56067 12-17-59

MAR 8 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's Full Name at Birth: Louis Barry Perkins		2. Date of Birth: January 15, 1959	
3. Color or Race: White	4. Sex: Male	5. Place of Birth: Bear Lake	6. County of Birth: Montpelier, Idaho
7. Full Name of Father: John Francis Perkins		8. State or Country of Father's Birth: Idaho	
9. Full Maiden Name of Mother: Minnie F. Price		10. State or Country of Mother's Birth: Utah	
11. Statements of Registrant: [illegible]	12. Signature of Registrant: [illegible]	13. Present Address of Registrant: Hill, Nevada	
14. Signature of Mother: [illegible]	15. Signature of Mother: [illegible]	16. Notary Commission Expires: [illegible] 21, [illegible]	

Name of Document: Church Record	By whom issued and signed: Parsons 2nd Ward, Idaho Stake, Bl. Church	Date Issued: [illegible]	Date Orig. Entry: June 25, [illegible]	
Date of Birth: [illegible]	Birth Place: Montpelier, Idaho	Full Name of Mother: Minnie F. Price	Name of Father: John Francis Perkins	
Type of Document: Insurance Application	By whom issued and signed: Pacific Nat'l. Life Insur. Co.	Date Issued: [illegible]	Date Orig. Entry: July [illegible], [illegible]	
Date of Birth: [illegible]	Birth Place: Montpelier, Idaho	Full Name of Mother: ---	Name of Father: ---	
Type of Document: Can child's birth certificate	By whom issued and signed: Utah [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]	
Date of Birth: June 27	Birth Place: Montpelier, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I, [illegible], that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] attached.

Signature of Registrar: [illegible]	Evidence reviewed by: Nancy Richards	Date Filed: March [illegible], [illegible]

FORM NO. [illegible] 12-17-59

243-201-036-284

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-218

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucetta Buttars			2. Date Of Birth (month) (day) (year): February 1 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida (now-Franklin)	b. City or Town of Birth: Dayton, Idaho
FATHER	6. Full Name of Father: David William Buttars			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Maud Shumway			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucetta Buttars Archibald		11. Present Address of Registrant: Dayton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 1st day of March 19 60	12. Signature of Notary: Ted Larsen		13. Notary Commission expires: May 12 19 62

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: Dayton Ward LDS Church, Dayton, Idaho	Date Issued: 6-28-09	Date Orig. Entry: June 6, 1909
	Date of Birth: Feb. 1, 1909	Birth Place: Oneida Co. Dayton, Idaho	Full Name of Mother: Maud Shumway	Name of Father: D. W. Butters	
SUPPORTING RECORD 2.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Aug. 31, 1945
	Date of Birth: Feb. 1, 1909	Birth Place: Franklin Co. Dayton, Idaho	Full Name of Mother: Maud Shumway	Name of Father: David William Butters	
SUPPORTING RECORD 3.	Type of Document: Marriage Record (name shown as "Buttars")		By whom issued and signed: Cache Co., Utah	Date Issued: 1-26-60	Date Orig. Entry: Sept. 13, 1927
	Date of Birth: age 18	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jensen	Nancy Richards	March 11, 1960

FORM BH 56067

1-26-60 one copy paid #19650

MAR 11 1960

386-218-006-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-221

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Margaret Thomas			2. Date of Birth (month) (day) (year): August 18 1909	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Shelley Bingham	b. City or Town of Birth: Shelley	
FATHER	6. Full Name of Father: George Thomas			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Jesse M. Thompson			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lois Margaret Thomas Balander	11. Present Address of Registrant: Box 402 Shelley Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 8, 1960		12. Signature of Notary: L. Lue Jensen	13. Notary Commission expires: June 15 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record-Baptism		By whom issued and signed: Shelley 2nd Ward, Shelley Stake, IDS Church	Date Issued:	Date Orig. Entry: Oct. 13, 1917
	Date of Birth: Aug. 18, 1909	Birth Place: Bingham Co. Shelley, Idaho	Full Name of Mother: Jessie M. ---	Name of Father: George Thomas	
SUPPORTING RECORD 2.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Sept. 22, 1944
	Date of Birth: Aug. 18, 1909	Birth Place: Bingham Co. Shelley, Idaho	Full Name of Mother: Jessie M. Thompson	Name of Father: George Thomas	
SUPPORTING RECORD 3.	Type of Document: Marriage Record		By whom issued and signed: Bingham Co., Idaho	Date Issued: 2-9-60	Date Orig. Entry: Feb. 5, 1927
	Date of Birth: Age 17	Birth Place: ---	Full Name of Mother: Jessie Thomas	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	March 14, 1960

FORM BH 56067

2-4-60 one copy paid #20012

MAR 14 1900

693-203-064-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-233

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VIOLET MARIE WILKER		2. Date Of Birth (month) (day) (year): July 3 1909
	3. Color or Race: WHITE	4. Sex: Fem.	5. Place of Birth a. County: BEAR LAKE; b. City or Town of Birth: PARIS IDAHO
FATHER	6. Full Name of Father: WILLIAM HENRY WILKER		7. State or Country of Father's Birth: SWITSERLAND
MOTHER	8. Full Maiden Name of Mother: FLORENCE YATES		9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. LaVon Hamerton	11. Present Address of Registrant: Portland 20, Oregon 9417 N. E. Lombard
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 18TH 1960	12. Signature of Notary: Nan Humbert	13. Notary Commission expires: Oct. 16TH 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record-Baptism	By whom issued and signed: 1st Ward, Paris, Idaho IDS Church	Date Issued: 4-12-25	Date Orig. Entry: Nov. 3, 1917
	Date of Birth: July 3, 1909 / Birth Place: Paris, Idaho	Full Name of Mother: Florence Yates	Name of Father: William Welker	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Oregon #1684	Date Issued: 4-11-56	Date Orig. Entry: child born May 31, 1934
	Date of Birth: age 24 / Birth Place: Paris, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Marriage License Clerk Multnomah Co., Portland, Ore.	Date Issued: 3-8-60	Date Orig. Entry: Nov. 18, 1927
	Date of Birth: July 3, 1909 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	nr Nancy Richards	March 18, 1960

FORM BH 56067

2-11-60 1 copy paid

MAR 18 1980

862-112-007-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-249

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SHERMAN MARQUIS HOSAC			2. Date of Birth: (month) MARCH (day) 12 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Carey	
FATHER	6. Full Name of Father: Harry Ulysses Hosac			7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: Hester Ann Cox			9. State or Country of Mother's Birth: Boise, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Sherman M Hosac	11. Present Address of Registrant: 615 14 Everett St. Boise	
NOTARY (Seal)	Subscribed and sworn to before me on: March 22 1960		12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother		By whom issued and signed: Hester A. Hosac	Date Issued: Feb 22, 1947	Date Orig. Entry: Feb 22, 1947
	Date of Birth: March 12, 1909	Birth Place: Carey, Idaho	Full Name of Mother: Hester Ann Cox	Name of Father: Harry Ulysses Hosac	
SUPPORTING RECORD 2.	Type of Document: Family Record		By whom issued and signed: -- Record Book	Date Issued:	Date Orig. Entry: obviously Old
	Date of Birth: March 12, 1909	Birth Place: Carey, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge U. S. Army		By whom issued and signed: Separation Center, Fort Lewis Washington	Date Issued: Nov 6, 1945	Date Orig. Entry: Nov 6, 1945
	Date of Birth: March 12, 1909	Birth Place: Carey, Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bf Joyce B. Foltz	Date Filed: March 22, 1960

FORM BH 56067

NOV 19 1971

495401-036-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-320

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilford John Dredge			2. Date of Birth (month) Dec. (day) I (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Malad City
FATHER	6. Full Name of Father: Jesse Horatio Dredge			7. State or Country of Father's Birth: Oneida Co. Idaho.
MOTHER	8. Full Maiden Name of Mother: Eliza Rosetta Kunz			9. State or Country of Mother's Birth: Bear Lake Co. Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilford J. Dredge		11. Present Address of Registrant: Soda Springs, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: March 30 1960	12. Signature of Notary: L. Ray Davis, By Deputy		13. Notary Commission expires: L. RAY DAVIS Clerk of District Court 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Passport, United States		By whom issued and signed: U. S. Department of State	Date Issued: Oct 20, 1930	Date Orig. Entry: October 20, 1930
	Date of Birth: Dec. 1, 1909	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: Beneficial Life Ins. Co. of Utah	Date Issued: ---	Date Orig. Entry: May 20, 1925
	Date of Birth: Dec. 1, 1909	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: Jesse H. Dredge	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: Idaho #304056	Date Issued: ---	Date Orig. Entry: child born Nov 25, 1940
	Date of Birth: age 30	Birth Place: Malad, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: April 13, 1960

FORM BH 56067

APR 14 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth (month) Dec. (day) 1 (year) 1909	
	3. Color or Race: [illegible]	4. Sex: Male	5. Place of Birth (Street): Omaha	6. Duty or Town of Birth: Malad City
FATHER	7. Name of Father: [illegible]	8. State or Country of Father's Birth: Oneida Co. Idaho.	
MOTHER	9. Full Maiden Name of Mother: Eliza Bodetta [illegible]	10. State or Country of Mother's Birth: Bear Lake Co. Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: Soda Springs, Idaho.
AMEMBER (Seal)	Subscribed and sworn to before me on [illegible] 19	12. Signature of Notary	13. Notary Public [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: [illegible] Department of State	Date Issued: [illegible] 1950	Date Orig. Entry: [illegible] 1950
	Date of Birth: Dec. 1, 1909	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Life Ins. Co. of Utah	Date Issued: --	Date Orig. Entry: May 20, 1925
	Date of Birth: Dec. 1, 1909	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: Jesse H. Prudge
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #[illegible]	Date Issued: --	Date Orig. Entry: child born Nov 25, 1940
	Date of Birth: Age 30	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFIED SEARCH 1.

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible] W. Benson	Jesse E. Voltz	April 13, 1960

FORM [illegible]

366-227-021-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-325

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth (Kofoed) ALEASE CROCKETT, KOFOED.		2. Date Of Birth (month) (day) (year) NOVEMBER 27, 1909
	3. Color or Race W	4. Sex F	5. Place of Birth a. County WESTON, FRANKLIN; b. City or Town of Birth WESTON
FATHER	6. Full Name of Father JOHN ANDREW KOFOED.		7. State or Country of Father's Birth WESTON, FRANKLIN, ~~IDAHO~~
MOTHER	8. Full Maiden Name of Mother IVY MAUD CROCKETT		9. State or Country of Mother's Birth LOGAN UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant (Alease) Mrs Joseph Larsen	11. Present Address of Registrant 390 TAFT Pocatello Ida
NOTARY (Seal)	Subscribed and sworn to before me on ~~Feb.~~ Mach. 4 1960	12. Signature of Notary Orland A Shultz	13. Notary Commission expires Nov 15 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church Preston, Idaho	Date issued:	Date Orig. Entry: Dec. 29, 1917
	Date of Birth: Nov. 27, 1909	Birth Place: Weston, Idaho	Full Name of Mother: Ivy Maud Crockett	Name of Father: John A. Kofoed
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #212357	Date issued:	Date Orig. Entry: child born May 8, 1933
	Date of Birth: age 23	Birth Place: Weston, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by parent (Mother)	By whom issued and signed: Ivy Maud Crockett Kofoed	Date issued: April 4, 1960	Date Orig. Entry: --
	Date of Birth: Nov. 27, 1909	Birth Place: Weston, Idaho	Full Name of Mother: Ivy M. Kofoed	Name of Father: John A. Kofoed
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Joyce B. Foltz	April 14, 1960

FORM BH 56067

1 copy paid Receipt 11401

APR 15 1960

DECEASED

219-125-038-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-342

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clifford Barker
2. Date of Birth (month) May (day) 25, (year) 1909
3. Color or Race: white
4. Sex: Male
5. Place of Birth a. County: Payette
b. City or Town of Birth: Payette, Idaho

FATHER

6. Full Name of Father: George Berryman Barker
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Lora Leigh Johnson
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Clifford Barker
11. Present Address of Registrant: Payette, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 12, 1960
12. Signature of Notary: John L. Wagner
13. Notary Commission expires: Sept. 16 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Lora L. Barker	Date Issued: --	Date Orig. Entry: April 20, 1960
	Date of Birth: May 25, 1909	Birth Place: Payette, Idaho Co. Idaho	Full Name of Mother: Lora Leigh Hohnson	Name of Father: George Berryman Barker
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics #200960	Date Issued: --	Date Orig. Entry: child born Jan. 30, 1932
	Date of Birth: age 22	Birth Place: Payette, Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 3.	Type of Document: Statement regarding school record	By whom issued and signed: Dorothy Bradley, Clerk New Plymouth Public Schools	Date Issued: April 12, 1960	Date Orig. Entry: Sept. 10, 1923
	Date of Birth: age 14	Birth Place: --	Full Name of Mother: --	Name of Father: --

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Lois Ayers	April 20, 1960

FORM BH 56067

APR 21

JUL 20 1972

55/224-038-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-343

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Pauline Anna Neal
2. Date Of Birth: (month) 10 (day) 24 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Payette; b. City or Town of Birth: Payette

FATHER

6. Full Name of Father: William Harrison Edward Neal
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Ethel Marguerite Johnson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]
11. Present Address of Registrant: 231 W. Owens, Las Vegas, Nev.

NOTARY (Seal)

Subscribed and sworn to before me on [illegible] 19 59

12. Signature of Notary: [signature] JAMES R. ROSE NOTARY PUBLIC
13. Notary Commission Expires: In and for the County of Clark, State of Nevada My Commission Expires February 16, 1963
#15 SO. FIFTH STREET - LAS VEGAS

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Department	Date Issued: --	Date Orig. Entry: Oct 3, 1941	
	Date of Birth: October 24 1909	Birth Place: Payette co. Payette, Idaho	Full Name of Mother: M. Ethel Johnson	Name of Father: Ed. W. Neal	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Mrs. Ethel Neal	Date Issued: Feb. 1, 1960	Date Orig. Entry: --	
	Date of Birth: October 24 1909	Birth Place: Payette, Idaho	Full Name of Mother: Ethel Marguerite Neal	Name of Father: Edward William Neal	
SUPPORTING RECORD 3.	Type of Document: Statement regarding School Record-Fruitland Grade School	By whom issued and signed: George H. Hunt, Supt. Dist. 373, Payette, Idaho	Date Issued: Jan 28, 1960	Date Orig. Entry: September 1916	
	Date of Birth: age 6	Birth Place: --	Full Name of Mother: --	Name of Father: --	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	mr Joyce B. Foltz	April 20, 1960

FORM BH 56067

One copy [illegible]

APR 21 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

[illegible]	1. Registration [illegible]	2. Date of Birth (month) (day) (year)
	3. Sex	4. Place of Birth
FATHER	5. Full Name of Father	7. Date of Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	1. Affidavit [illegible]	11. Present Address of Registrant
[illegible]	[illegible]	[illegible]
SUPPORTING RECORD 1	[illegible]	[illegible]
SUPPORTING RECORD 2	[illegible]	[illegible]
SUPPORTING RECORD 3	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

Inherent certify that no prior birth certificate has been found in the division of Vital Statistics for the registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Date of Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	April [illegible]

245-125-025-245

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-346
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roland Buettner		2. Date of Birth (month) (day) (year): May 25 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Kueterville
FATHER	6. Full Name of Father: William Buettner		7. State or Country of Father's Birth: Wisconsin U.S.A.
MOTHER	8. Full Maiden Name of Mother: Alma Helenreid Buettner		9. State or Country of Mother's Birth: Wisconsin USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roland Buettner	11. Present Address of Registrant: Cottonwood Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 1-8-1960	12. Signature of Notary: Leo F. Dorsman	13. Notary Commission expires: 12-5-1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*_____	Type of Document: Notarized Statement regarding Insurance Policy #306681	By whom issued and signed: Northern Life Ins. Co., Seattle Wn., H.O. Bishback, III	Date Issued: Jan 26 1955	Date Orig. Entry: Nov. 16, 1943
	Date of Birth: May 25, 1909	Birth Place: Kueterville, Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 2. Class_____	Type of Document: Page 11, #332 Certified copy of County Birth Certificate	By whom issued and signed: Carl T. Reuter, County Recorder, Idaho co., Grangeville	Date Issued: Feb 5, 1951	Date Orig. Entry: July 5, 1909
	Date of Birth: May 25, 1909	Birth Place: Keuterville, Idaho	Full Name of Mother: Alma Buettner	Name of Father: William Buettner
SUPPORTING RECORD 3. Class_____	Type of Document: Affidavit by Parents	By whom issued and signed: William Buettner Alma Buettner	Date Issued: March 25, 1953	Date Orig. Entry: --
	Date of Birth: May 25, 1909	Birth Place: Keuterville, Idaho	Full Name of Mother: Alma Buettner	Name of Father: William Buettner

QUALIFYING INFORMATION

Statement regarding "School Record & Register for Common Schools", Keuterville School Dist #18, Keuterville, Idaho, by Mrs. Leo Mader, Custodian of School Records, dated Sept 23, 1954 gives age as 6 years on October 4, 1915.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	April 20, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 24

Bureau of Vital Statistics
Boise, Idaho

REGISTRANT

(Person whose birth is being registered)

1. Registrant's Full Name at Birth

2. Date of Birth (Month) (Day) (Year)

3. Color or Race 4. Sex

5. Place of Birth

6. City or Town of Birth

7. County of Birth

FATHER

8. Full Name of Father

9. State or Country of Father's Birth

MOTHER

10. Full Maiden Name of Mother

11. State or Country of Mother's Birth

AFFIDAVIT

I declare upon oath that the above statements are true to the best of my knowledge and belief.

12. Signature of Applicant

13. Present Address of Applicant

Subscribed and sworn to before me on

12. Signature of Notary

12. Notary Commission Expires

Date of Document Registered

State Department Recording

Instrument Recording

Date of Birth Birth Place

Class

SUPPORTING EVIDENCE

Certified copy of County

Birth certificate

Date of Birth Birth Place

Type of Evidence

Date Issued

CERTIFICATION

(Seal)

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received which satisfies the law as set forth in the foregoing statements.

Date Filed

Apr 20, 1950

Evidence reviewed by

Joyce R. Dalton

Staff Signature

R. W. Benson

Please print or type all entries. Attach a duplicate copy of this form before signing.

DO NOT WRITE IN THIS SPACE

Date Issued

Nov 15, 1949

Date Orig. Issue

Jan 26 1950

By whom issued and signed

Northern Idaho Dist. Co.

Mrs. W. M. Schenck

Full Name of Mother

Name of Father

Date of Document Registered

Date of Birth Birth Place

Nov 25, Montpelier,

Class

SUPPORTING EVIDENCE

Certified copy of County

Record Indexed

Date of Birth Birth Place

Montpelier,

Type of Evidence

CERTIFICATION

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received which satisfies the law as set forth in the foregoing statements.

Date Filed

April 20, 1950

Evidence reviewed by

Joyce R. Dalton

Staff Signature

R. W. Benson

Please print or type all entries. Attach a duplicate copy of this form before signing.

DO NOT WRITE IN THIS SPACE

Date Issued

Nov 15, 1949

Date Orig. Issue

Jan 26 1950

By whom issued and signed

Earl T. Peyton, County

Recorder Indx. Co., Montpelier, Idaho

Full Name of Mother

Alma Brotherton

Name of Father

William Brotherton

239-21-022-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-351

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GERTRUDE STRONG		2. Date of Birth: (month) Sept. (day) 11 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ashton - Fremont	b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: Alfred H. Strong		7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Hannah Anderson		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gertrude Strong Ellsworth	11. Present Address of Registrant: 15818 Victoria La Puente, California	
NOTARY (Seal)	Subscribed and sworn to before me on: April 1st 1960	12. Signature of Notary: Marvin David Donine	13. Notary Commission expires: October 6 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified photostatic copy School Transcripts	By whom issued and signed: Idaho State College, Pocatello Anna C. Munn, Registrar	Date Issued: Oct 14, 1955	Date Orig. Entry: October 1951	
	Date of Birth: Sept. 11 1909	Birth Place: Ashton, Idaho	Full Name of Mother: Hannah Strong	Name of Father: A. H. Strong	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Father	By whom issued and signed: Alfred H. Strong	Date Issued: April 1,60	Date Orig. Entry: --	
	Date of Birth: Sept 11, 1909	Birth Place: Ashton, Idaho Fremont co.	Full Name of Mother: Hannah Anderson Strong	Name of Father: Alfred H. Strong	
SUPPORTING RECORD 3.	Type of Document: Application for Insurance	By whom issued and signed: Idaho Mutual Benefit Assn. Boise, Idaho	Date Issued: March 15, 1954	Date Orig. Entry: March 15,1954	
	Date of Birth: Sept 11, 1909	Birth Place: Ashton, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	April 20, 1960

FORM BH 56067

3-9-60

APR 21 1960

MAR 31 2003

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Div. and Dept. of Statistics
Boise, Idaho

State File No. [illegible]

REGISTRAR	1. Registrant's Full Name at Birth: GERTRUDE STRONG	2. Date of Birth (month) Sept. (day) 11 (year) 1909	
Person whose birth is being registered	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Ashton, Fremont
	6. City or Town of Birth: Ashton		
FATHER	7. Full Name of Father: Alfred H. Strong	8. Place of Country of Father's Birth: Nebraska	
	9. Maiden Name of Mother: Hannah Anderson	10. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [illegible]	12. Present Address of Registrant: [illegible]
SUBSCRIBED	Sworn and sworn to before me on April 1960	13. Signature of Notary: [illegible]	14. Notary Commission Expires: October 4, 1960

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified photostatic copy School Transcripts	By whom issued and signed: Idaho State College, Pocatello, Idaho, Mrs. [illegible], Registrar	Date Issued: Oct 14, 1958	Date Orig. Entry: October 1961
	Date of Birth: Sept. 11, 1909	Full Name of Father: Hannah Strong	Name of Father: A. H. Strong	
	Birth Place: Ashton, Idaho			
SUPPORTING RECORD 2.	Type of Document: Affidavit by Father	By whom issued and signed: Alfred H. Strong	Date Issued: April 1, 60	Date Orig. Entry: —
	Date of Birth: Sept 11, 1909	Full Name of Mother: Hannah Anderson Strong	Name of Father: Alfred H. Strong	
	Birth Place: Ashton, Idaho, Fremont co.			
SUPPORTING RECORD 3.	Type of Document: Application for Insurance	By whom issued and signed: Idaho Annual Benefit Assn. Boise, Idaho	Date Issued: March 15, 1954	Date Orig. Entry: March 15, 1954
	Date of Birth: Sept 11, 1909	Full Name of Mother: —	Name of Father: —	
	Birth Place: Ashton, Idaho			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing Statistics.

Signature of Registrar: [illegible]	Evidence reviewed by: Joyce M. Foltz	Date Filed: April 20, 1960

Form [illegible] 3-8-60

296-21-025-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-363

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nina Kathleen Brown
2. Date of Birth (month) September (day) 11, (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho
b. City or Town of Birth: Grangeville

FATHER

6. Full Name of Father: William Grisley Brown
7. State or Country of Father's Birth: Wisconsin. Green County

MOTHER

8. Full Maiden Name of Mother: Addie Edith Benedict
9. State or Country of Mother's Birth: Idaho Idaho County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: N. Kathleen McManus
11. Present Address of Registrant: 519 12th Ave N.

NOTARY (Seal)

Subscribed and sworn to before me on: April 10th 1960
12. Signature of Notary: Georgina M. Daws
13. Notary Commission expires: Feb 8th 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
County Record of Birth	Henry Telcher, Clerk and Co. Record, Idaho Co. Grangeville, Idaho	June 19, 1942	Jan 7, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept 11, 1909	Grangeville, Idaho	Addie E. Brown	Wm. G. Brown

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Addie E. Brown	July 25, 1942	--

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept 11, 1909	Grangeville, Idaho	Addie E. Brown	Wm. G. Brown

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of Affidavit for marriage license	Co. Record, King County, Wn. Robert A. Morris	April 5, 1960	June 2, 1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 42	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	April 25, 1960

FORM BH 56067

APR 26 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT	1. Registrant's Name at Birth	2. Date of Birth (Month) (Day) (Year)	September 11, 1909
Person whose birth is being registered	3. Sex of Person	4. Place of Birth (Ward)	Ability of Town of Birth
FATHER	5. Full Name of Father	6. State or Country of Father's Birth	
	7. Full Name of Mother	8. State or Country of Mother's Birth	
	9. Hereby declare upon oath that the above statements are true to the best knowledge and belief	10. Signature of Registrant	11. Present Address of Registrant
	12. Subscribed and sworn to before me on	13. Signature of Notary	14. Notary Commission expires

APPLICANT TO ADVANCE DOCUMENTS

SUPPORTING RECORD 1	Type of Document: County Record of Birth	By whom issued and signed: Henry Lehner, Clerk and Cox Record, Idaho Co. Grangeville, Idaho	Date Issued: June 10, 1942	Date Orig. Entry: Jan 7, 1910
	Date of Birth: Sept 11, 1909	Birth Place: Grangeville, Idaho	Name of Mother: Addie E. Brown	Name of Father: Wm. G. Brown
SUPPORTING RECORD 2	Type of Document: Affidavit by Mother	By whom issued and signed: Addie E. Brown	Date Issued: July 25, 1942	Date Orig. Entry: —
	Date of Birth: Sept 11, 1909	Birth Place: Grangeville, Idaho	Full Name of Mother: Addie E. Brown	Name of Father: Wm. G. Brown
SUPPORTING RECORD 3	Type of Document: Certified copy of Affidavit for marriage license	By whom issued and signed: Co. Record, King County, Wm. Robert A. Morris	Date Issued: April 5, 1960	Date Orig. Entry: June 2, 1952
	Date of Birth: age 42	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —

QUALIFYING INFORMATION

RECORDING CERTIFICATE (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature	Evidence reviewed by	Date Filed
[illegible]	Joyce B. Holtz	April 25, 1960

FORM OH 56087

236-109-042-714

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-381

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Stuart Scott			2. Date of Birth (month) (day) (year): March 9, 1909
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Arthur R. Scott			7. State or Country of Father's Birth: Chester, Ohio
MOTHER	8. Full Maiden Name of Mother: Kathrine Gamble			9. State or Country of Mother's Birth: --
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Stuart Scott		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: May 9 1960	12. Signature of Notary: Paula L. Vleeson		13. Notary Commission expires: Jan 7 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Kathrine G. Scott	Date Issued: --	Date Orig. Entry: May 9, 1960
	Date of Birth: March 9, 1909	Birth Place: Twin Falls, Idaho	Full Name of Mother: Kathrine Gamble	Name of Father: Arthur R. Scott
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics #236635	Date Issued: --	Date Orig. Entry: child born Sept. 28, 1935
	Date of Birth: age 26	Birth Place: Twin Falls, Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 3.	Type of Document: Family record book	By whom issued and signed: --	Date Issued: --	Date Orig. Entry: obviously old
	Date of Birth: March 9, 1909	Birth Place: --	Full Name of Mother: Kathrine Scott	Name of Father: Arthur Scott
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Lois Ayers	Date Filed: May 9, 1960

FORM BH 56067

MAY 9 1960

APR 17 1978

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File A, Dec60-391

CHILD	1. Name of Child (First, Middle, Last)	2. Date of Birth (Month, Day, Year)
	William Stuart Scott	March 9, 1909
	3. Color or Race 4. Sex	5. Place of Birth (County)
	White Male	Twin Falls	Twin Falls
FATHER	6. Full Name of Father	7. State or Country of Mother's Birth
	Arthur R. Scott	Chester, Ohio
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
	Kathrine Gamble	--
AFFIDAVIT	I hereby certify that the above facts are true to the best of my knowledge and belief.	10. Signature of Informant	11. Present Address of Informant
NOTARY (Seal)	Subscribed and sworn to before me	12. Signature of Notary	13. Notary Commission expires
	_____ 19__	_____	19__

ATTENDANT OR CERTIFIER	Title of Attendant	Name and Address	Date Signed
	Mother	Kathrine G. Scott	May 9, 1960
REGISTRAR'S RECORDS	Place of Birth: City, County, State	Mother's Maiden Name	Name of Father
	March 9, 1909 Twin Falls, Idaho	Kathrine Gamble	Arthur R. Scott
SUPPORTING RECORDS	Type of Document	Do these records support the above statements?	Date Issued
	One child's birth certificate	On File Vital Statistics #23665	Sept. 28, 1955
	Date of Birth Birth Place	Full Name of Mother	Name of Father
	age 20 Twin Falls, Idaho	--	--
ADDITIONAL RECORDS	Type of Document	Do these records support the above statements?	Date Issued
	Family record book	--	obviously old
	Date of Birth Birth Place	Full Name of Mother	Name of Father
	March 9, 1909 --	Kathrine Scott	Arthur Scott

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the file of vital statistics for this registrant, and that documentary evidence has been received, which substantiates the facts as set forth in the above affidavit.

Registrar	Evidence reviewed by	Date Filed
W. W. Burgon	Lois Ayers	May 9, 1960

FORM DH 3606-1

219-215-079-391

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-407
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marian Baird		2. Date of Birth (month) Aug. (day) 15 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls, Idaho Twin Falls	b. City or Town of Birth: Twin Falls, Idaho
FATHER	6. Full Name of Father: James Stevenson Baird		7. State or Country of Father's Birth: Illinois (	
MOTHER	8. Full Maiden Name of Mother: Emma Tranter		9. State or Country of Mother's Birth: Wombourne, England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marian Baird Mahoney	11. Present Address of Registrant: Salmon, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 30 1960	12. Signature of Notary: Blanche Cook	13. Notary Commission expires: 4-22 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #214697	Date Issued: ---	Date Orig. Entry: child born July 20, 1933	
Class*	Date of Birth: age 23	Birth Place: Twin Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Emma T. Baird	Date Issued: Nov 19, 1955	Date Orig. Entry: ----	
Class	Date of Birth: Aug. 15, 1909	Birth Place: Twin Falls, Idaho	Full Name of Mother: Emma Tranter Baird	Name of Father: James Stevenson Baird	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Western Benefit Association Twin Falls, Idaho	Date Issued: ---	Date Orig. Entry: Feb 3, 1937	
Class	Date of Birth: age 27	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Photocopy of Albion State Normal School, Albion, Idaho, school records issued 4-3-57

School year 1927-1929 gives date of birth as Aug 15, 1909 and place of birth as Twin Falls. Parent as Mrs. E. T. Baird.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	May 16, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 17 1960

FEB 11 1975

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child (First, middle, last)	2. Sex
3. Date of birth (Mo., day, yr.)	4. Place of birth (City or town, county, state)
5. Name of father	6. Maiden name of mother
7. Birthplace of father (State or country)	8. Birthplace of mother (State or country)
9. Name and address of informant	10. Relationship to child
11. Date filed (Mo., day, yr.)	12. Number

I hereby certify that the above is true to the best of my knowledge and belief.

13. Signature

14. Official capacity

15. Date signed (Mo., day, yr.)

16. Name and address of person preparing form

17. Date prepared (Mo., day, yr.)

Name of child	Date of birth
Place of birth	Father's name
Mother's name	Date filed

639-219-029-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-417

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Laura Mary Flieger			2. Date of Birth (month) November (day) 19 (year) 1909	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Idaho — Latah	b. City or Town of Birth: Moscow	
FATHER	6. Full Name of Father: Louis Cornelius Flieger			7. State or Country of Father's Birth: Wisconson	
MOTHER	8. Full Maiden Name of Mother: Hattie Bell Allen			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Laura M. Newman		11. Present Address of Registrant: R.3 Bx 281 Newberg, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: March 18 1960	12. Signature of Notary: J. V. Lenian		13. Notary Commission expires: Nov 9 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for social security account number	By whom issued and signed: Treasury Department		Date Issued: ---	Date Orig. Entry: Oct 13, 1950
	Date of Birth: Nov 19, 1909	Birth Place: Moscow, Idaho Latah county	Full Name of Mother: Hattie Bell Allen		Name of Father: Louis C. Flieger
SUPPORTING RECORD 2.	Type of Document: certified copy of Marriage Return	By whom issued and signed: Irene Allen, County Auditor Asotin Co., State of Washington		Date Issued: April 1, 1960	Date Orig. Entry: Oct. 14, 1932
	Date of Birth: age 22	Birth Place: Moscow, Idaho	Full Name of Mother: Hattie Allen		Name of Father: Louis Flieger
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Hattie Flieger		Date Issued: April 20, 1960	Date Orig. Entry: ---
	Date of Birth: Nov. 19, 1909	Birth Place: Moscow, Idaho	Full Name of Mother: Hattie Flieger		Name of Father: Louis C. Flieger
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	May 18, 1960

FORM BH 56067 3-15-60

DELAYED CERTIFICATE OF BIRTH

STATE OF IOWA

State File No. 260-17

REGISTRANT	a. Name of person a half year of birth	b. Date of birth (Mo., Day, Year)	c. City or town of birth
	d. Sex	e. Color or race	f. County of birth
PARENTS	g. Full name of father	h. State or Country of father's birth	
	i. Full maiden name of mother	j. State or Country of mother's birth	
AFFIANT	k. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	l. Signature of Applicant	m. Present Address of Applicant
	n. Subscribed and sworn to before me on	o. Signature of Notary	p. Notary Commission expires

SUPPLEMENTARY — DO NOT WRITE BELOW THIS LINE

Type of Document	a. Name issued under	Date Issued	Date Rec'd. Reg'y
Application for Record	Previous Paper Work	---	Oct 7, 1950
Date of Birth as Stated	Name at Birth	Name of Father	Name of Mother
Certificate Number	Date of Marriage	Place of Marriage	
Evidence Submitted			
Remarks			

Type of Document	Name as Issued and Signed	Date Issued	Date Rec'd. Reg'y
Certified Copy	Irene Allen Conroy	April 7, 1950	Oct. 7, 1950
Date of Birth as Stated	Full Name at Birth	Name of Father	
Age 22	Beatrice Jean		
Place of Birth as Stated	Full Name of Mother	Name of Father	
Des Moines, Iowa	Martha Allen	Louis C. Allen	
Certificate Number	Date of Marriage	Place of Marriage	
1777	December 1948	Des Moines, Iowa	
Evidence Submitted			
Birth Certificate

455-130-002-816

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-443

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thomas Cecil Meech			2. Date Of Birth: (month) October (day) 30 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Indian Valley, Adams	b. City or Town of Birth: Indian Valley, Idaho	
FATHER	6. Full Name of Father: William H. Meech			7. State or Country of Father's Birth: Canada	
MOTHER	8. Full Maiden Name of Mother: Jessie Rachel Haworth			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Thomas Cecil Meech	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on April 28 1960		12. Signature of Notary: Vivian J. Hall	13. Notary Commission expires: November 21 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy Of Marriage Record #1375		By whom issued and signed: Vivian J.Hall,Clerk Dist.Court Toole Co., Shelby,Montana	Date Issued: April 12, 1960	Date Orig. Entry: Sept 10, 1934
	Date of Birth: age 24	Birth Place: Indian Valley, Idaho	Full Name of Mother: Jessie R. Haworth	Name of Father: William H. Meech	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother-Age 75		By whom issued and signed: Jessie R. Meech	Date Issued: April 15, 1960	Date Orig. Entry: ----
	Date of Birth: Oct. 30, 1909	Birth Place: Indian Valley, Idaho	Full Name of Mother: Jessie Rachel Haworth	Name of Father: William H. Meech	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Voting Registration Card #612		By whom issued and signed: Jeannette E. McDonald,Clerk & Recorder,Toole Co., Montana	Date Issued: April 28, 1960	Date Orig. Entry: July 24, 1937
	Date of Birth: age 27	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: May 25, 1960

FORM BH 56067 3-4-60

MAY 26 1960

213-125-006-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-460

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Archie Ball			2. Date of Birth (month) April (day) 25 (year) 1909	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot	
FATHER	6. Full Name of Father: William Belo Ball			7. State or Country of Father's Birth: North Carolina	
MOTHER	8. Full Maiden Name of Mother: Emma Johnson			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of ~~Registrant~~ Notary: Dean Williams	11. Present Address of Registrant: Box 369, Blackfoot	
NOTARY (Seal)	Subscribed and sworn to before me on: May 9 1960		12. Signature of ~~Notary~~ Registrant: William Archie Ball	13. Notary Commission expires: 8-1-1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County Birth Certificate		By whom issued and signed: Bingham County, Blackfoot, Ida.	Date Issued: 10-30-57	Date Orig. Entry: soon after birth
	Date of Birth: April 25, 1909	Birth Place: Bingham Co. Blackfoot, Idaho	Full Name of Mother: Emma Johnson	Name of Father: W. B. Ball	
SUPPORTING RECORD 2.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Oct. 26, 1937
	Date of Birth: April 25, 1909	Birth Place: Blackfoot, Idaho	Full Name of Mother: Emma C. Johnson	Name of Father: William Belo Ball	
SUPPORTING RECORD 3.	Type of Document: Photo copy of page from family Bible		By whom issued and signed: original viewed by Dean Williams, Notary Public	Date Issued: April 21, 1960	Date Orig. Entry: obviously old
	Date of Birth: April 25, 1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Penny Patterson	June 2, 1960

FORM BH 56067

1 copy paid

JUN 2 1960

791-222-029-468

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-467

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Genevieve Margaret Grant			2. Date of Birth (month) April (day) 22, (year) 1909	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Moscow, Latah	b. City or Town of Birth: Moscow, Idaho	
FATHER	6. Full Name of Father: Ernest Marion Grant			7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Bertha Jane Morris			9. State or Country of Mother's Birth: Pomeroy, Washington	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Genevieve Grant Wallace		11. Present Address of Registrant: 739 Second Street, Coeur d'Alene, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 12, 1960	12. Signature of Notary: George Kristen		13. NOTARY PUBLIC for the State of Idaho residing at Coeur d'Alene, Idaho. My commission expires June 28, 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Bertha Jane Grant		Date Issued: May 12, 1960	Date Orig. Entry: ----
	Date of Birth: April 22, 1909	Birth Place: Moscow, Idaho	Full Name of Mother: Bertha Jane Morris	Name of Father: Ernest Marion Grant	
SUPPORTING RECORD 2.	Type of Document: Photocopy of certificate of baptismal	By whom issued and signed: Elk River Community Church W. S. Lowry, Pastor		Date Issued: ---	Date Orig. Entry: Baptized April 23, 1916
	Date of Birth: April 22, 1909	Birth Place: Moscow, Idaho	Full Name of Mother: Bertha Jane Grant	Name of Father: Ernest M. Grant	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: on file in Idaho #208140		Date Issued: -----	Date Orig. Entry: child born Nov. 23, 1932
	Date of Birth: age 23	Birth Place: Moscow, Idaho	Full Name of Mother: ------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	June 2, 1960

FORM BH 56067

JUN 3 1960

861-218-014-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-477

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY IRENE HOAGLAND			2. Date Of Birth: (month) JULY (day) 18, (year) 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: CANYON	b. City or Town of Birth: EMMETT
FATHER	6. Full Name of Father: JAS. T. HOAGLAND			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: MARY B. ANDRUS			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Irene Brower		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: 13th 1960	12. Signature of Notary: Ruth J. Burt		13. Notary Commission expires: 9-12- 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Mary Hoagland	Date Issued: Feb 1,1957	Date Orig. Entry:
	Date of Birth: July 18,1909 / Birth Place: Emmett, Idaho	Full Name of Mother: Mary Andrus	Name of Father: James T. Hoagland	
SUPPORTING RECORD 2.	Type of Document: Census Card SCHOOL RECORD-Statement	By whom issued and signed: IDAHO STATE COLLEGE POCATELLO-Anna C. Nunn Registrar	Date Issued:	Date Orig. Entry: Entrance to School 10-10-51
	Date of Birth: July 18,1909 / Birth Place: Emmett, Idaho	Full Name of Mother: Mary B. Hoagland	Name of Father: Jas. T. Hoagland	
SUPPORTING RECORD 3.	Type of Document: Account Number Application for Social Security	By whom issued and signed: Treasury Department	Date Issued: ---	Date Orig. Entry: Oct 25, 1937
	Date of Birth: July 18, 1909 / Birth Place: Emmett, Idaho	Full Name of Mother: Mary Andrus	Name of Father: James T. Hoagland	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Penny Patterson	June 3, 1960

FORM BH 56067

JUN 6 1960

CERTIFICATE OF DEATH

1. Registrant's Name of Death
2. Date of Death
3. Sex
4. Place of Death
5. Date of Birth
6. Age
7. Place of Residence
8. Name of Father
9. Name of Mother
10. Birthplace of Father
11. Birthplace of Mother
12. Informant
13. Burial, Cremation, or Removal
14. Date Filed
15. Undertaker
16. Place of Burial
17. Date Signed
18. Signature and Title of Certifying Physician
19. Cause of Death
20. Contributory Causes
21. Autopsy
22. Operation
23. Date of Operation
24. Duration of Last Illness
25. Where Was Disease Contracted?
26. Was Death Due to Accident, Suicide or Homicide?
27. Injury Occurred
28. How Injury Occurred
29. Where Injury Occurred
30. Manner of Injury
31. Was Injury Work Connected?
32. Was Employer Notified?
33. Was Coroner Notified?
34. Was Permit Issued?
35. Was Case Referred to Coroner?
36. Was Body Embalmed?
37. Was Embalmer Licensed?
38. Was Embalming Authorized?
39. Was Body Prepared?
40. Was Body Shipped?
41. Was Body Received?
42. Was Burial Permit Issued?
43. Was Burial Permit Returned?
44. Was Burial Permit Filed?
45. Was Burial Permit Signed?
46. Was Burial Permit Dated?
47. Was Burial Permit Numbered?
48. Was Burial Permit Recorded?
49. Was Burial Permit Indexed?
50. Was Burial Permit Filed?
51. Was Burial Permit Signed?
52. Was Burial Permit Dated?
53. Was Burial Permit Numbered?
54. Was Burial Permit Recorded?
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94. Was Burial Permit Dated?
95. Was Burial Permit Numbered?
96. Was Burial Permit Recorded?
97. Was Burial Permit Indexed?
98. Was Burial Permit Filed?
99. Was Burial Permit Signed?
100. Was Burial Permit Dated?

693-201-004-849

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-478

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Wilker			2. Date Of Birth (month) April (day) 1 (year) 1909
	3. Color or Race: White	4. Sex: Fem.	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Paris
FATHER	6. Full Name of Father: Frederick Charles Wilker			7. State or Country of Father's Birth: Schefhausen, Switzerland
MOTHER	8. Full Maiden Name of Mother: Sarah Lillian Hurst			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth W. Bishop		11. Present Address of Registrant: Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 19 60	12. Signature of Notary: [signature]		13. Notary Commission expires: March 1 19 63

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Marriage Dec. Cert.	Type of Document: certificate of record of church membership	By whom issued and signed: LDS Church, Salt Lake City, Utah, E. D. Jack, Custodian	Date Issued: April 7, 1960	Date Orig. Entry: baptized May 5, 1917	
	Date of Birth: April 1, 1909	Birth Place: Paris, Idaho	Full Name of Mother: Sarah Lillian Hurst	Name of Father: Fredrick Charles Wilker	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Sarah L. Hurst Wilker	Date Issued: May 18, 1960	Date Orig. Entry: ----	
	Date of Birth: April 1, 1909	Birth Place: Paris, Idaho Bear Lake County	Full Name of Mother: Sarah Lillian Hurst Wilker	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Application for license to marry-certified	By whom issued and signed: Iver L. Larsen, County recorder, Cache County, Utah	Date Issued: April 8, 1960	Date Orig. Entry: June 18, 1935	
	Date of Birth: April 1, 1909	Birth Place: Paris, Idaho Bear Lake County	Full Name of Mother: Sarah Lillian Hurst	Name of Father: Fredrick Charles Wilker	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	June 3, 1960

FORM BH 56067

3-23-60 one copy paid #00160

JUN 6 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's Full Name at Birth		2. Date of Birth (month) (day) (year)
3. Color or Race	4. Place of Birth	Sex
5. Full Name of Father		7. Place of Country of Mother's Birth
6. Full Maiden Name of Mother		8. Place of Country of Mother's Birth
9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
12. Signature of Notary		13. Notary Commission Expires
May 12		March 1 19 65

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FUELIC
OF IDAHO

AMENDMENT — DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Full Name of Mother	Name of Father	
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Full Name of Mother	Name of Father	
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Full Name of Mother	Name of Father	

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
		June 5, 1960

3-23-60 one copy paid $00160

43#-29-009-414

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-497

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JAMES EGBERT McMURRAY
2. Date of Birth: (month) 6 (day) 29 (year) 1909
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County: BONNER; b. City or Town of Birth: HOPE

FATHER

6. Full Name of Father: BENJAMIN J. McMURRAY
7. State or Country of Father's Birth: KANSAS

MOTHER

8. Full Maiden Name of Mother: HELEN MARTIN
9. State or Country of Mother's Birth: IOWA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James McMurray
11. Present Address of Registrant: Box 121, Hope, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Feb 8 1960
12. Signature of Notary: D. B. Cleveland
13. Notary Commission expires: _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Marriage Record	Kootenai County, Idaho	2-6-56	Dec. 22, 1950
	Date of Birth: age 41 / Birth Place: Hope, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	affidavit by uncle born 1892	Robert M. Martin	Feb. 16, 1960	----
	Date of Birth: June 29, 1909 / Birth Place: Hope, Idaho	Full Name of Mother: Helen Martin	Name of Father: Benjamin McMurray	
SUPPORTING RECORD 3.	photocopy of application for Employee's Hosp. care	Ohio Match Company Medical Service Bureau	May 24, 1960	Dec. 1, 1950
	Date of Birth: June 29, 1909 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Penny Patterson	June 9, 1960

FORM BH 56067 1-5-60

JUN 10 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

CERTIFICATE	1. Registrant's Full Name of Birth		2. Date of Birth
	3. Date of Birth	4. Sex	5. Place of Birth
FATHER	6. Full Name of Father		7. State or Country of Fathers Birth
MOTHER	8. Full Maiden Name of Mother		9. State or Country of Mothers Birth
	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief	10. Signature of Registrant	11. Present Address of Registrant
	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission Expires

SUPPORTING RECORD 1.	Type of Document: Marriage Record	By whom issued and signed: Bonneville County, Idaho	Date Issued: Feb. 26, 1960	Date Orig. Entry: Dec. 22, 1960
	Date of Birth: June 29, 1960	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: affidavit by whole born 1960	By whom issued and signed: Robert M. Martin	Date Issued: Oct. 17, 1960	Date Orig. Entry:
	Date of Birth: June 29, 1960	Birth Place: Idaho	Full Name of Mother: Helen Martin	Name of Father: Benjamin Mahoney
SUPPORTING RECORD 3.	Type of Document: protocol of [illegible]	By whom issued and signed: [illegible]	Date Issued: May 24, 1960	Date Orig. Entry: Dec. 1, 1960
	Date of Birth: June 29, 1960	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
OTHER SUPPORTING INFORMATION				

REGISTRAR'S CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Chief Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	June 9, 1960

Form 1-5-60

866-102 1003-851

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-502

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Arlen Howell
2. Date Of Birth (month) (day) (year): December 2 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bannock
b. City or Town of Birth: McCammon

FATHER

6. Full Name of Father: James William Howell
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Martha Heaton
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Arlen Howell
11. Present Address of Registrant: 398 Randolph, Rt. 2 Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: June 1 1960
12. Signature of Notary: R. A. McDermott
13. Notary Commission expires: 11-10 1961.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application for social security number	Treasury Department	---	Oct. 25, 1938
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec. 2, 1909 / McCammon, Idaho	Martha Heiten	James William Howell	
SUPPORTING RECORD 2.	Honorable discharge from U. S. Army	Harvey D. Taylor, Lt. Col. U. S. Army	Nov. 27, 1944	inducted June 3, 1943
	age 33 / McCammon, Idaho	----	---	
SUPPORTING RECORD 3.	Certificate of baptism and confirmation	LDS Church, McCammon Ward, Walter L. Marley, Clerk	---	baptized Dec. 2, 1917
	Dec. 2, 1909 / McCammon, Idaho Bannock Co.	Martha Heaton	James Wm. Howell	

QUALIFYING INFORMATION

certificate of ordination to the Holy Priesthood, ordained as Deacon, LDS Church on Jan 23, 1922, born at McCammon, Bannock Co, Idaho, Dec. 2, 1909. Mother Martha Heaton, Father James William Howell

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	June 10, 1960

FORM BH 56067 2-18-60

JUN 13 1960

313-206-026-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-524

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zelda LaPrele Later			2. Date Of Birth (month) (day) (year): March 6, 1909	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Rigby	
FATHER	6. Full Name of Father: Lewis Samuel Later			7. State or Country of Father's Birth: Harrisville, Utah	
MOTHER	8. Full Maiden Name of Mother: Chloe Camille Call			9. State or Country of Mother's Birth: Rigby, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zelda L. Hanchett		11. Present Address of Registrant: 366 Walnut, Apt. #3	
NOTARY (Seal)	Subscribed and sworn to before me on: June 8 1960	12. Signature of Notary: Barbara E. Ewart		13. Notary Commission expires: July 15 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security account no.	By whom issued and signed: Treasury Department		Date Issued: ----	Date Orig. Entry: Jan. 13, 1937
	Date of Birth: March 6, 1909	Birth Place: Rigby, Idaho	Full Name of Mother: Chloe Call	Name of Father: Lewis Samuel Later	
SUPPORTING RECORD 2.	Type of Document: affidavit by father	By whom issued and signed: Lewis S. Later		Date Issued: March 18, 1960	Date Orig. Entry: -----
	Date of Birth: March 6, 1909	Birth Place: Rigby, Idaho Fremont County	Full Name of Mother: Chloe Call Later	Name of Father: Lewis S. Later	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for life insurance policy	By whom issued and signed: New York Life Insurance Co.		Date Issued: ----	Date Orig. Entry: Feb. 3, 1938
	Date of Birth: March 6, 1909	Birth Place: Rigby, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pp Penny Patterson	Date Filed: June 15, 1960

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF UTAH

JUN 15 1960

JUN 27 1960

284-22-1035-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-530

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Norma SHUTTERA			2. Date Of Birth (month) (day) (year): July 27, 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Lewiston, Nez Perce	b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Frank Shuttera			7. State or Country of Father's Birth: Czechoslovakia
MOTHER	8. Full Maiden Name of Mother: Hannah Sopha Carlson			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: (Mrs.) Norma Eddy		11. Present Address of Registrant: San Francisco, Calif. 31 Molimo Dr.
NOTARY (Seal)	Subscribed and sworn to before me on: June 7 1960	12. Signature of Notary: Pearl Bott		13. Notary Commission expires: March 29 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security number	By whom issued and signed: Treasury Department		Date Issued: ----	Date Orig. Entry: Aug. 21, 1940
	Date of Birth: July 27, 1909	Birth Place: Lewiston, Idaho	Full Name of Mother: Hannah Carlson	Name of Father: Frank Shuttera	
SUPPORTING RECORD 2.	Type of Document: statement regarding school records	By whom issued and signed: San Francisco State College H. J. Soeters, Registrar		Date Issued: Aug. 25, 1958	Date Orig. Entry: entered fall 1932
	Date of Birth: July 27, 1909	Birth Place: Lewiston, Idaho	Full Name of Mother: ----	Name of Father: Frank Shuttera	
SUPPORTING RECORD 3.	Type of Document: photocopy of marriage certificate	By whom issued and signed: Thos. A. Toomey, San Francisco, county recorder		Date Issued: Aug. 12, 1958	Date Orig. Entry: Jan. 6, 1944
	Date of Birth: age 34	Birth Place: Lewiston, Idaho	Full Name of Mother: Hannah Carlson	Name of Father: Frank Shuttera	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Penny Patterson	Date Filed: June 15, 1960

FORM BH 56067

JUN 22 1960

265-213-010-417

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-541

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Catherine Sweeney			2. Date Of Birth (month) March (day) 13 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho Falls a. County: Bonneville	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: William Sweeney			7. State or Country of Father's Birth: Kerry County, Cork, Ireland
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Maxwell			9. State or Country of Mother's Birth: Ogden, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Catherine Sweeney M S Murtaly		11. Present Address of Registrant: Ririe, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 9 1960	12. Signature of Notary: George [illegible]		13. Notary Commission expires: 3/15 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certificate of baptism		By whom issued and signed: Holy Rosary Church, Idaho Falls Idaho, J. A. Jentges, Pastor	Date Issued: May 5. 1960	Date Orig. Entry: baptized April 25, 1909
	Date of Birth: March, 13, 1909	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Mary Ellen Sweeney	Name of Father: William Sweeney	
SUPPORTING RECORD 2.	Type of Document: affidavit by friend of family at time of birth age 81		By whom issued and signed: Daniel Sweeney	Date Issued: May 6, 1960	Date Orig. Entry: ----
	Date of Birth: March 13, 1909	Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Mary Ellen Maxwell	Name of Father: William Sweeney	
SUPPORTING RECORD 3.	Type of Document: certified marriage license #3287		By whom issued and signed: H. E. Contway, Beaverhead, Mont. county recorder	Date Issued: June 14, 1960	Date Orig. Entry: August 23, 1932
	Date of Birth: age 23	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Mary Ellen Maxwell	Name of Father: William Sweeney	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	June 20, 1960

FORM BH 56067 4-28-60

JUN 22 1960

236-220-035-414

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-545

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marie Magdalena Margarette Stolte
2. Date Of Birth: May 20 1909
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: Nez Perce; b. City or Town of Birth: Gifford Ida.

FATHER

6. Full Name of Father: August Stolte
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Katherine Stolte Dammann
9. State or Country of Mother's Birth: Palmer, Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marie Riggers
11. Present Address of Registrant: Gifford, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on June 16 1960

12. Signature of Notary: Pauline N. Frizzell
13. Notary Commission expires: October 8 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certificate of confirmation	By whom issued and signed: Ev. Lutheran Church, Gifford Idaho, G.K.E. Burrloff, Pastor	Date Issued: ---	Date Orig. Entry: March 25, 1923 confirmed	
	Date of Birth: May 20, 1909	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: certificate of baptism	By whom issued and signed: Lutheran Church, Gifford, Ida. A.F.W. Beuziw, Pastor	Date Issued: ---	Date Orig. Entry: baptized May 31, 1909	
	Date of Birth: May 20, 1909	Birth Place: Gifford, Idaho	Full Name of Mother: Katharina Dammann	Name of Father: August Stolte	
SUPPORTING RECORD 3.	Type of Document: copy of application for insurance policy	By whom issued and signed: National Benefit Insurance Co.	Date Issued: July 1, 1954	Date Orig. Entry: June 29, 1954	
	Date of Birth: May 20, 1909	Birth Place: Gifford, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	June 20, 1960

FORM BH 56067

5-27-60 one copy paid #02910

JUN 21 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF [illegible]

State File No. [illegible]

REGISTRAR	1. Reg. Dist. [illegible] Name of Birth	2. Date of Birth (month) (day) (year)	
	3. Sex of Name of Birth	4. Place of Birth (Country)	5. Place of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Name of Mother	9. State or Country of Mother's Birth	
	10. Declare upon oath that the statements are true to the [illegible] and belief	10. Signature of Registrant	11. Present Address of Registrant
	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

APPLICATION — DO NOT WRITE BELOW THIS LINE

RECORD	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which constitutes the facts as set forth in the [illegible]

State Registrar	Evidence reviewed by	Date Filed

5-27-60 one copy paid 802910

753219-042-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-548

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virginia Imajine Peck			2. Date of Birth (month) Nov. (day) 19 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Buhl-Idaho Twin Falls	b. City or Town of Birth: Buhl
FATHER	6. Full Name of Father: Clarence Samuel Peck			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Evelyn Mountford Morgan Peck			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia Peck Keller		11. Present Address of Registrant: 1521 N. Columbus Glendale 2 Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: May 9, 1960	12. Signature of Notary: Billie Denning		13. Notary Commission expires: Feb. 4, 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of college record	By whom issued and signed: University of Idaho, Ella L. Olesen, Registrar		Date Issued: Feb. 20, 1934	Date Orig. Entry: entered on Feb. 7, 1927
	Date of Birth: Nov. 19, 1909	Birth Place: Buhl, Idaho	Full Name of Mother: Mrs. C. S. Peck	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: application for life insurance policy	By whom issued and signed: New York Life Insurance Co.		Date Issued: Sept. 11, 1936	Date Orig. Entry: Sept. 4, 1936
	Date of Birth: Nov. 19, 1909	Birth Place: Buhl, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt age 78	By whom issued and signed: Angeline Morgan Layne		Date Issued: June 14, 1960	Date Orig. Entry: -----
	Date of Birth: Nov. 19, 1909	Birth Place: Buhl, Idaho	Full Name of Mother: Evelyn Morgan Peck	Name of Father: Clarence Samuel Peck	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pp Penny Patterson	Date Filed: June 20, 1960

FORM BH 56067 3-28-60

JUN 21 1960

MAY 18 2002

551-115-021-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. de60-574

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Louis Clark Evans
2. Date of Birth (month) (day) (year): July 15, 1909
3. Color or Race: white
4. Sex: male
5. Place of Birth — a. County: Franklin
   b. City or Town of Birth: Preston

FATHER

6. Full Name of Father: Edwin Evans
7. State or Country of Father's Birth: Lehi, Utah

MOTHER

8. Full Maiden Name of Mother: Minerva Amelia Clark
9. State or Country of Mother's Birth: Farmington, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louis Clark Evans
11. Present Address of Registrant: 1328 E 7th So, Salt Lake City, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: June 17th 1960
12. Signature of Notary: Richard L. Naughton
13. Notary Commission expires: Sept 4th 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: certified certificate of record of church membership
By whom issued and signed: LDS Church, Salt Lake City, Utah, E. D. Jack, Custodian
Date Issued: May 23, 1960
Date Orig. Entry: baptized March 23, 1918
Date of Birth: July 15, 1909
Birth Place: Preston, Idaho
Full Name of Mother: Minerva Clark
Name of Father: Edwin Evans

SUPPORTING RECORD 2.

Type of Document: photocopy of registration card for selective service
By whom issued and signed: Local board no. 12, Salt Lake City, Utah, M.T. Lucky, Reg.
Date Issued: ---
Date Orig. Entry: Oct. 18, 1940
Date of Birth: July 15, 1909
Birth Place: Preston, Idaho
Full Name of Mother: ----
Name of Father: ----

SUPPORTING RECORD 3.

Type of Document: copy of blessing given by Nicholas G. Smith
By whom issued and signed: Nicholas G. Smith, Patriarch
Date Issued: ---
Date Orig. Entry: October 29, 1932
Date of Birth: July 15, 1909
Birth Place: Preston, Idaho
Full Name of Mother: Minerva Clark
Name of Father: Edwin Evans

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: pp pp Penny Patterson
Date Filed: June 27, 1960

FORM BH 56067

JUN 28 1960

554-21-7028-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-60-583

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nellie Belle Nederhood			2. Date Of Birth: (month) June (day) 17 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Springston, Idaho	
FATHER	6. Full Name of Father: John Nederhood			7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Myrtle Margret Wilbur			9. State or Country of Mother's Birth: Little Rock, Arkansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Nellie Belle Nederhood Williams	11. Present Address of Registrant: 217 W. Riverside, Kellogg, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: June 16TH 1960		12. Signature of Notary: Alice B. McKinley	13. Notary Commission expires: My commission expires October 6, 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Myrtle Marget Daniels	Date Issued: 1-2-58	Date Orig. Entry:
	Date of Birth: June 17, 1909	Birth Place: Kootenai Co. Springston, Idaho	Full Name of Mother: Myrtle Margret Wilbur	Name of Father: John Nederhood	
SUPPORTING RECORD 2.	Type of Document: hospital birth certificate of own child		By whom issued and signed: Sacred Heart Hospital, Spokane Wash. Sister Henrietta, Super.	Date Issued: ----	Date Orig. Entry: child born Dec. 8, 1939
	Date of Birth: June 17, 1909	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Life Insurance Policy		By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: Dec. 1, 1941	Date Orig. Entry: Dec. 1, 1941
	Date of Birth: (next birth, age 33	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Penny Patterson	June 29, 1960

FORM BH 56067

JUN 30 1960

359-230-022-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-589

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eunetta May Terry			2. Date Of Birth (month) (day) (year): September 30, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lorenzo, Idaho Freemont	b. City or Town of Birth: Lorenzo
FATHER	6. Full Name of Father: Amos Franklin Terry			7. State or Country of Father's Birth: Utah, Washington Co.
MOTHER	8. Full Maiden Name of Mother: Eunetta Elliker			9. State or Country of Mother's Birth: Utah, Iron Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eunetta May Terry Stakel		11. Present Address of Registrant: Enterprise, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: June 25 1960	12. Signature of Notary: Orval Hafen		13. Notary Commission expires: March 10 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of blessing	By whom issued and signed: LDS Church Lorenzo Ward, Alfred E. Hansen, clerk	Date Issued: -----	Date Orig. Entry: blessed Nov. 7, 1909
	Date of Birth: Sept. 30, 1909 / Birth Place: Fremont County Lorenzo, Idaho	Full Name of Mother: Eunetta Elliker	Name of Father: Amos F. Terry	
SUPPORTING RECORD 2.	Type of Document: photocopy application for social security number	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Dec. 29, 1950
	Date of Birth: Sept. 30, 1909 / Birth Place: Fremont County Lorenzo, Idaho	Full Name of Mother: Eunetta Elliker	Name of Father: Amos Franklin Terry	
SUPPORTING RECORD 3.	Type of Document: certified application for marriage license	By whom issued and signed: Merrill Stucki, Washington Co., Utah, clerk	Date Issued: March 4, 1960	Date Orig. Entry: July 16, 1942
	Date of Birth: Sept. 30, 1909 / Birth Place: Lorenzo, Idaho	Full Name of Mother: Uenetta Ellicker	Name of Father: Amos Frank Terry	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pp Penny Patterson	June 30, 1960

FORM BH 56067 2-17-60 one copy paid # 20406

JUL 1 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF UTAH

Mrs. LeRoy Staheli

Enterprise, Utah

REGISTRAR	1. Registrar's Full Name of Birth	2. Date of Birth	
	3. Color or Race	4. Place of Birth	5. City or Town of Birth
FATHER	6. Full Name of Father	7. State of Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State of Country of Mother's Birth	
APPLICANT	10. Sign and Address of Registrant	11. Present Address of Registrant	
NOTARY	12. Signature of Notary	13. Notary Commission Expires	

SUPPORTING RECORD 1	Type of Document	2. Date Issued and Signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2	Type of Document	3. When Issued and Signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3	Type of Document	4. When Issued and Signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
ADDITIONAL INFORMATION				

CERTIFICATION: I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this [illegible] and that [illegible] evidence has been reviewed, which authenticates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence Reviewed by	Date Filed

376-20-2006-745

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-616

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma Vione Clough
2. Date of Birth (month) (day) (year): September 10, 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Bingham
   b. City or Town of Birth: Riverside, Idaho

FATHER

6. Full Name of Father: Alma Clough
7. State or Country of Father's Birth: Yorkshire, England

MOTHER

8. Full Maiden Name of Mother: Sarah Ann Green
9. State or Country of Mother's Birth: Bountiful, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thelma Clough Darkin
11. Present Address of Registrant: 1019 Capeete Wilmington Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 7 1957
12. Signature of Notary: Mary E. Flanagan MARY E. FLANAGAN
13. Notary Commission expires: Apr 21, 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	LDS Church, Riverside, Idaho	1-2-10	Jan. 2, 1910
	Date of Birth: Sept. 10, 1909 — Birth Place: Riverside, Idaho	Full Name of Mother: Sarah A. Green	Name of Father: Alma Clough	
SUPPORTING RECORD 2.	Type of Document: born 6-28-1897 Affidavits by brother & sister (age 69)	By whom issued and signed: Ralph E. Clough & Melvia	Date Issued: 8-6-57 & 8-5-57	Date Orig. Entry
	Date of Birth: Sept. 10, 1909 — Birth Place: Bingham Co. Riverside, Idaho	Full Name of Mother: Clough Hofhine Sarah A. Greene Clough	Name of Father: William Alma Clough	
SUPPORTING RECORD 3.	Type of Document: church certificate of birth	By whom issued and signed: L.D.S. Church Salt Lake City, Utah, Joseph F. Smith, Historian	Date Issued: July 8, 1960	Date Orig. Entry: recorded Jan. 2, 1910
	Date of Birth: Sept. 10, 1909 — Birth Place: Bingham County Riberside, Idaho	Full Name of Mother: -----	Name of Father: -----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Penny Patterson	July 12, 1960

FORM BH 56067

JUL 12 1960

185-12H.040-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-624

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Theodore Sherman			2. Date Of Birth (month) (day) (year): November 24, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shoshone Co.	b. City or Town of Birth: Burke, Idaho
FATHER	6. Full Name of Father: William Sherman			7. State or Country of Father's Birth: Truckee, California
MOTHER	8. Full Maiden Name of Mother: Mary Annie Ladoucer			9. State or Country of Mother's Birth: Montreal, Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Theodore Sherman		11. Present Address of Registrant: 622 W. 81 St. Seattle 7, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: May 21 1960	12. Signature of Notary: Betty L Shwendeman		13. Notary Commission expires: Feb. 5 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Army Record	By whom issued and signed: U. S. Army	Date Issued: discharged 8-8-52	Date Orig. Entry: entered service March 18, 1949
	Date of Birth: Nov. 24, 1909	Birth Place: Burke, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: affidavit by sister	By whom issued and signed: Anna May Huston (age at birth) 12 years	Date Issued: March 11, 1960	Date Orig. Entry: ----
	Date of Birth: Nov. 24, 1909	Birth Place: Burke, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: census record	By whom issued and signed: U.S. Dept. of Commerce Bureau of the Census	Date Issued: May 13,1960	Date Orig. Entry: census of Jan.1,1920
	Date of Birth: age 10	Birth Place: Idaho	Full Name of Mother: Annie Sherman	Name of Father: William Sherman
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W. Benson	Evidence reviewed by: Penny Patterson	Date Filed: July 13, 1960

nr

FORM BH 56067

1 copy mailed

JUL 14 1980

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

917-217-031-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-647

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Marie Ragan			2. Date of Birth (month) (day) (year): July 17, 1909
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Mohler, Idaho Lewis	b. City or Town of Birth: Mohler, Idaho
FATHER	6. Full Name of Father: Isaac Preston Ragan			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Minerva Caroline Chapman			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth R. Whittemore		11. Present Address of Registrant: 1972 Sewell, Lincoln, Neb
NOTARY (Seal)	Subscribed and sworn to before me on: 7-9 1960	12. Signature of Notary: [illegible]		13. Notary Commission expires: 11-24 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of permanent school record	By whom issued and signed: University of Idaho D. D. DuSault, Registrar	Date Issued: April 7, 1955	Date Orig. Entry: matriculation Sept. 16, 1927	
	Date of Birth: July 17, 1909	Birth Place: Mohler, Idaho	Full Name of Mother: Mrs. Minnie Cole	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for Life insurance policy	By whom issued and signed: United Benefit Life Insurance Co.	Date Issued: May 24, 1945	Date Orig. Entry: April 22, 1945	
	Date of Birth: July 17, 1909	Birth Place: Mohler, Idaho	Full Name of Mother: Mrs. Minnie Ragan Cole	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security number	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: May 12, 1955	
	Date of Birth: July 17, 1909	Birth Place: Lewis County Mohler, Idaho	Full Name of Mother: Minerva Carolyn Chapman	Name of Father: Issac Preston Ragan	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pp Penny Patterson	July 25, 1960

FORM BH 56067 6-16-60

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 26

513-124-009-513

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-688

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sylvio Naccarato			2. Date of Birth (month) (day) (year): December 24, 1909	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Priest River	
FATHER	6. Full Name of Father: Tony Naccarato			7. State or Country of Father's Birth: Italy	
MOTHER	8. Full Maiden Name of Mother: Carmella Naccarato			9. State or Country of Mother's Birth: Italy	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sylvio Naccarato		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: July 30 1960	12. Signature of Notary: Georgia Hufman Mc Gee		13. Notary Commission expires: Aug 1 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavity by mother	By whom issued and signed: Carmella Naccarato		Date Issued: June 18, 1960	Date Orig. Entry: -----
	Date of Birth: Dec. 24, 1909	Birth Place: Priest River, Ida. Bonner County	Full Name of Mother: Carmella Naccarato	Name of Father: Tony Naccarato	
SUPPORTING RECORD 2.	Type of Document: statement regarding hospital records	By whom issued and signed: Sacred Heart Hospital, Spokane Washington, Mary L. Peschel		Date Issued: July 20, 1960	Date Orig. Entry: admitted Aug. 24, 1952
	Date of Birth: Dec. 24, 1909	Birth Place: Idaho	Full Name of Mother: Carmel Naccarato	Name of Father: Tony Naccarato	
SUPPORTING RECORD 3.	Type of Document: certified photocopy of certificate of marriage	By whom issued and signed: State of Wash. Spokane County recorder, Frank J. Clover		Date Issued: July 18, 1960	Date Orig. Entry: June 8, 1933
	Date of Birth: age 23	Birth Place: Priest River, Ida.	Full Name of Mother: -----	Name of Father: Tony Naccarato	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pp Penny Patterson	Date Filed: Aug. 9, 1960

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 9 1960

255-118'036-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-707

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orgell LeRoy Bennett		2. Date Of Birth (month) Nov. (day) 18 (year) 1909
	3. Color or Race: W	4. Sex: Male	5. Place of Birth a. County: Oneida b. City or Town of Birth: Fairview (Franklin)
FATHER	6. Full Name of Father: Henry LeRoy Bennett		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Esther Naomi Talbot		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orgell LeRoy Bennett	11. Present Address of Registrant: Franklin, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 10 1960	12. Signature of Notary: [signature]	13. Notary Commission expires: 2/6/61 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #260093	Date Issued: July 29,1960	Date Orig. Entry: child born Oct 24, 1937
	Date of Birth: age 27 / Birth Place: Fairview, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: affidavit by father	By whom issued and signed: Hanry L. Bennett	Date Issued: Aug.10,1960	Date Orig. Entry: -----
	Date of Birth: Nov.18,1909 / Birth Place: Fairview,Idaho Oneida County	Full Name of Mother: Esther Naomi Talbot	Name of Father: Henry LeRoy Bennett	
SUPPORTING RECORD 3.	Type of Document: certificate of blessing	By whom issued and signed: LDS Church,Fairview, Idaho Joshua Rallison, clerk	Date Issued: Feb.10,1910	Date Orig. Entry: baptized Feb. 6, 1910
	Date of Birth: Nov.18,1909 / Birth Place: Fairview, Idaho Oneida, County	Full Name of Mother: Esther Talbot	Name of Father: Henry Bennett	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Penny Patterson	Date Filed: Aug. 12, 1960

FORM BH 56067 7-25-60

AUG 12 1960

363-203-042-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-713

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: UVA PEARL TOLMAN		2. Date Of Birth (month) (day) (year): MARCH 3, 1909
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Murtaugh, Twin Falls, Idaho; b. City or Town of Birth: Murtaugh, Idaho
FATHER	6. Full Name of Father: IVAN L. TOLMAN		7. State or Country of Father's Birth: MARION, IDAHO
MOTHER	8. Full Maiden Name of Mother: FANNIE MYRTLE TOLMAN		9. State or Country of Mother's Birth: MARION, IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Uva Pearl Tolman Burt	11. Present Address of Registrant: Rt. 2 Box 47 - Crescent City, Calif.
XXXXXXX (Seal) RECORDERS	Subscribed and sworn to before me on JACQUELINE CHILDS, DEL JUNE 10, 1960 19	12. Signature of ~~Notary~~ RECORDER: NORTE COUNTY RECORDER By Maryanne Black Deputy	13. ~~Notary Commission expires~~ 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother		By whom issued and signed: Fannie Myrtle Tolman Walton	Date issued: June 1,1960	Date Orig. Entry: ------
	Date of Birth: Mar.3,1909	Birth Place: Murtaugh, Idaho Twin Falls County	Full Name of Mother: Fannie Myrtle Tolman	Name of Father: Ivan L. Tolman	
SUPPORTING RECORD 2.	Type of Document: certified copy of own childs birth certificate		By whom issued and signed: State of California, bk.1930, pg.594, Herbert B. Snyder, Rec.	Date issued: June 2,1931	Date Orig. Entry: child born Nov.11,1930
	Date of Birth: age 21	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy Application for social security number		By whom issued and signed: Treasury Department	Date issued: ------	Date Orig. Entry: Oct. 18, 1953
	Date of Birth: Mar.3,1909	Birth Place: Murtaugh, Idaho	Full Name of Mother: Fannie Myrtle Read	Name of Father: Ivan Lyonal Tolman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Penny Patterson	Aug. 16, 1960

FORM BH 56067

12-16-59 one copy paid #18500

AUG 16 1960

REGISTRANT	1. Registrant's Full Name at Birth: UVA PEARL TOLMAN	2. Date of Birth: MARCH 3, 1909
	3. Color or Race: white	4. Sex: F
	5. Place of Birth: Murtaugh, Twin Falls, Idaho	6. Birth or Town of Birth: Murtaugh, Idaho
FATHER	7. Full Name of Father: IVAN L. TOLMAN	8. State or Country of Father's Birth: MARION, IDAHO
MOTHER	9. Maiden Name of Mother: FANNIE MERTIE TOLMAN	10. State or Country of Mother's Birth: MARION, IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [illegible]
	Subscribed and sworn to before me on: JACQUELINE [illegible], JUNE 10, 1960	12. Signature of Registrant: [illegible]
		13. Present Address of Registrant: [illegible]
		14. Signature of Registrant: [illegible]

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: ----
	[illegible]	[illegible]	[illegible]	[illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth or [illegible] has been found in the Division of Vital Statistics for this [illegible] that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

12-16-59 one copy paid $1350

753-22-026-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-719

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wanda Peterson
2. Date Of Birth (month) (day) (year): 12 24 1909
3. Color or Race: Brown
4. Sex: Female
5. Place of Birth — a. County: Jefferson
b. City or Town of Birth: Menan ~~Idaho Falls Utah~~

FATHER

6. Full Name of Father: Carl Richard Peterson
7. State or Country of Father's Birth: ~~Menan~~ Millville Utah

MOTHER

8. Full Maiden Name of Mother: Floett Green
9. State or Country of Mother's Birth: Menan Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wanda Curtis
11. Present Address of Registrant: 246 Warren

NOTARY (Seal)

Subscribed and sworn to before me on: August 8 1960
12. Signature of Notary: Hazel Godfrey
13. Notary Commission expires: July 1 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of certificate of church membership	LDS Church, Menan Ward, George L. Hart, Bishop	Aug. 4, 1960	blessed July 3, 1910
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Dec. 24, 1909 / Menan, Idaho Jefferson County	Floette Green	Carl Peterson	
SUPPORTING RECORD 2.	photocopy of certificate of baptism and confirmation	LDS Church, Menan Ward, Birdie Green, clerk	Aug. 4, 1960	baptized Oct. 5, 1918
	Dec. 24, 1909 / Menan, Idaho Jefferson County	Floett Green	Carl Richard Peterson	
SUPPORTING RECORD 3.	photocopy of application for insurance policy	Beneficial Protective Assn. Pocatello, Idaho	----	Feb. 13, 1939
	Dec. 24, 1909 / Menan, Idaho	----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Brown
Evidence reviewed by: pp Penny Patterson
Date Filed: Aug. 18, 1960

FORM BH 56067 6-23-60 1 copy

AUG 18 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

719-220-016-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-723

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Rachel Garrard
2. Date of Birth (month) (day) (year): Oct. 20 1909
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Cassia
b. City or Town of Birth: Oakley

FATHER

6. Full Name of Father: Joseph Hyrum Garrard
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Elizabeth Jane Stanger
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna Rachel Garrard
11. Present Address of Registrant: Oakley, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 15th 1960
12. Signature of Notary: Wallace A Hale
13. Notary Commission expires: May 20th 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: original page from family Bible
By whom issued and signed: ----
Date Issued: ----
Date Orig. Entry: obviously old
Date of Birth: Oct.20,1909
Birth Place: ----
Full Name of Mother: Elizabeth J. Stanger
Name of Father: Joseph H. Garrard

SUPPORTING RECORD 2.

Type of Document: photocopy of application for insurance policy
By whom issued and signed: Beneficial Life Insurance Co.
Date Issued: June 8, 1928
Date Orig. Entry: June 8, 1928
Date of Birth: Oct.20,1909
Birth Place: Oakley, Idaho
Full Name of Mother: ----
Name of Father: ----

SUPPORTING RECORD 3.

Type of Document: statement regarding church records
By whom issued and signed: LDS Church, Oakley 2nd Ward, Floyd J. Pickett, Custodian
Date Issued: Aug. 14, 1960
Date Orig. Entry: baptized May 7, 1922
Date of Birth: Oct.20,1909
Birth Place: Oakley, Idaho Cassia County
Full Name of Mother: Elizabeth Stanger
Name of Father: Joseph Garrard

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: pp Penny Patterson
Date Filed: Aug. 18, 1960

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FORM BH 56067

5-13-60 one copy paid #01996

AUG 19 1960

DECEASED

385-22/-003-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-740

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Lillian Cheney			2. Date Of Birth: (month) March (day) 21, (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatelle, Idaho
FATHER	6. Full Name of Father: Herbert Denison Cheney			7. State or Country of Father's Birth: Barnstable, Massachusetts
MOTHER	8. Full Maiden Name of Mother: May Edna Warren			9. State or Country of Mother's Birth: Topeka, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Cheney Ramsay		11. Present Address of Registrant: 255 So. Wilson Pasadena Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: April 20 1960	12. Signature of Notary: Dorothea Allin		13. Notary Commission expires: Dorothea Allin [illegible] My Commission Expires [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for insurance policy	By whom issued and signed: New York Life Insurance Co.		Date Issued: Sept. 20, 1926	Date Orig. Entry: Sept. 14, 1926
	Date of Birth: Mar. 21, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: May E. Cheney	Name of Father: Herbert D. Cheney	
SUPPORTING RECORD 2.	Type of Document: photocopy of marriage license	By whom issued and signed: State of Calif. Ray E. Lee Los Angeles County recorder		Date Issued: Aug. 1, 1960	Date Orig. Entry: June 22, 1939
	Date of Birth: age 30	Birth Place: Pocatello, Idaho	Full Name of Mother: Edna Warren	Name of Father: Herbert D. Cheney	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security number	By whom issued and signed: Treasury Department		Date Issued: ———	Date Orig. Entry: Dec. 27, 1939
	Date of Birth: Mar. 21, 1909	Birth Place: Bannock County Pocatello, Idaho	Full Name of Mother: Edna May Warren	Name of Father: Herbert Denison Cheney	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Penny Patterson	Aug. 25, 1960

FORM BH 56067 3-1-60

AUG 25 1960

MAY 7 1973

432-216-016-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-763

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EFFIE LOUISA McBRIDE		2. Date Of Birth (month) (day) (year): SEPTEMBER 16 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: CASSIA County; b. City or Town of Birth: HAZEL IDAHO
FATHER	6. Full Name of Father: HEBER KIMBALL McBRIDE		7. State or Country of Father's Birth: UTAH - GRANTSVILLE
MOTHER	8. Full Maiden Name of Mother: TELITHA ARVILLA AVERY		9. State or Country of Mother's Birth: UTAH - HUNTINGTON
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Effie L. Lier	11. Present Address of Registrant: 2849 Fremont Las Vegas Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: 15th August 19 50	12. Signature of Notary: Margaret N. Moore, County of Clark, State of Nevada	13. Notary Commission expires: My Commission Expires March 28, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: copy of application for marriage license	By whom issued and signed: State of Utah, Alvin Keddington, Salt Lake County clerk	Date Issued: Aug. 11, 1960	Date Orig. Entry: May 7, 1928
	Date of Birth: Sept. 16, 1909 / Birth Place: Hazel, Idaho	Full Name of Mother: Arvilla Avery	Name of Father: Heber K. McBride	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: New York Life Insurance Co. #19-392-624	Date Issued: Oct. 1, 1953	Date Orig. Entry: Sept. 24, 1953
	Date of Birth: Sept. 16, 1909 / Birth Place: Hazel, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Photocopy of hospital records	By whom issued and signed: Salt Lake General Hospital	Date Issued: -----	Date Orig. Entry: admitted May 23, 1946
	Date of Birth: Sept. 16, 1909 / Birth Place: Hazel, Idaho	Full Name of Mother: Arvilla Avery McBride	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pp Penny Patterson	Date Filed: Sept. 1, 1960

FORM BH 56067 7-6-60

SEP 2 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

699-110004-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-792

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Grant Wright			2. Date of Birth (month) Nov. (day) 10 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bennington Bear Lake	b. City or Town of Birth: Bennington
FATHER	6. Full Name of Father: Frank Marion Wright			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Winnetta Lee			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: W. Grant Wright		11. Present Address of Registrant: Bennington
NOTARY (Seal)	Subscribed and sworn to before me on: 7-27 1960	12. Signature of Notary: James D Bartlome		13. Notary Commission expires: 6/21 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #267971		Date Issued: ------	Date Orig. Entry: child born March 15, 1938
	Date of Birth: age 28	Birth Place: Bennington, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: affidavit by neighbor at time of birth	By whom issued and signed: Conover Wright age 63		Date Issued: Aug.11,1960	Date Orig. Entry: -----
	Date of Birth: Nov.10,1909	Birth Place: Bennington, Idaho	Full Name of Mother: Winnetta Lee	Name of Father: Frank Marion Wright	
SUPPORTING RECORD 3.	Type of Document: church certificate of birth	By whom issued and signed: LDS Church, Salt Lake City, Utah, Joseph D. Smith, hist.		Date Issued: Sept.6,1960	Date Orig. Entry: recorded Jan.2,1910
	Date of Birth: Nov.10,1909	Birth Place: Bear Lake Coutny Bennington, Idaho	Full Name of Mother: Winnetta Lee	Name of Father: Frank M. Wright	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: pp Penny L. Wing	Date Filed: Sept. 9, 1960

FORM BH 56067

7-20-60 one copy paid #04851

SEP 9 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

797-208-014-389

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-809
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Gipson
2. Date Of Birth (month) Feb. (day) 8 (year) 1909
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Caldwell, Idaho

FATHER

6. Full Name of Father: Albert West Gipson
7. State or Country of Father's Birth: Colorado (Weld County)

MOTHER

8. Full Maiden Name of Mother: Anna Marie Christensen
9. State or Country of Mother's Birth: Wyoming

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy Gipson Turner
11. Present Address of Registrant: Filer, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on May 27 1960

12. Signature of Notary: Mabel S Clore

13. Notary Commission expires
Notary Public
Residing at Caldwell, Idaho
My commission expires January 18, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application for social security number	Treasury Department	----	Jan. 19, 1939
Class*	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.8,1909 / Calwell, Idaho	Anna Marie Christensen	Albert West Gipson	
SUPPORTING RECORD 2.	statement regarding school records	School Dis. #432J,B,Cambridge Idaho,L.J.Lanter,Supt.	Apr.20,1955	more than 5 yrs.
Class	Feb.8,1909 / ----	----	Albert Gipson	
SUPPORTING RECORD 3.	affidavit by father	Albert West Gipson	Sept.9,1960	------
Class	Feb.8,1909 / Caldwell, Idaho	Anna Marie Christensen	Albert West Gipson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	pw Penny L. Wing	Sept. 13, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 14 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

Division of Public Health
Bureau of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race (M, Sex) 4. Place of Birth (a. County)	5. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Name of Mother	9. State or Country of Mother's Birth
APPLICANT	I hereby certify upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary
		13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
Class				
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
Class				

QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed. I hereby authenticate the facts as set forth in the following abstract.			
	State Registrar	Procedure reviewed by		Date Filed
				Sept. 13, 1960

Class 1 Records are those [illegible]
Class 2 Records are those [illegible]

796-230-029-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-832

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gurtha Tobitha Profitt
2. Date Of Birth: (month) Jan. (day) 30 (year) 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Latah; b. City or Town of Birth: Avon, Idaho

FATHER

6. Full Name of Father: Luther Profitt
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: Olie May Senters
9. State or Country of Mother's Birth: Kentucky

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gurtha Tobitha Profitt

11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: August 9 1960

12. Signature of Notary: Ralph Daley

13. Notary Commission expires: June 16 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: affidavit by father
By whom issued and signed: Luther Profitt
Date Issued: Aug.9,1960
Date Orig. Entry: ----
Date of Birth: Jan.30,1909
Birth Place: Latah County Avon, Idaho
Full Name of Mother: Ollie May Senters
Name of Father: Luther Profitt

SUPPORTING RECORD 2.

Type of Document: notarized photocopy of page from family Bible
By whom issued and signed: Orofino, Idaho Ralph Hales, Notary Public
Date Issued: Aug.9,1960
Date Orig. Entry: obviously old
Date of Birth: Jan.30,1909
Birth Place: Avone, Idaho
Full Name of Mother: ----
Name of Father: ----

SUPPORTING RECORD 3.

Type of Document: statement regarding school records
By whom issued and signed: Gayle Hayden, County recorder Clearwater County, Orofino, Ida.
Date Issued: Sept. 20, 1960
Date Orig. Entry: school census Sept.6,1921
Date of Birth: 1909
Birth Place: ----
Full Name of Mother: ----
Name of Father: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: pp Penny L. Wing
Date Filed: Sept. 23, 1960

FORM BH 56067 1 copy filed

8-11-60

SEP 26 1960

DEC 4 1970

993-228-022-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 60-844

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vendla Richardson			2. Date of Birth (month) May (day) 28 (year) 1909
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Sugar City Fremont	b. City or Town of Birth: Sugar City, Idaho
FATHER	6. Full Name of Father: William H. Richardson			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Mary Ann Poole			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. W. R. Duffin		11. Present Address of Registrant: 509 Bacon Dr.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 28 1960	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept 20 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptism certificate	By whom issued and signed: Alfred Ricks	Date Issued: July 1, 1917	Date Orig. Entry: July 1, 1917
	Date of Birth: May 28, 1909	Birth Place: Sugar, Madison Co. Idaho	Full Name of Mother: Mary Poole	Name of Father: William H. Richardson
SUPPORTING RECORD 2.	Type of Document: Blessing Certificate	By whom issued and signed: Fred J. Heath	Date Issued: October 3, 1909	Date Orig. Entry: October 3, 1909
	Date of Birth: May 28, 1909	Birth Place: Sugar Fremont Co. Idaho	Full Name of Mother: Mary Poole ~~William H. Richardson~~	Name of Father: William H. Richardson
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother Age 83	By whom issued and signed: Mrs. Mary Richardson	Date Issued: September 28, 1960	Date Orig. Entry: 2 ------
	Date of Birth: May 28, 1909	Birth Place: Sugar City, Idaho	Full Name of Mother: Mary Ann Poole	Name of Father: William H. Richardson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ec Elaine Coy	September 28, 1960

FORM BH 56067

SEP 28 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

216-209-040-596

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-849

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pamela Kafferlin		2. Date of Birth (month) May (day) 9 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone, Idaho; b. City or Town of Birth: Shoshone, Idaho
FATHER	6. Full Name of Father: Leslie A. Kafferlin		7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Mae O. Erwin		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pamela Kafferlin Sheffield	11. Present Address of Registrant: Ennis, Montana.
NOTARY (Seal)	Subscribed and sworn to before me on September 12, 1960. 19	12. Signature of Notary: Clea H Paugh	13. Notary Commission expires: NOTARY PUBLIC for the State of Montana Residing at Ennis, Montana My Commission Expires January 25, 1962 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Mae O. Edmiston	Date Issued: July 8, 1960	Date Orig. Entry: -----
	Date of Birth: May 9, 1909	Birth Place: Shoshone, Idaho	Full Name of Mother: Mae O. Edmiston (Kafferlin)	Name of Father: Leslie A. Kafferlin
SUPPORTING RECORD 2.	Type of Document: certificate of baptism	By whom issued and signed: Trinity Episcopal Church, Jeffers, Mont. Rev. J.E. Price	Date Issued: -----	Date Orig. Entry: March 19, 1944
	Date of Birth: May 9, 1909	Birth Place: Shoshone, Idaho	Full Name of Mother: Mae Erwin Kafferlin	Name of Father: Leslie Anthony Kofferlin
SUPPORTING RECORD 3.	Type of Document: statement regarding voting records	By whom issued and signed: Madison County Montana, Selma T. Spchler, Deputy clerk	Date Issued: Sept. 26, 1960	Date Orig. Entry: registered June 14, 1944
	Date of Birth: age 35	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: pw Penny L. Wing	Date Filed: Sept. 29, 1960

FORM BH 56067 7-6060

SEP 29 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pamela Kafferlin	2. Date of Birth: May [illegible]
	3. Color or Race: [illegible]	4. Sex: Female
	5. Place of Birth: Shoshone, Idaho	6. County: Shoshone, Idaho
FATHER	7. Full Name of Father: [illegible] Kafferlin	8. State or Country of Fathers Birth: Pennsylvania
MOTHER	9. Full Maiden Name of Mother: [illegible] Erwin	10. State or Country of Mothers Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [signature]
	12. Present Address of Registrant: Lewis, Montana.	
NOTARY (Seal)	Subscribed and sworn to before me on: December 14, 1960.	13. Signature of Notary: [signature]
	14. Notary Commission Expires: [illegible]	

EXPLICIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: affidavit by mother	By whom issued and signed: Mac C. [illegible]	Date Issued: July [illegible]	Date Orig. Entry:
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: certificate of [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Shoshone, Idaho	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				
REGISTRAR CERTIFICATION	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.			
	Signature of Registrar: [signature]	Evidence reviewed by: [illegible]	Date Filed: [illegible]	

7-4660

652-18-033-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-860
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elmo Reed Webster
2. Date Of Birth: (month) July (day) 18 (year) 1909
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County: Madison; b. City or Town of Birth: Hibbard

FATHER

6. Full Name of Father: Elmo Smart Webster
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Lavina (Walker) Webster
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elmo R. Webster
11. Present Address of Registrant: 268 So 1 west, Rexburg Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: June 17 1960
12. Signature of Notary: H Wendel Ritchie
13. Notary Commission expires: april 18 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*_____	certificate of record of membership	LDS Church, Salt Lake City, Utah, Ella D. Jack, Custodian	March 27, 1957	baptized Aug. 4, 1917
	Date of Birth July 18, 1909 / **Birth Place** Hibbert, Idaho	**Full Name of Mother** Lavinia Walker	**Name of Father** Elmo S. Webster	
SUPPORTING RECORD 2. Class_____	affidavit by grandmother age 94	Mary J. Webster	June 1, 1960	-----
	Date of Birth July 18, 1909 / **Birth Place** Hibbard, Idaho	**Full Name of Mother** ----	**Name of Father** Elmo Smart Webster	
SUPPORTING RECORD 3. Class_____	photocopy of application for insurance policy	New York Life Insurance Co.	-----	July 20, 1935
	Date of Birth July 18, 1909 / **Birth Place** Idaho	**Full Name of Mother** ----	**Name of Father** ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pp Penny L. Wing	Oct. 5, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

0354

OCT 5 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Date of Birth	4. Sex
	5. Place of Birth (a. County)	6. Place of Birth (b. City)
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
	11. Street Address of Registrant	12. Signature of Notary
	13. Notary Commission expires	

APPLICANT: DO NOT WRITE BELOW THIS LINE

Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal) Firmly certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[signature]	[signature]	[illegible]

Class A Recorded: [illegible]
Class B Recorded: [illegible]

312-210-003-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-871

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Louise Cast			2. Date of Birth (month) (day) (year): Sept. 10 1909	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Pocatello Bannock	b. City or Town of Birth: Pocatello, Idaho	
FATHER	6. Full Name of Father: Frank Kelson Cast			7. State or Country of Father's Birth: Stratford, Ontario, Canada	
MOTHER	8. Full Maiden Name of Mother: Ruth Ann Jenkins			9. State or Country of Mother's Birth: Robin, Bannock, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Cast Campbell		11. Present Address of Registrant: Livingston, Mont.	
NOTARY (Seal)	Subscribed and sworn to before me on: 9/23/1960	12. Signature of Notary: [signature]		13. Notary Commission expires: 7-22-1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding registration records	By whom issued and signed: Park County Montana, Emma Bowers, Deputy clerk	Date Issued: Sept. 20 1960	Date Orig. Entry: registered July 19, 1944	
	Date of Birth: age 34	Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: statement regarding school records	By whom issued and signed: Park County Montana, Hilfred B. Paterson, Co. Supt. of school	Date Issued: Sept. 20, 1960	Date Orig. Entry: school census 1919	
	Date of Birth: Sept. 10 1909	Birth Place: ----	Full Name of Mother: Ruth Cast	Name of Father: Frank K. Cast	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: Nov. 1, 1941	Date Orig. Entry: Nov. 1, 1941	
	Date of Birth: age next birth. 33	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnes	pw Penny L. Wing	Oct. 6, 1960

FORM BH 56067

1 copy paid #07316 9-14-60

OCT 7 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. NAME OF CHILD	a. Name at birth: Baby girl Loutzenhiser
	b. Date of birth: Sept. 10, 1960
	c. Sex: female
	d. Place of birth: County: Bonneville; City: Idaho Falls
2. PARENTAGE	a. Full name of father: Ivan Loutzenhiser
	b. Color or race: white
	c. Age at last birthday: 28
	d. Birthplace: Idaho
	e. Full name of mother: Ruth Ann Jenkins
	f. Color or race: white
	g. Age at last birthday: 20
	h. Birthplace: Idaho
3. AFFIDAVIT	We, the undersigned parents, hereby declare upon oath that the statements above are true to the best of our knowledge and belief.
	a. Signature of father: Ivan Loutzenhiser
	b. Signature of mother: Ruth Ann Jenkins
	c. Address: Rt. 2, Box 38, Idaho Falls, Idaho
	d. Subscribed and sworn to before me on: Sept. 20, 1960
	e. Official Capacity: Notary Public
	f. Notary Commission expires: 1-25-64
SUPPLEMENTARY RECORD	Date Filed: Sept. 20, 1960
	By whom filed: Ruth Ann Loutzenhiser
	Relationship: Mother
	Date Orig. Cert. Issued: Sept. 20, 1960
	Name on Certificate: Baby girl Loutzenhiser
SUPPLEMENTARY RECORD	Type of Document: Affidavit
	Date of Birth: Sept. 10, 1960
	Birth Place: Idaho Falls, Idaho
	Full Name of Mother: Ruth Ann Jenkins
	By whom Issued and Signed: Ruth Ann Loutzenhiser
	Date Issued: Sept. 20, 1960
	Name on Father: Ivan Loutzenhiser
	Date Orig. Cert. Issued: Sept. 20, 1960
SUPPLEMENTARY RECORD	Type of Document:
	Date of Birth:
	Birth Place:
	Full Name of Mother:
	By whom Issued and Signed:
	Date Issued:
	Name on Father:
	Date Orig. Cert. Issued:
CERTIFICATION	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been received which substantiates the facts as set forth in the foregoing affidavit.
	Date Issued: Sept. 20, 1960
	Evidence received by: Affidavit
	Date Filed: Sept. 20, 1960

1 copy paid $1.00

249-213-022-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-906

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emmer Berniece Burr		2. Date Of Birth (month) March (day) 13 (year) 1909
	3. Color or Race: W.	4. Sex: F	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Rigby Idaho
FATHER	6. Full Name of Father: Myron Edward Burr		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Elizabeth Ann Cook Burr		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emmer Berniece Burr Bingham	11. Present Address of Registrant: Box 823 Winnemucca Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: August 29, 1960.	12. Signature of Notary: Fay S. Rankin	13. Notary Commission expires: January 31, 1961

FAY S. RANKIN
NOTARY PUBLIC

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Elizabeth Ann Burr	Date issued: Aug.23,1960	Date Orig. Entry: ------
	Date of Birth: Mar.13,1909 / Birth Place: Rigby, Idaho	Full Name of Mother: Elizabeth Ann Burr	Name of Father: Myron Edward Burr	
SUPPORTING RECORD 2.	Type of Document: family record of sealing children to parents	By whom issued and signed: Sealed by Robert I. Burton	Date issued: ------	Date Orig. Entry: sealed Aug.28,1946
	Date of Birth: Mar.13,1909 / Birth Place: Fremont County Rigby, Idaho	Full Name of Mother: Elizabeth Ann Cook Burr	Name of Father: Myron Edward Burr	
SUPPORTING RECORD 3.	Type of Document: copy of own childs birth certificate	By whom issued and signed: State of Nevada #717	Date issued: Oct.14,1960	Date Orig. Entry: child born June 9, 1938
	Date of Birth: age 29 / Birth Place: Rigby, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pp Penny L. Wing	Oct. 18, 1960

FORM BH 56067

OCT 18 1960

DEC 1 1960

Mrs. Frank Gleave

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

CERTIFICATE	1. Name of Birth (Full Name of Birth)	2. Date of Birth (month) (day) (year)	
	3. Color or Race	4. Sex	5. Place of Birth (Country) (City or Town of Birth)
FATHER	6. Full Name of Father	7. Date of Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. Date of Country of Mother's Birth	
SUBSCRIBED	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

APPLICATION: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Name of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing Contract.

State Registrar	Evidence reviewed by	Date Filed

629-203-003-795

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-912
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charlotte Nona Obray
2. Date of Birth (month) Dec (day) 3 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: McCammon Bannock
b. City or Town of Birth:

FATHER

6. Full Name of Father: Moses Obray
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Louvisa Green
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charlotte Nona Hansen
11. Present Address of Registrant: 758 Randolph-Pocatello

NOTARY (Seal)

Subscribed and sworn to before me on: 9/29/60 19
12. Signature of Notary: [signature]
13. Notary Commission expires: Mar 12 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own childs birth certificate	Idaho #271284	-----	child born Sept.11,1938
Class*	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 30 / McCammon, Idaho	-----	-----	
SUPPORTING RECORD 2.	affidavit by aunt age 74	Nellie G. Howard	Sept.30 1960	-----
Class	Dec.3,1909 / Bannock County McCammon, Idaho	Louvisa Green Obray	Mose Obray	
SUPPORTING RECORD 3.	photocopy of transcript of credits	Peton B. Jones, Registrar Idaho State College,	Feb.25,1959	graduated 1928
Class	Dec.3,1909 / McCammon, Idaho	----	Mose O'Bray	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barsom	pw Penny L. Wing	Oct. 20, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 20 1960

551216-014-351

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-922

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sylvia Elizabeth Evans
2. Date of Birth (month) (day) (year): Sept. 16 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Canyon County
b. City or Town of Birth: Wilder Idaho

FATHER

6. Full Name of Father: Marion Ralph Evans
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Lois Olive Leavell
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sylvia E Kelley
11. Present Address of Registrant: 1822 Montana St Oakland

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 26 1960

12. Signature of Notary: Patricia Batkin
Patricia Batkin

13. Notary Commission expires: Alameda County, Calif. Sept 5 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	affidavit by aunt who was attending nurse	Margaret Evans Witte	Aug.16,1960	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept.16, 1909 / Idaho Canyon County	Lois Olive Evans	Marion Ralph Evans	
SUPPORTING RECORD 2.	Type of Document: copy of own child's birth certificate	By whom issued and signed: State of California Alameda County #2774	Date Issued: Sept.20 1960	Date Orig. Entry: child born Aug. 23, 1931
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 21 / Wilder, Idaho	-----	----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: Oakland, Hospital, Oakland, Calif. Shirley H. Naata, R.R.L.	Date Issued: Oct.14,1960	Date Orig. Entry: admitted June 6,1951
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 41 / ---	---	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	pw Penny L. Wing	Oct. 24, 1960

FORM BH 56067

7-6-60 one copy paid #04268

OCT 24 1960

699-206-037 -391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-957

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alta Helen Orr			2. Date of Birth (month) August (day) 6 (year) 1909
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Homedale, Owyhee	b. City or Town of Birth
FATHER	6. Full Name of Father: Robert Lee Orr			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mayme Eliana Tracy			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alta Helen Mears	11. Present Address of Registrant: Homedale, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 23, 1960		12. Signature of Notary: W. McBerson	13. Notary Commission expires: March 18 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document (copy): own childs birth certificate	By whom issued and signed: Idaho #204317	Date Issued: Oct.12,1960	Date Orig. Entry: child born June 30,1932
	Date of Birth: age 22 / Birth Place: Homedale,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: July 28, 1941
	Date of Birth: Aug.6,1909 / Birth Place: Owyhee County Homedale, Idaho	Full Name of Mother: Mayme Eliana Tracy	Name of Father: Robert Lee Orr	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Mayme Eliana Tracy Orr	Date Issued: Oct.27,1960	Date Orig. Entry: -----
	Date of Birth: Aug.6,1909 / Birth Place: Homedale, Idaho	Full Name of Mother: Mayme Eliana Tracy	Name of Father: Robert Lee Orr	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. McBerson	Penny L. Wing	Nov. 1, 1960

FORM BH 56067 4-26-60

NOV 1 1960

DECEASED

553-128-039-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-958

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dee A Nelson			2. Date Of Birth (month) (day) (year): Jan. 28 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho Power	b. City or Town of Birth: Rockland
FATHER	6. Full Name of Father: Antone S Nelson			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Edna Emily Barnard			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dee A Nelson		11. Present Address of Registrant: Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 12 1960	12. Signature of Notary: S A Lloyd		13. Notary Commission expires: June 29 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding insurance records	By whom issued and signed: Gem State Mutual Assn.	Date Issued: Oct.17,1958	Date Orig. Entry: May 3,1951
	Date of Birth: Jan.28,1909 / Birth Place: Rockland, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of employment application	By whom issued and signed: Westvaco Chemical Division Pocatello, Idaho	Date Issued: -----	Date Orig. Entry: July 31, 1953
	Date of Birth: Jan.28,1909 / Birth Place: -----	Full Name of Mother: -----	Name of Father: Antone S. Nelson	
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family at time of birth	By whom issued and signed: Hazel C. Beecher age 61	Date Issued: Oct. 5,1960	Date Orig. Entry: -----
	Date of Birth: Jan.28,1909 / Birth Place: Power County Rocklan, Idaho	Full Name of Mother: Edna Emily Barnard	Name of Father: Antone S. Nelson	
QUALIFYING INFORMATION	Copy of own child's birth certificate, Idaho #~~37[illegible]~~, child born July 28, 1943			
	Gives father's age as 34 and born and Rockland, Idaho			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Barron	pw Penny L. Wing	Nov. 1, 1960

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

556-226-025-769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-959

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wilma Kathryn Newman
2. Date Of Birth (month) (day) (year): Mar 26 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: ~~Idaho~~ Idaho
   b. City or Town of Birth: Whitebird

FATHER

6. Full Name of Father: Grover Clark Newman
7. State or Country of Father's Birth: Washington

MOTHER

8. Full Maiden Name of Mother: Zola Maude Gorsline
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wilma Newman Ogden
11. Present Address of Registrant: 1820 Creston Lane, Pullman, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on Wilma Newman Ogden 1960

12. Signature of Notary: Grant G. Johnson
13. Notary Commission expires: 12-15 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by parents		By whom issued and signed: Grove C. Newman, Zola M. Newman	Date Issued: Oct.18,1960	Date Orig. Entry: -----
	Date of Birth: Mar.26,1909	Birth Place: Whitebird,Idaho	Full Name of Mother: Zola M. Gorsline	Name of Father: Grover C. Newman	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #163008	Date Issued: -----	Date Orig. Entry: child born May 18,1928
	Date of Birth: age 19	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Cradle Roll Department Certificate of Promotion		By whom issued and signed: White Bird Sunday School, C. L. Henry, Supt.	Date Issued: -----	Date Orig. Entry: promoted Mar. 26,1913
	Date of Birth: Mar.26,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron 9-7-60	pw Penny L. Wing	Nov. 1, 1960

PH. 56067

NOV 1 1960

445-22-003-286

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-963

Pocatello, Idaho

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: **Hortense Murle Duncan**			2. Date of Birth (month) **April** (day) **22** (year) **1909**
	3. Color or Race: **white**	4. Sex: **felale**	5. Place of Birth a. County: **Bannock**	b. City or Town of Birth: **Pocatello**
FATHER	6. Full Name of Father: **Jesse Duncan**			7. State or Country of Father's Birth: **Missouri**
MOTHER	8. Full Maiden Name of Mother: **Myrtle Jane Brown**			9. State or Country of Mother's Birth: **Kansas**
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hortense Murle Duncan		11. Present Address of Registrant: 1962 W. Alameda Rd.
NOTARY (Seal)	Subscribed and sworn to before me on: October 29 1960	12. Signature of Notary: A. D. Brumbell		13. Notary Commission expires: Sept. 30 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: **Family bible record**	By whom issued and signed: --------	Date Issued: ----	Date Orig. Entry: **Obviously old**
	Date of Birth: **April 22, 1909** / Birth Place: **------**	Full Name of Mother: **Myrtle Brown Duncan**		Name of Father: **Jesse Duncan**
SUPPORTING RECORD 2.	Type of Document: statement regarding school records	By whom issued and signed: Pocatello High School, Pocatello, Ida. J. E. Six, Registrar	Date Issued: Oct. 26, 1960	Date Orig. Entry: entered Sept. 10, 1923
	Date of Birth: Apr. 22, 1909 / Birth Place: Pocatello, Idaho	Full Name of Mother: ---		Name of Father: Jesse Duncan
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Myrtle Jane Brown Duncan	Date Issued: Oct. 29, 1960	Date Orig. Entry: ----
	Date of Birth: Apr. 22, 1909 / Birth Place: Pocatello, Idaho	Full Name of Mother: Myrtle Jane Brown		Name of Father: Jesse Duncan
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny L. Wing ec	Nov. 1, 1960

FORM BH 56067

NOV 2 1960

OFFICIAL CERTIFICATE OF BIRTH
STATE OF IDAHO

SUBJECT	1. Registrant's Name at Birth: Hortense Murle Duncan	2. Date of Birth: April 22 1909	
	3. Name of Name: white	4. Sex: female	5. Place of Birth: Bannock
	6. Place of Birth: Pocatello		
FATHER	7. Name of Father: Jesse Duncan	8. Place of Birth: Missouri	
MOTHER	9. Name of Mother: Myrtle Jane Brown	10. Place of Birth: Kansas	
AFFIDAVIT	11. Signature of Registrant	12. Present Address of Registrant	
NOTARY	13. Signature of Notary	14. Notary Commission expires	

APPLICANT — NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Family bible record	By whom issued and signed: --------	Date Issued: ----	Date Orig. Entry: Obviously old
	Date of Birth: 1909	Place of Birth: ----	Name of Father: Jesse Duncan	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Place of Birth: [illegible]	Name of Father: Jesse Duncan	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Place of Birth: [illegible]	Name of Father: Jesse Duncan	
QUALIFYING INFORMATION				

CERTIFICATION

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Date Issued: Nov. 1, 1960

759-210-018-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-975

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Perkins			2. Date Of Birth (month) (day) (year): February 10th, 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Clearwater Co., Idaho	b. City or Town of Birth: Greer, Idaho
FATHER	6. Full Name of Father: Clint Perkins			7. State or Country of Father's Birth: McHenry, Illinois
MOTHER	8. Full Maiden Name of Mother: Rhoda Wilson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Louis Harley		11. Present Address of Registrant: Chambers, Nebraska
NOTARY (Seal)	Subscribed and sworn to before me on: November 3rd, 1960	12. Signature of Notary: Louis W. Reimer		13. Notary Commission expires: County Judge of Holt County, Nebraska

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by cousin age 69	By whom issued and signed: Mrs. G. H. Grimes	Date Issued: Nov. 3,1960	Date Orig. Entry: ------
	Date of Birth: Feb.10,1909 / Birth Place: Clearwater County Greer, Idaho	Full Name of Mother: Rhoda Wilson	Name of Father: Clint Perkins	
SUPPORTING RECORD 2.	Type of Document: (certified copy) Marriage License	By whom issued and signed: Holt County Nebraska, Louis W. Reimer, County Judge	Date Issued: Nov.3,1960	Date Orig. Entry: Dec.8,1926
	Date of Birth: age 17 / Birth Place: Idaho	Full Name of Mother: Rhoda Wilson	Name of Father: Clint Perkins	
SUPPORTING RECORD 3.	Type of Document: statement regarding Drivers License #G36 390	By whom issued and signed: Holt County Nebraska, J. Ed Hancock, County treasurer	Date Issued: Nov.3,1960	Date Orig. Entry: Sept.4,1951
	Date of Birth: Feb.10,1909 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Penny L. Wing	Date Filed: Nov. 8, 1960

FORM BH 56067

10-18-60

NOV 8 1960

10-10-60

759-20-035-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-982

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: **Freeda Maxine Geidl**			2. Date of Birth (month) (day) (year): **June 20 1909**
	3. Color or Race: **white**	4. Sex: **female**	5. Place of Birth a. County: **NezPerce**	b. City or Town of Birth: **Lenore**
FATHER	6. Full Name of Father: **Max Geidl**			7. State or Country of Father's Birth: **South Dakota**
MOTHER	8. Full Maiden Name of Mother: **Elvie Cunningham**			9. State or Country of Mother's Birth: **Iowa**
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19____	12. Signature of Notary		13. Notary Commission expires _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: **Statement reguarding Hospital record**	By whom issued and signed: **Sacred Heart Hospital Mary L. Peschel R. R. L.**	Date Issued: **August 13, 1959**	Date Orig. Entry: **May 12, 1954**
	Date of Birth: **Age 44**	Birth Place: **Idaho**	Full Name of Mother: **Elvia Cunningham**	Name of Father: **Max Geidl**
SUPPORTING RECORD 2.	Type of Document: **Birth announcement card**	By whom issued and signed: **sent to Mrs. Max Geidle**	Date Issued: **September 27, 1909**	Date Orig. Entry: **September 27, 1909**
	Date of Birth: **June 20, 1909**	Birth Place: -------	Full Name of Mother: ---------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family at time of birth	By whom issued and signed: Wallie Kuhn 81	Date Issued: Oct.29,1960	Date Orig. Entry: -----
	Date of Birth: June 20, 1909	Birth Place: Lenore, Idaho	Full Name of Mother: Elvie Cunningham	Name of Father: Max Arthur Geidl
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: ec Penny L. Wing	Date Filed: Nov. 8, 1960

FORM BH 56067

NOV 8 1960

366716-006544

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 60-990

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glendon L. Cooper			2. Date of Birth (month) June (day) 16 (year) 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Coltman
FATHER	6. Full Name of Father: Isaac Leander Cooper			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Edmiston			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glendon L Cooper		11. Present Address of Registrant: 117 No 6th - Nyssa, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on November 9 1960	12. Signature of Notary: Paul L Fleener		13. Notary Commission expires: Jan. 7 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family record sheet	By whom issued and signed: Family Record	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: June 16, 1909 / Birth Place: Coltman, Idaho	Full Name of Mother: Mary Edmiston	Name of Father: Isaac Leander Cooper	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Father Age 80	By whom issued and signed: I. L. Cooper	Date Issued: November 9, 1960	Date Orig. Entry: -----
	Date of Birth: June 16, 1909 / Birth Place: Colteman, Idaho	Full Name of Mother: Mary Edmiston	Name of Father: Isaac Leander Cooper	
SUPPORTING RECORD 3.	Type of Document: Marriage License	By whom issued and signed: State of Montana M. C. MacKenzie	Date Issued: September 26, 1936	Date Orig. Entry: September 26, 1936
	Date of Birth: AGe 27 / Birth Place: Coltmen, Idaho	Full Name of Mother: Mary Edmiston	Name of Father: Isaac L. Cooper	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: ec Elaine Coy		Date Filed: November 9, 1960

FORM BH 56067

NOV 10 1960

OCT 27 1967

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Registrar De 50-990

REGISTRANT	1. Registrant's Name at Birth: Clendon L. Cooper	2. Date of Birth (month) June 16 1909	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: Bingham
	6. Place of Birth: Coltman		
FATHER	7. Name of Father: Isaac Leander Cooper	8. State or Country of Father's Birth: Utah	
MOTHER	9. Full Name of Mother: Mary Edmiston	10. State or Country of Mother's Birth: Utah	
AFFIDAVIT	11. Certificate upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant	13. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	14. Signature of Notary	15. Notary Commission expires

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family record sheet	Family Record	----	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 16, 1909	Coltman, Idaho	Mary Edmiston	Isaac Leander Cooper

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Father Age 80	I. L. Cooper	November 9, 1960	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 16, 1909	Coltman, Idaho	Mary Edmiston	Isaac Leander Cooper

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License	State of Montana M. C. MacKenzie	September 26, 1936	September 26, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 27	Coltman, Idaho	Mary Edmiston	Isaac L. Cooper

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ec Elaine Coy	November 9, 1960

FORM UH 54067

944418-031-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1049

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EUGENE TAYLOR ZUMWALT			2. Date of Birth (month) December (day) 18 (year) 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Lewis	b. City or Town of Birth: Vollmer, Idaho
FATHER	6. Full Name of Father: Lester Ord Zumwalt			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Carrie Philene Taylor			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eugene T. Zumwalt		11. Present Address of Registrant: 114 Taylor Anchorage, Alaska
NOTARY (Seal)	Subscribed and sworn to before me on: December 18 1960	12. Signature of Notary: [illegible]		13. Notary Commission expires: July 21 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: State of Wash. #139	Date Issued: Dec.6,1950	Date Orig. Entry: child born May 6, 1946
	Date of Birth: age 36 / Birth Place: Craigmont,(Volmar) Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: affidavit by uncle	By whom issued and signed: Adelbert C. Taylor age 69	Date Issued: Nov.21,1960	Date Orig. Entry: ----
	Date of Birth: Dec.18,1909 / Birth Place: Vollmer, Idaho	Full Name of Mother: Carrie Philene Zumwalt	Name of Father: Lester Ord Zumwalt	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Feb. 8, 1941
	Date of Birth: Dec.18,1909 / Birth Place: Nez Perce County Vollmer, Idaho	Full Name of Mother: Carrie Philena Taylor	Name of Father: Zumwalt, Lester Ord	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Bauer	Evidence reviewed by: Penny L. Wing	Date Filed: Nov. 29, 1960

FORM BH 56067

11-14-60

MAY 24 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's Name in Birth: EUGENE TAYLOR ZUMWALT	2. Date of Birth: December 18 1907
	3. Color or Race: White Male	4. Place of Birth: Vollmer	5. City or Town of Birth: Vollmer, Idaho
FATHER	6. Full Name of Father: Lester Ord Zumwalt	7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Name of Mother: Lorene Thilene Taylor	9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant: 111 Taylor, Anchorage, Alaska
NOTARY CERTIFICATE	12. Signature of Notary	13. Notary Commission Expires

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Cum Philos Birth Certificate	By whom issued and signed: State of Wash. [illegible]	Date Issued: Dec. [illegible]	Date Orig. Entry: Mar. [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
	Date of Birth: [illegible]	Place of Birth: [illegible]		
SUPPORTING RECORD 2.	Type of Document: Affidavit [illegible]	By whom issued and signed: Adalbert C. Taylor and [illegible]	Date Issued: Nov. [illegible]	Date Orig. Entry: ----
	Date of Birth: [illegible]	Full Name of Mother: Lorene Thilene Zumwalt	Name of Father: Lester Ord Zumwalt	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Feb. [illegible] 1941
	Date of Birth: Dec. 18, 1907	Place of Birth: Near Perco County, Vollmer, Idaho	Full Name of Mother: Lorene Thilene Taylor	Name of Father: Zumwalt, Lester Ord
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Last): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed which substantiates the facts as set forth in the [illegible] statement.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Nov. [illegible] 1960

11-14-60

553-219-064-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1052

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mercy Elizabeth Nelson		2. Date Of Birth (month) Aug. (day) 19 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: St. Charles, Bear Lake b. City or Town of Birth: St Charles, Idaho
FATHER	6. Full Name of Father: Rasmus Peter Nelson		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ann Greenwood Keetch		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mercy N. Boyer	11. Present Address of Registrant: Coalville, Utah
NOTARY (Seal)	Subscribed and sworn to before me on 14th of Nov. 1960	12. Signature of Notary: J. Emerson Staples	13. Notary Commission expires: Oct. 8- 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church, Wardboro Ward J.A.Berrey, clerk	Date Issued: Oct.2,1917	Date Orig. Entry: baptized Aug.19,1917
	Date of Birth: Aug.19,1909	Birth Place: Bear Lake County St.Charles,Idaho	Full Name of Mother: Ann G. Keetch	Name of Father: Rasmus P. Nelson	
SUPPORTING RECORD 2.	Type of Document: Transcript of Credits		By whom issued and signed: University of Idaho D. D. DuSault, registrar	Date Issued: Aug.4,1958	Date Orig. Entry: matriculated June 13, 1933
	Date of Birth: Aug.19,1909	Birth Place: St.Charles,Idaho	Full Name of Mother: ---	Name of Father: R. P. Nelson	
SUPPORTING RECORD 3.	Type of Document: own childs birth certificate		By whom issued and signed: Utah #220090	Date Issued: Aug.20,1956	Date Orig. Entry: child born June 23,1951
	Date of Birth: age 41	Birth Place: St.Charles,Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Barson	pw Penny L. Wing	Dec. 1, 1960

FORM BH 56067

1 copy paid #8801 10-26-60

DEC 1 1960

533-213-025-359

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1074

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: RITA MARIE ELLER			2. Date of Birth (month) 9 (day) 13 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Green Creek IDAHO	b. City or Town of Birth: Green Creek Idaho
FATHER	6. Full Name of Father: Joseph Franklin Eller			7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Bertha Ada Terwilleger			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rita Marie Eaons		11. Present Address of Registrant: 663 W. Pine St. Bishop, California
NOTARY (Seal)	Subscribed and sworn to before me on: November 22 1960	12. Signature of Notary: Paul G. Eimers		13. Notary Commission expires: February 25 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notarized copy of page from family Bible	By whom issued and signed: Paul G. Eimers, Notary Public		Date Issued: Nov. 22, 1960	Date Orig. Entry: obviously old
	Date of Birth: Sept. 13, 1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: affidavit by aunt	By whom issued and signed: Belva A. Huffman	13 yrs. at Rita's birth	Date Issued: Nov. 22, 1960	Date Orig. Entry: -----
	Date of Birth: Sept. 13, 1909	Birth Place: Greencreek, Idaho	Full Name of Mother: Bertha A. Eller (Terwillegar)	Name of Father: Joseph F. Eller	
SUPPORTING RECORD 3.	Type of Document: own childs birth certificate	By whom issued and signed: California, Local Reg. #68		Date Issued: Sept. 19, 1951	Date Orig. Entry: child born Oct. 24, 1933
	Date of Birth: age 24	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Dec. 8, 1960

FORM BH 56067

2-18-60 one copy paid #20572

DEC 9 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race 4. Sex 5. Place of Birth (Country)	6. Birth of Town of Birth
FATHER	7. Name of Father	8. State or Country of Father's Birth
MOTHER	9. Name of Mother	10. State or Country of Mother's Birth
AFFIDAVIT	11. Signature of Registrant	12. Present Address of Registrant
NOTARY (Seal)	13. Signature of Notary	14. Notary Commission Expires

DO NOT WRITE ON THIS LINE

SUPPORTING RECORD 1	Type of Document: Notarial [illegible]	By whom Issued and Signed: [illegible]	Date Issued: Nov.22,1960	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2	Type of Document: Fidelity by Acnt	By whom Issued and Signed: [illegible]	Date Issued: Nov.22,1960	Date Orig. Entry: ----
	Date of Birth: Sept.[illegible], 1960	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: Sept.19, 1951	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Father:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Date)

I hereby certify that no prior or in certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing document.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Dec. 8, 1960

391-221-006-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1090

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELVA Myrtle Cracroft		2. Date Of Birth (month) (day) (year): Sept. 21 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Blackfoot-Bingham; b. City or Town of Birth: Blackfoot, Idaho
FATHER	6. Full Name of Father: LeRoy Rowntree Cracroft		7. State or Country of Father's Birth: Salt Lake City, Utah
MOTHER	8. Full Maiden Name of Mother: Edith Marshall Cox		9. State or Country of Mother's Birth: Stafford, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elva Myrtle Cracroft Wallace	11. Present Address of Registrant: 357 Holladay Court Livermore, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: May 3 19 60	12. Signature of Notary: Ruth J. Hauer	13. Notary Commission expires: My Commission Expires September 20, 1960 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Edith C. Cracroft	Date issued: June 19 1957	Date Orig. Entry: ----
	Date of Birth: Sept. 21, 1909 / Birth Place: Blackfoot, Idaho	Full Name of Mother: Edith Marshall Cox	Name of Father: LeRoy Rowntree Cracroft	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy Application	By whom issued and signed: Metropolitan Life Insurance	Date issued: ----	Date Orig. Entry: Oct. 24, 1934
	Date of Birth: Sept. 21, 1909 / Birth Place: Blackfoot, Idaho	Full Name of Mother: Edith C. Cracroft	Name of Father: LeRoy R. Cracroft	
SUPPORTING RECORD 3.	Type of Document: #P 07682 Utah Operator's License	By whom issued and signed: State Dept. of Public Safety J.C.Newman, Commissioner	Date issued: Oct.24,1953	Date Orig. Entry: Oct.24,1953
	Date of Birth: Sept.21, 1909 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Penny L. Wing	Dec. 16, 1960

FORM BH 56067

DEC 16 1960

493-226-014-655

1107

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 60-1109

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Della ~~[illegible]~~ Miller		2. Date Of Birth (month) (day) (year): April 26 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Wilder Canyon; b. City or Town of Birth: Wilder, Idaho
FATHER	6. Full Name of Father: John Frederick Miller		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Mazy Over		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Della M. Packwood	11. Present Address of Registrant: Wilder Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 8th 1960	12. Signature of Notary: Emma J. Cloud	13. Notary Commission expires: 12/15 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Age 66 Affidavit by neighbor		By whom issued and signed: Edna R. Law	Date Issued: December 8, 1960	Date Orig. Entry: ------
	Date of Birth: April 26, 1909	Birth Place: Wilder, Idaho	Full Name of Mother: Mazy Miller	Name of Father: John F. Miller	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school record		By whom issued and signed: Wm. A. Lipscomb, Superintendent	Date Issued: December 9, 1960	Date Orig. Entry: September 1924
	Date of Birth: April 26, 1909	Birth Place: ----------	Full Name of Mother: -------	Name of Father: John Miller	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: On file in Idaho #288966	Date Issued: December 17, 1939	Date Orig. Entry: December 17, 1939
	Date of Birth: Age 30	Birth Place: Wilder, Idaho	Full Name of Mother: ---------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ec Elaine Coy	December 29, 1960

FORM BH 56067

JAN 29 1971

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 60-1109

REGISTRAR	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)	
(Person whose birth is being registered)	3. Date of Face	4. Sex	5. Place of Birth (county)	6. City or Town of Birth
FATHER	7. Full Name of Father	8. Place of Country of Father's Birth	
MOTHER	9. Full Name of Mother	10. Place of Country of Mother's Birth	
AFFIDAVIT	I, Harry Wallace, gave oath that the above Mother was true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
NOTARY	Subscribed and sworn to before me on	13. Signature of Notary	14. Notary Commission expires

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Age 66 Affidavit by neighbor	By whom issued and signed: Edna K. Law	Date Issued: December 8, 1960 / Date Orig. Entry: ------
	Date of Birth: April 26, 1909 / Birth Place: Wilder, Idaho	Full Name of Mother: Mary Miller	Name of Father: John F. Miller
SUPPORTING RECORD 2	Type of Document: Statement regarding school record	By whom issued and signed: Wm. A. Lipscomb, Superintendent	Date Issued: December 9, 1960 / Date Orig. Entry: September 1924
	Date of Birth: April 26, 1909 / Birth Place: ----------	Full Name of Mother: -------	Name of Father: John Miller
SUPPORTING RECORD 3	Type of Document: Own childs birth certificate	By whom issued and signed: On file in Idaho #258965	Date Issued: December 1, 1939 / Date Orig. Entry: December 17, 1939
	Date of Birth: Age 30 / Birth Place: Wilder, Idaho	Full Name of Mother: ---------	Name of Father: ----------

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] but that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible]

Signature of Registrar: W. W. Benson	Evidence reviewed by: Elaine Coy	Date Filed: December 29, 1960

FORM NO. 56037

SS2-114-033-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-009

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Omer Francis Nestor
2. Date of Birth (month) Dec. (day) 14 (year) 1909
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Madison
b. City or Town of Birth: Rexburg

FATHER

6. Full Name of Father: Louis Mortimer Nestor
7. State or Country of Father's Birth: Greeley County, Nebraska

MOTHER

8. Full Maiden Name of Mother: Pearl Eathea Martin
9. State or Country of Mother's Birth: Butler, Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Omer Francis Nestor
11. Present Address of Registrant: Inkom, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 21 1960
12. Signature of Notary: Grace Ashton
13. Notary Commission expires: 7-20 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth Certificate	Idaho #171051	---	child born April 20, 1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 19	Rexburg, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Pearl Eathea Nestor	Aug.9,1960	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 14,1909	Madison County Rexburg, Idaho	Pearl Eathea Martin	Louis Mortimer Nestor

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Employment (photocopy)	-----	-----	Dec.28,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.14,1909	Rexburg, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	bf pw Penny L. Wing	Jan.3,1961

FORM BH 56067

1 copy paid Receipt 13175

693-114-042-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-019

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Franklin Edward Wilson		2. Date Of Birth (month) (day) (year): Jan. 14 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Twin Falls, Idaho
FATHER	6. Full Name of Father: Franklin Allen Wilson		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ada Lora Cox		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank E. Wilson	11. Present Address of Registrant: Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 5, 1961	12. Signature of Notary: [signature]	13. Notary Commission expires: Jan. 1, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavir by mother	By whom issued and signed: Ada Lara Wilson	Date Issued: January 5, 1961	Date Orig. Entry: ----
	Date of Birth: January 14, 1909 / Birth Place: Twin Falls, Idaho	Full Name of Mother: Ada Lora Wilson	Name of Father: Franklin Allen Wilson	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: On file in Idaho #354840	Date Issued: May 31, 1960	Date Orig. Entry: July 17, 1942
	Date of Birth: Age 33 / Birth Place: Twin Falls, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: T. C. Bird Superintendent of Schools	Date Issued: January 6, 1961	Date Orig. Entry: 1917 - 1918
	Date of Birth: January 14, 1909 / Birth Place: ----	Full Name of Mother: ------	Name of Father: Franklin A. Wilson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ec Elaine Coy	January 9, 1961

FORM BH 56067

JAN 9 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 61-019

1. Name of Child	2. Sex	3. Place of Birth	4. Date of Birth
White	male	Twin Falls	Twin Falls, Idaho
5. Full Name of Father			6. Date of Birth
7. Full Maiden Name of Father			8. Date of Birth
9. Full Maiden Name of Mother			10. Date of Birth

AFFIDAVIT

I hereby declare from oath that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant		
12. Signature of Witness		
13. Notary Commission Expires		

Subscribed and sworn to before me on

Type of Document	By whom issued and signed	Date Issued
Affidavit by mother	Ada Lora Wilson	January 5, 1961
Date of Birth: January 14, 1909	Birth Place: Twin Falls, Idaho	Full Name of Mother: Ada Lora Wilson
Type of Document	By whom issued and signed	Date Issued
Own childs birth certificate	On file in Idaho #354840	May 31, 1960
Date of Birth: Age 33	Birth Place: Twin Falls, Idaho	Full Name of Mother: ----
Type of Document	By whom issued and signed	Date Issued
Statement regarding school records	T. C. Bird Superintendent of Schools	January 6, 1961
Date of Birth: January 14, 1909	Birth Place: ----	Full Name of Mother: ----

Date Orig. Entry: July 17, 1942

Date Orig. Entry: ---

Date Issued: January 6, 1917 - 1918

Date of Father: Franklin A. Wilson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that the [illegible] evidence has been reviewed, which [illegible] the [illegible] as set forth in the foregoing abstract.

Registrar's Signature	Evidence Reviewed by	Date Filed
W. W. Benson	cc Elaine Coy	January 9, 1961

749-212-1032-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-034

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Pursley			2. Date Of Birth (month) (day) (year): August 12 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Jerome
FATHER	6. Full Name of Father: Andrew Jess Pursley			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Jennie Winkler			9. State or Country of Mother's Birth: Bohemia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel Holmes		11. Present Address of Registrant: 849 N 7th W Mc Minnville Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: January 10 1961	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: A. R. Chatburn, Elem, Supervisor Dist. #261	Date Issued: November 20, 1959	Date Orig. Entry: September 1920-1921
	Date of Birth: Age 11 / Birth Place: -----	Full Name of Mother: ------	Name of Father: A. J. Pursley	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Ate 65	By whom issued and signed: Lee Pursley	Date Issued: November 13 1959	Date Orig. Entry: -----
	Date of Birth: August 12, 1909 / Birth Place: Jerome, Idaho Lincoln county	Full Name of Mother: Jennie Pursley	Name of Father: Andrew Jess Pursley	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: ON file in Idaho #152052	Date Issued: February 2, 1927	Date Orig. Entry: February 2, 1927
	Date of Birth: Age 17 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	January 10 , 1961

FORM BH 56067

JAN 10 19[illegible]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State Registrar
Division of Vital Statistics
Boise, Idaho

State File No. 61-034

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Mabel Bursley		2. Date of Birth (month) August (day) 12 (year) 1959
	3. Color or Race: white	4. Sex: female	5. Place of Birth (county): Lincoln; (city or town of birth): Jerome
FATHER	6. Full Name of Father: Andrew Jess Bursley		7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Name of Mother: Jennie Winkler		9. State or Country of Mother's Birth: Bohemia
AFFIDAVIT	I hereby declare that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission Expires

SUPPORTING RECORD 1	Type of Document: Statement regarding school records	8. Name Issued and Signed: A. R. Chatburn, Elem. Supervisor Dist. #261	Date Issued: November 20, 1959	Date Orig. Entry: September 1920-1921
	Date of Birth: Age 11	Birth Place: -----	Full Name of Mother: -----	Name of Father: A. J. Bursley
SUPPORTING RECORD 2	Type of Document: Affidavit by brother Ate 65	9. Name Issued and Signed: Lee Bursley	Date Issued: November 18 1959	Date Orig. Entry: -----
	Date of Birth: August 12, 1959	Birth Place: Jerome, Idaho Lincoln county	Full Name of Mother: Jennie Bursley	Name of Father: Andrew Jess Bursley
SUPPORTING RECORD 3	Type of Document: Own childs birth certificate ON file in Idaho #152052	9. Name Issued and Signed:	Date Issued: February 2, 1927	Date Orig. Entry: February 2, 1927
	Date of Birth: Age 17	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
ADDITIONAL INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Hanson	Elaine Coy	January 10, 1961

FORM 88 [illegible]

514-214-036-751

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-056

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ADELLE GARDNER NAUCK			2. Date of Birth (month) 6 (day) 14 (year) 1909	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: IDAHO ONEIDA	b. City or Town of Birth: MALAD CITY	
FATHER	6. Full Name of Father: HENRY FRANCIS NAUCK			7. State or Country of Father's Birth: MINNESOTA	
MOTHER	8. Full Maiden Name of Mother: FANNY ESTELLA PEABODY			9. State or Country of Mother's Birth: ARIZONA	
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Adelle Gardner		11. Present Address of Registrant: 7467 S.W. 53rd Ave Portland 19, Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: 5 August 1960	12. Signature of Notary: Eugene E. Conn NOTARY PUBLIC FOR OREGON My Commission Expires [illegible] 1962		13. Notary Commission expires: March 1, 1962 19	

APPLICANT

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Mar. 28, 1952
	Date of Birth: June 14,1909 / Birth Place: Malad City,Idaho	Full Name of Mother: Fanny Estella Peabody	Name of Father: Henry Francis Nauck	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church,Malad Ward, F. E. Jones, clerk	Date Issued: July 5,1909	Date Orig. Entry: blessed July 4, 1909
	Date of Birth: June 14,1909 / Birth Place: Oneida County Malad, Idaho	Full Name of Mother: Fanny E.Peabody	Name of Father: Henry F. Nauck	
SUPPORTING RECORD 3.	Type of Document: Marriage License Application	By whom issued and signed: Multnomah County, Oregon, Si Cohn,county clerk	Date Issued: Feb.18,1960	Date Orig. Entry: June 14, 1943
	Date of Birth: June 14,1909 / Birth Place: Malad City, Idaho	Full Name of Mother: Fanny Peabody	Name of Father: Henry F. Nauck	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barnes	Evidence reviewed by: Penny L. Wing	Date Filed: Jan. 19, 1961

FORM BH 56067

2-3-60 one copy paid #19863

JAN 19 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]-59

1. Name of child	2. Sex
3. Date of birth (month, day, year)	4. Place of birth
5. Name of father	6. Birthplace of father
7. Maiden name of mother	8. Birthplace of mother
9. Present address of applicant	10. Signature of applicant
11. Relationship of applicant to child	

Sworn and subscribed before me this [illegible] day of [illegible], 19[illegible]

12. Signature of notary

13. Notary Commission expires

[illegible]

14. Type of document

15. Date issued

Special Security Record

May 28, 1962

16. Name of issuing agency

17. Name of person signing

Treasury Department

18. Date issued

19. Date of entry

20. Name of issuing agency

21. Name of person signing

22. Date issued

23. Date of entry

24. Name of issuing agency

25. Name of person signing

26. Date issued

27. Date of entry

28. Name of issuing agency

29. Name of person signing

666-207-023-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-073

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Genieve May Fowler		2. Date Of Birth (month) June (day) 7 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Emmett Gem County; b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Fred Lee Fowler		7. State or Country of Father's Birth: Galesburg, Illinois
MOTHER	8. Full Maiden Name of Mother: Bonnie May Alcorn		9. State or Country of Mother's Birth: Lewiston, Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Genevieve May Jordan	11. Present Address of Registrant: Rt#2, Emmett, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 11 19 61	12. Signature of Notary: [signature]	13. Notary Commission expires: Oct 13, 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt	By whom issued and signed: Blanche Fowler Walker	Date issued: December 29, 1960	Date Orig. Entry: ------
	Date of Birth: June 7, 1909	Birth Place: Emmett, Idaho	Full Name of Mother: Fred Lee Fowler	Name of Father: Bonnie May Fowler
SUPPORTING RECORD 2.	Type of Document: Marriage License Affidavit	By whom issued and signed: Lillian M. Campbell, Recorder	Date issued: August 7, 1933	Date Orig. Entry: August 7, 1933
	Date of Birth: Age 24	Birth Place: ------	Full Name of Mother: ----------	Name of Father: -------
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: On file in Idaho #276008	Date issued: January 24, 1939	Date Orig. Entry: January 2, 1939
	Date of Birth: Age 29	Birth Place: Emmett, Idaho	Full Name of Mother: ----	Name of Father: - -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ec Elaine Coy	January 24, 1961

FORM BH 56067

JAN 24 1961

AUG 18 1971

REGISTRAR (Person, Bureau, Birth, Name)	1. Registrant's Full Name at Birth: Genieve May Fowler	2. Date of Birth (month) June (day) 7 (year) 1909	
	3. Sex: Female	4. Place of Birth: Emmett	5. County: Gem County
	6. Full Name of Father: Fred Lee Fowler	7. State or Country of Father's Birth: Galesburg, Illinois	
MOTHER	8. Full Maiden Name of Mother: Bonnie May Bloom	9. State or Country of Mother's Birth: Lewiston, Nebraska	
APPLICANT	1. Sworn to Declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: Rt#2, Emmett, Idaho
	12. Signature of Notary	13. Notary Commission expires: Oct 13, 1951	
	January 11 1951		

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by Aunt	By whom issued and signed: Blanche Fowler Walker	Date Issued: December 29, 1960	Date Orig. Entry: ------
	Date of Birth: June 7, 1909	Birth Place: Emmett, Idaho	Full Name of Mother: Fred Lee Fowler	Name of Father: Bonnie May Fowler
SUPPORTING RECORD 2	Type of Document: Marriage License Affidavit	By whom issued and signed: Lillian M. Campbell, Recorder	Date Issued: August 7, 1933	Date Orig. Entry: August 7, 1933
	Date of Birth: Age 24	Birth Place: ------	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3	Type of Document: Own childs birth certificate	By whom issued and signed: On file in Idaho #276008	Date Issued: January 24, 1939	Date Orig. Entry: January 7, 1939
	Date of Birth: Age 29	Birth Place: Emmett, Idaho	Full Name of Mother: ----	Name of Father: ------

QUALIFIED INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name of Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ec Elaine Coy	January 24, 1961

395-22-44-697

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-094

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Jessie Viola Tinsley			2. Date Of Birth (month) January (day) 29 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Washington	b. City or Town of Birth: Cambridge
FATHER	6. Full Name of Father: John Tinsley			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Anna Wiggens			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jessie Viola Tinsley Gardner		11. Present Address of Registrant: Canyon City, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 19 1960	12. Signature of Notary: Harold Patterson		13. Notary Commission expires: Nov. 14 1962

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #291062		Date Issued: ----	Date Orig. Entry: child born Dec. 11, 1933
	Date of Birth: age 24	Birth Place: Cambridge, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: application for lodge membership	By whom issued and signed: Rebekah Lodge #6, I.O.O.F. Vera Gay, Committee		Date Issued: ----	Date Orig. Entry: Feb. 6, 1946
	Date of Birth: Jan. 29, 1909	Birth Place: Cambridge, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by brother	By whom issued and signed: Alva Tinsley age 71		Date Issued: Jan. 19, 1961	Date Orig. Entry: ----
	Date of Birth: Jan. 29, 1961	Birth Place: Cambridge, Idaho	Full Name of Mother: Anna Wiggens	Name of Father: John Tinsley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	pw Penny L. Wing	Jan. 31, 1961

FORM BH 56067

11-2-60

JAN 31 1964

813-12 no 43-762

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-106

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wayne Daniel Hackett
2. Date Of Birth: (month) Dec (day) 29 (year) 1909
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Valley; b. City or Town of Birth: Alpha Idaho

FATHER

6. Full Name of Father: Daniel Fredrick Hackett
7. State or Country of Father's Birth: Dayton Nevada

MOTHER

8. Full Maiden Name of Mother: Ada Post
9. State or Country of Mother's Birth: Meridian Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wayne Daniel Hackett
11. Present Address of Registrant: Emmett, Idaho. Box 412

NOTARY (Seal)

Subscribed and sworn to before me on: February 6 1961
12. Signature of Notary: Carol E. Campbell
13. Notary Commission expires: Aug. 22 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding hospital records	By whom issued and signed: St. Alphonsus Hosptial Fabrielle M. Amos, R, R. L	Date Issued: December 31, 1959	Date Orig. Entry: May 9, 1948	
	Date of Birth: December 29, 1909	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: Application for Soc. Security	By whom issued and signed: Internal Revenue Service	Date Issued: June 30, 1941	Date Orig. Entry: June 30, 1941	
	Date of Birth: December 29, 1909	Birth Place: Alpha, Valley Co. Idaho	Full Name of Mother: Ada Post	Name of Father: Daniel Fred Hackett	
SUPPORTING RECORD 3.	Type of Document: STATEMENT regarding hospital records	By whom issued and signed: St. Lukes Hospital Nancy Gayle Nickles A.M.R.L.	Date Issued: June 13, 1958	Date Orig. Entry: June 28, 1934	
	Date of Birth: /Age 24	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Beson	Elaine Coy	February 6, 1961

FORM BH 56067

[redacted]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

CHILD	1. Daughter	2. Full name at birth	Date of birth (month) (day) (year)
	3. Color or race	4. Sex	5. Place of birth
PARENTS	6. Full name of father		7. State or country of father's birth
	8. Maiden name of mother		9. State or country of mother's birth
AFFIDAVIT	10. Attendant or other person with knowledge of the facts stated in items 1 to 9	11. Address of Applicant	12. Present Address of Applicant
NOTARY	13. Subscribed and sworn to before me on	14. Signature of Notary	15. Notarial seal or stamp
SUPPORTING RECORDS 1.	Type of Document: Statement regarding hospital records	Date of birth: December 25, 1909 Birth place: Idaho	Name as it appears on the record: Same
SUPPORTING RECORDS 2.	Type of Document: Application for Soc. Security	Date of birth: December 25, 1909 Birth place: Alpha, Valley Co. Idaho	Name as it appears on the record: Same
SUPPORTING RECORDS 3.	Type of Document: Testimony regarding hospital records	Date of birth: December 25, 1909 Birth place: Idaho	Name as it appears on the record: Same
SUPPORTING RECORDS 4.	Type of Document: Application for Soc. Security	Date of birth: December 25, 1909 Birth place: Alpha, Valley Co. Idaho	Name as it appears on the record: Same
SUPPORTING RECORDS 5.	Type of Document: Statement regarding hospital records	Date of birth: December 25, 1909 Birth place: Idaho	Name as it appears on the record: Same
SUPPORTING RECORDS 6.	Type of Document: Application for Soc. Security	Date of birth: December 25, 1909 Birth place: Alpha, Valley Co. Idaho	Name as it appears on the record: Same
SUPPORTING RECORDS 7.	Type of Document: Statement regarding hospital records	Date of birth: December 25, 1909 Birth place: Idaho	Name as it appears on the record: Same
SUPPORTING RECORDS 8.	Type of Document: Application for Soc. Security	Date of birth: December 25, 1909 Birth place: Alpha, Valley Co. Idaho	Name as it appears on the record: Same
SUPPORTING RECORDS 9.	Type of Document: Statement regarding hospital records	Date of birth: December 25, 1909 Birth place: Idaho	Name as it appears on the record: Same
SUPPORTING RECORDS 10.	Type of Document: Application for Soc. Security	Date of birth: December 25, 1909 Birth place: Alpha, Valley Co. Idaho	Name as it appears on the record: Same
SUPPORTING RECORDS 11.	Type of Document: Statement regarding hospital records	Date of birth: December 25, 1909 Birth place: Idaho	Name as it appears on the record: Same
SUPPORTING RECORDS 12.	Type of Document: Application for Soc. Security	Date of birth: December 25, 1909 Birth place: Alpha, Valley Co. Idaho	Name as it appears on the record: Same
SUPPORTING RECORDS 13.	Type of Document: Statement regarding hospital records	Date of birth: December 25, 1909 Birth place: Idaho	Name as it appears on the record: Same
SUPPORTING RECORDS 14.	Type of Document: Application for Soc. Security	Date of birth: December 25, 1909 Birth place: Alpha, Valley Co. Idaho	Name as it appears on the record: Same
SUPPORTING RECORDS 15.	Type of Document: Statement regarding hospital records	Date of birth: December 25, 1909 Birth place: Idaho	Name as it appears on the record: Same
SUPPORTING RECORDS 16.	Type of Document: Application for Soc. Security	Date of birth: December 25, 1909 Birth place: Alpha, Valley Co. Idaho	Name as it appears on the record: Same
SUPPORTING RECORDS 17.	Type of Document: Statement regarding hospital records	Date of birth: December 25, 1909 Birth place: Idaho	Name as it appears on the record: Same
SUPPORTING RECORDS 18.	Type of Document: Application for Soc. Security	Date of birth: December 25, 1909 Birth place: Alpha, Valley Co. Idaho	Name as it appears on the record: Same
SUPPORTING RECORDS 19.	Type of Document: Statement regarding hospital records	Date of birth: December 25, 1909 Birth place: Idaho	Name as it appears on the record: Same
SUPPORTING RECORDS 20.	Type of Document: Application for Soc. Security	Date of birth: December 25, 1909 Birth place: Alpha, Valley Co. Idaho	Name as it appears on the record: Same

SIGNATURE OF APPLICANT	Signature	Date
CERTIFICATION	I certify that no prior birth certificate has been found in the Bureau of Vital Statistics for this person and that documentary evidence submitted substantiates the facts as set forth in the above statement.	
	Signature	Evidence reviewed by: Elaine Coy
		Date filed: February 6, 1964

Form No. 1026

413-12-032-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-109

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Chester Franklin Malicoat			2. Date Of Birth (month) (day) (year): September 21, 1909
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Shoshone, Lincoln, Idaho	b. City or Town of Birth:
FATHER	6. Full Name of Father: Samuel L. Malicoat			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Lola Burnett Savage			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chester Franklin Malicoat		11. Present Address of Registrant: 721 Arizona St. Gooding, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 5, 1961 19	12. Signature of Notary: M F Ryan		13. Notary Commission expires: 12-12-1963 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census	Date Issued: Jan.25,1961	Date Orig. Entry: Jan.1,1920
	Date of Birth: age 10 / Birth Place: Idaho	Full Name of Mother: Lola B. Malicoat	Name of Father: Samuel L. Malicoat	
SUPPORTING RECORD 2.	Type of Document: statement regarding school records	By whom issued and signed: Gooding County Schools, Sibyl Stevens, Auditor	Date Issued: Feb.4,1961	Date Orig. Entry: Sept. 1921
	Date of Birth: Sept.21, 1909 / Birth Place: ----	Full Name of Mother: ----	Name of Father: S. L. Malicoat	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Lola B. Malicoat	Date Issued: Jan.14,1961	Date Orig. Entry: ----
	Date of Birth: Sept.21, 1909 / Birth Place: Lincoln County Shoshone, Idaho	Full Name of Mother: Lola B. Malicoat	Name of Father: S. L. Malicoat	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Penny L. Wing	Date Filed: Feb. 7, 1961

FORM BH 56067

1 copy paid #8692 10-20-60

FEB 7 1961

9/3-215 1039-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-165

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ora Lee Ralphs			2. Date Of Birth (month) Dec. (day) 15 (year) 1909
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Power	b. City or Town of Birth: Rockland
FATHER	6. Full Name of Father: Heber John Ralphs			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Cleopha Christensen			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ora L. Wheeler		11. Present Address of Registrant: Rt 4 Box 2821 Modesto
NOTARY (Seal)	Subscribed and sworn to before me on: April 29 1960	12. Signature of Notary: Leland L. Merrell		13. Notary Commission expires: CALIF October 22 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Elder H. P. Frodshim	Date Issued: ----	Date Orig. Entry: blessed May 1, 1910
	Date of Birth: Dec. 15, 1909	Birth Place: Oneida County Rockland, Idaho	Full Name of Mother: Cleopha Christensen	Name of Father: Heber Ralphs, Jr.	
SUPPORTING RECORD 2.	Type of Document: Marriage License		By whom issued and signed: State of Calif. Riverside Co.	Date Issued: Apr. 12, 1936	Date Orig. Entry: April 12, 1936
	Date of Birth: age 26	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother		By whom issued and signed: Mary Cleopha Ralphs	Date Issued: Feb. 9, 1961	Date Orig. Entry: -----
	Date of Birth: Dec. 15, 1909	Birth Place: Power County Rockland, Idaho	Full Name of Mother: Mary Cleopha Christensen	Name of Father: Heber John Ralphs	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	Feb. 20, 1961

FORM BH 56067

1-6-60 one copy ~~MK~~ paid #18981

FEB 21

795-115-003-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-183

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Newel Green		2. Date of Birth (month) Nov. (day) 15 (year) 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bannock; b. City or Town of Birth: McCammon
FATHER	6. Full Name of Father: Brigham Young Green		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Haddon Trulock Ward George Newel Green		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Newel Green	11. Present Address of Registrant: McCammon, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 25 1961	12. Signature of Notary: Mildred E. Lindenschmitt	13. Notary Commission expires: Oct 25 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by relative		By whom issued and signed: Nellie G. Howard born 1886	Date Issued: Feb. 25, 1961	Date Orig. Entry: ----
	Date of Birth: Nov. 15, 1909	Birth Place: McCammon	Full Name of Mother: Haddon Trulock Ward	Name of Father: Brigham Young Green	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #285638	Date Issued: ----	Date Orig. Entry: child born Oct. 18, 1939
	Date of Birth: age 29	Birth Place: McCammon, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Idaho Mutual Benefit Assn.	Date Issued: May 23, 1940	Date Orig. Entry: May 22, 1940
	Date of Birth: Nov. 15, 1909	Birth Place: McCammon, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Penny L. Wing	Feb. 28, 1961

FORM BH 56067 7-20-60

MAR 1 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRAR	1. Registrant's Full Name of Birth: George Newel Green	2. Date of Birth: Nov. 15 1909
	3. Color or Race: White	4. Sex: M
	5. Place of Birth: Bannock	6. Civil Country: McCammon
FATHER	7. Full Name of Father: Brigham Young Green	8. State or Country of Father's Birth: Utah
MOTHER	9. Full Maiden Name of Mother: Maddon Trulock Ward	10. State or Country of Mother's Birth: Idaho
APPLICANT	11. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant:
	13. Present Address of Registrant: McCammon, Idaho	
	14. Subscribed and sworn to before me on: 19	15. Signature of Notary:
	16. Notary Commission expires: 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Document: Affidavit by relative	By whom issued and signed: Wallace O. Howard born 1885	Date Issued: Feb. 25, 1961	Date Orig. Entry:
	Date of Birth: Nov. 15, 1909	Full Name of Mother: Maddon Trulock Ward	Name of Father: Brigham Young Green	
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: child born Feb. 15, 1910
	Date of Birth: Age 29	Birth Place: McCammon, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assn.	Date Issued: May 23, 1960	Date Orig. Entry: May 22, 1960
	Date of Birth: Nov. 15, 1909	Birth Place: McCammon, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature	Evidence reviewed by	Date Filed
[signature]	Penny L. King	Feb. 28, 1961

FORM NO. [illegible] 7-20-60

281-205-042-736

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-202

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alice Elizabeth Shaw
2. Date Of Birth: (month) May (day) 5 (year) 1909
3. Color or Race: Caucasian | 4. Sex: Female | 5. Place of Birth: a. County: Twin Falls | b. City or Town of Birth: Kimberly Idaho

FATHER

6. Full Name of Father: Samuel D Shaw
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: Queenie ?? Glover
9. State or Country of Mother's Birth: Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice E Russell
11. Present Address of Registrant: 2911 Krueger Dr Jose Calif

NOTARY (Seal)

Subscribed and sworn to before me on: February 26 1961
12. Signature of Notary: Vern R. James
13. Notary Commission expires: 4/8/ 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Marriage Record	Napa County California, Velva Swan Recorder	Dec.30,1960	Aug.23,1930
	Date of Birth / Birth Place: age 21 / Idaho	Full Name of Mother: Queenie Glover	Name of Father: Samuel Shaw	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: California #28 309	Date Issued: Dec.30,1960	Date Orig. Entry: child born Apr.23,1933
	Date of Birth / Birth Place: age 23 / Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Permanent school record	By whom issued and signed: University of Arizona, C. Zaner Lesher, Registrar	Date Issued: Mar.9,1957	Date Orig. Entry: Matr. Sept. 1930
	Date of Birth / Birth Place: May 5,1909 / Kimberly, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnum	Penny L. Wing	Mar. 1, 1961

FORM BH 56067

2 copies paid #05451 8-10-60

MAR 1 1961

238-110-022-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-206

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Willian Ervin Schiess			2. Date Of Birth (month) June (day) 10 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Bates
FATHER	6. Full Name of Father: Ulrich Schiess Jr.			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Alice Victoria Nelson (Neilson)			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Ervin Schiess		11. Present Address of Registrant: Victor, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 21 19 61	12. Signature of Notary: [signature]		13. Notary Commission expires: March 7 19 62

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father-in-law		By whom issued and signed: John J. Miller age 89	Date issued: Jan.16,1961	Date Orig. Entry: ----
	Date of Birth: June 10, 1909	Birth Place: Fremont County Bates, Idaho	Full Name of Mother: Alice Victoria Nelson	Name of Father: Ulrich Schiess, Jr.	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #439184	Date issued: ----	Date Orig. Entry: child born May 16, 1947
	Date of Birth: age 37	Birth Place: Bates, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: statement regarding church records		By whom issued and signed: LDS Church, Cedron Ward, Asa Drake, Ward Clerk	Date issued: Feb.28,1961	Date Orig. Entry: baptized June 29,1917
	Date of Birth: June 10, 1909	Birth Place: Fremont County Bates, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Penny L. Wing	March 3, 1961

FORM BH 56067

1 copy paid 12-13-60

MAR 3 1961

713-129-006-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-219

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: KENNETH JAMES PALMER		2. Date Of Birth (month) MARCH (day) 29 (year) 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: BINGHAM; b. City or Town of Birth: RICH
FATHER	6. Full Name of Father: JAMES THOMAS PALMER		7. State or Country of Father's Birth: Red Rock, Idaho
MOTHER	8. Full Maiden Name of Mother: MEADA MABEL BOICE		9. State or Country of Mother's Birth: Blackfoot, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth J. Palmer	11. Present Address of Registrant: 344 Covington St. Oakland 5, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 16th 1961	12. Signature of Notary: IRA H. COOPER Ira H. Cooper	13. Notary Commission expires: April 30th 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding school records	By whom issued and signed: Bingham County, Idaho, school dis. #48, V.F. Wootton, clerk	Date issued: Sept. 1, 1960	Date Orig. Entry: school year 1916-1917
	Date of Birth: age 7	Birth Place: ----	Full Name of Mother: ----	Name of Father: J. T. Palmer
SUPPORTING RECORD 2.	Type of Document: Insurance Policy Application	By whom issued and signed: Gem State Mutual Life Assn.	Date issued: ----	Date Orig. Entry: Mar. 6, 1946
	Date of Birth: Mar. 29, 1909	Birth Place: Rich, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family	By whom issued and signed: Sarah Peterson age 71	Date issued: Mar. 1, 1961	Date Orig. Entry: ----
	Date of Birth: Mar. 23, 1909	Birth Place: Rich	Full Name of Mother: Meada Boice Mecham	Name of Father: James Thomas Palmer
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	pw Penny L. Wing	March 9, 1961

FORM BH 56067

MAR 9 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

155-221-021-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-223

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: June Jensen		2. Date Of Birth (month) Sept. (day) 21 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Franklin; b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Nels Fritchuf Jensen		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Harriet Maria Whitney		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: June Jensen - LaPray formerly June Jensen	11. Present Address of Registrant: 577 N. 1st W.-Logan, Ut.
NOTARY (Seal)	Subscribed and sworn to before me on: March 7 1961	12. Signature of Notary: L. Tom Perry	13. Notary Commission expires: 4/6 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Abstract of Marriage record	By whom issued and signed: Cache County Utah, Iver L. Larsen, clerk	Date issued: Mar, 8, 1961	Date Orig. Entry: Aug. 21, 1934
	Date of Birth: age 24; Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Preston 1st Ward, Oswald Christensen, clerk	Date issued: Jan. 2, 1910	Date Orig. Entry: blessed Jan. 2, 1910
	Date of Birth: Sept. 21, 1909; Birth Place: Oneida County Preston, Idaho	Full Name of Mother: Harriet M. Whitney	Name of Father: Nels F. Jensen	
SUPPORTING RECORD 3.	Type of Document: statement regarding church records	By whom issued and signed: LDS Church, Logan 15th Ward, D. Parry Wilson, Bishop	Date issued: Mar. 5, 1961	Date Orig. Entry: Married in temple. Aug. 21, 1934
	Date of Birth: Sept. 21, 1909; Birth Place: Franklin Co. Idaho	Full Name of Mother: Harriet M. Whitney	Name of Father: Nels F. Jensen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny L. Wing	March 9, 1961

FORM BH 56067 2-23-61 1 copy paid

MAR 9 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF UTAH

689-102.003-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-227

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Francis Marvin Whitworth			2. Date of Birth (month) Aug. (day) 2 (year) 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Inkom
FATHER	6. Full Name of Father: George Albert Whitworth			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Agnes Hayes Williams			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Francis Marvin Whitworth		11. Present Address of Registrant: Inkom, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 3, 1961	12. Signature of Notary: Grace Ashton		13. Notary Commission expires: July 20 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Agnes H. Whitworth	Date Issued: Mar.3,1961	Date Orig. Entry: ----
	Date of Birth: Aug.2,1909 / Birth Place: Bannock County Inkom, Idaho	Full Name of Mother: Agnes Hayes Williams	Name of Father: George Albert Whitworth	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church, Inkom Ward, Victor LaMar Leffler	Date Issued: ----	Date Orig. Entry: baptized Aug.2,1917
	Date of Birth: Aug.2,1909 / Birth Place: Bannock County Inkom, Idaho	Full Name of Mother: Agnes Williams	Name of Father: George A. Whitworth	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Continental Life & Accident	Date Issued: ----	Date Orig. Entry: Apr.29,1954
	Date of Birth: Aug.2,1909 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny L. Wing	Mar. 13, 1961

FORM BH 56067

MAR 13 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Whitworth

REGISTRANT	1. Registrant's full name at birth: [illegible] Marvin Whitworth	2. Date of birth: Aug. 2 1909	
	3. Color or Race: [illegible]	4. Sex: M	5. Place of Birth: Bannock, County: Bannock
	6. Full name of Father: George Albert Whitworth	7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: [illegible] Hayes Williams	9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I cannot declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Inkom, Idaho
NOTARY (Seal)	Sworn and sworn to before me on March 3, 1961	12. Signature of Notary: [illegible]	13. Notary Commission expires: July 20 to 61

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by mother	By whom issued and signed: [illegible] Whitworth	Date Issued: Mar. [illegible] 1961	Date Orig. Entry: ----
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: George Albert [illegible]	
SUPPORTING RECORD 2	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church, Inkom Ward, Victor Lamar Leffler	Date Issued: ----	Date Orig. Entry: Reprinted Aug. 2, 1917
	Date of Birth: Aug. 2, 1909 Birth Place: Bannock County Inkom, Idaho	Full Name of Mother: [illegible] Williams	Name of Father: George A. Whitworth	
SUPPORTING RECORD 3	Type of Document: Insurance Policy	By whom issued and signed: Continental Life & Accident	Date Issued: ----	Date Orig. Entry: Apr. 29, 1954
	Date of Birth: Aug. 2, 1909 Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible] L. Wing	Mar. 13, 1961

257-21-029-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-237

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alma May Beal
2. Date Of Birth: (month) Jan. (day) 11 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Latah Co. b. City or Town of Birth: Troy, Idaho

FATHER

6. Full Name of Father: Irvin Ellis Beal
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Elva Amelia Olsen
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alma May Beal Loomis
11. Present Address of Registrant: 4282 Beal Drive, Kent, Ohio

NOTARY (Seal)

Subscribed and sworn to before me on: March 10, 1961

12. Signature of Notary: Viola L. Twitchell
13. Notary Commission expires: May 30, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Transcript of Marriage Record	Summit County Ohio, Vincent Zurz, Probate Judge	Mar. 8, 1961	Sept. 10, 1937
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	age 28 / Troy, Idaho	Elva Olsen	Irvin Beal	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	own childs birth certificate	Ohio #93551	----	child born May 25, 1947
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	age 38 / Latah Co, Idaho	----	----	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	insurance policy application	The Life Insurance Co. Of Va.	----	May 17, 1933
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Jan. 11, 1909 / Troy, Idaho	Elva Beal	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	March 15, 1961

FORM BH 56067

2-21-61

MAR 15 1991

DELAYED CERTIFICATE OF BIRTH

792-203-025-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-245

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CAROLINE FREDA GIBSON			2. Date Of Birth (month) March (day) 3 (year) 1909	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Deary	
FATHER	6. Full Name of Father: Lawrence William Gibson			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Lena M. Darr			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Caroline F. Granlund		11. Present Address of Registrant: 1414 N. Cedar St.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 13 1961	12. Signature of Notary: H. Leslie Patten		13. Notary Commission expires: May 14 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: Lutheran Church		Date Issued: -----	Date Orig. Entry: June 5, 1910
	Date of Birth: Mar.3,1909	Birth Place: Deary, Idaho	Full Name of Mother: Lena M. Darr	Name of Father: Lawrehce William Gibson	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #169803		Date Issued: ---	Date Orig. Entry: child born Aug.25,1928
	Date of Birth: age 19	Birth Place: Deary, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by uncle	By whom issued and signed: Otto Henry Darr age 69		Date Issued: Feb.20,1961	Date Orig. Entry: -----
	Date of Birth: Mar.3,1909	Birth Place: Deary, Idaho	Full Name of Mother: Lena Margaret Darr	Name of Father: William L. Gibson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Bass	Evidence reviewed by: pw Penny L. Wing	Date Filed: March 16, 1961

FORM BH 56067

MAR 16 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

285-12-4036-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-248

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELBERT D SHERMAN			2. Date of Birth (month) (day) (year): NOVEMBER 24 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Holbrook Kerlew Valley
FATHER	6. Full Name of Father: George Amos Sherman			7. State or Country of Father's Birth: South Dakota
MOTHER	8. Full Maiden Name of Mother: Florence Emaline Roush			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elbert D. Sherman		11. Present Address of Registrant: Glenns Ferry, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: MARCH 16 1961	12. Signature of Notary: George A. Robertson		13. Notary Commission expires: FEB. 14 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Apr.19,1937
	Date of Birth: Nov.24,1909 / Birth Place: Kurlew Valley,Ida.	Full Name of Mother: Emmaline Roush	Name of Father: Groege Amos Sherman	
SUPPORTING RECORD 2.	Type of Document: affidavit by friend of family	By whom issued and signed: Mrs. Mary A. Manka age 79	Date Issued: Sept.10,1960	Date Orig. Entry: -----
	Date of Birth: Nov.24,1909 / Birth Place: Oneida County Holbrook,Idaho	Full Name of Mother: Florance Emmaline Sherman	Name of Father: George Amos Sherman	
SUPPORTING RECORD 3.	Type of Document: Selective Service Record	By whom issued and signed: U.S.Army,W.J.Taylor,Ind.Off.	Date Issued: Apr.1,1941	Date Orig. Entry: Apr.1,1941
	Date of Birth: Nov.24,1909 / Birth Place: Kerlew Valley,Ida.	Full Name of Mother: Mrs, William H. Morgan	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Penny L. Wing	Date Filed: March 20, 1961

FORM BH 56067

20 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRATION

Registrant's Full Name at Birth: [illegible] SHERMAN

Date of Birth: NOVEMBER 24 [illegible]

Color or Race: [illegible] Sex: [illegible]

Place of Birth: County: [illegible] Bellevue Valley

FATHER

Full Name of Father: [illegible] James Sherman

State or Country of Father's Birth: South Dakota

Maiden Name of Mother: [illegible]

State or Country of Mother's Birth: Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Signature of Registrant: [illegible]

Present Address of Registrant: [illegible]

Subscribed and sworn to before me on [illegible]

Signature of Notary: [illegible]

Notary Commission Expires: [illegible]

SUPPORTING RECORD A

Type of Document: Social Security Record

By whom Issued and Signed: Treasury Department

Date Issued: ---

Date Orig. Entry: [illegible]

Date of Birth: [illegible] Place of Birth: [illegible] Bellevue Valley, Idaho

Full Name of Mother: [illegible]

Name of Father: [illegible] James Sherman

SUPPORTING RECORD B

Type of Document: [illegible]

By whom Issued and Signed: [illegible]

Date Issued: [illegible]

Date Orig. Entry: ---

Date of Birth: [illegible] Place of Birth: [illegible] Bellevue Valley, Idaho

Full Name of Mother: [illegible]

Name of Father: [illegible] James Sherman

SUPPORTING RECORD C

Type of Document: Selective Service Record

By whom Issued and Signed: [illegible]

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Date of Birth: [illegible] Place of Birth: [illegible] Bellevue Valley, Idaho

Full Name of Mother: [illegible]

Name of Father: ---

ADDITIONAL INFORMATION

CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which necessitates the facts as set forth in the foregoing abstract.

Registrar's Signature: [illegible]

Evidence Reviewed by: [illegible]

Date Filed: [illegible]

FORM BUL 6E67

249-122-003-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De61-269

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: [illegible]
2. Date Of Birth (month) (day) (year): Dec. 22, 1909
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Family Home Bannock
b. City or Town of Birth: Turner mail Grace Idaho

FATHER

6. Full Name of Father: William Rufus Smith
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Hannah May McLain
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: Grace Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 1 1961
12. Signature of Notary: Leland Snow
13. Notary Commission expires: Nov. 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	American National Insurance	Mar.10,1939	Dec.13,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.22,1909	Grace, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Hannah May McLain Smith	Feb.13,1961	Dec. 22, 1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.22,1909	Bannock County Turner, Idaho	Hannah May McLain	William Rufus Smith

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church, Turner Ward, Mary E. Snow, Acting clerk	Apr.3,1910	Apr. 3, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.22,1909	Bannock County Turner, Idaho	Hannah McLain	Rufus Smith

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Penny L. Wing	Mar. 24, 1961

FORM BH 56067

MAR 24 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Marvin Smith

3864/17:004-559

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-303

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Heber Lyon			2. Date of Birth (month) august (day) 17 (year) 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Sharon Idaho Bear Lake	b. City or Town of Birth
FATHER	6. Full Name of Father: John William Lyon			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ellen Elisabeth Neibaur			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Heber Lyon		11. Present Address of Registrant: 408½ cottage ave pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 3/ 1961	12. Signature of Notary: John O. Fisher		13. Notary Commission expires: 9-25-1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho 360649	Date Issued: -----	Date Orig. Entry: child born June 2, 1942
	Date of Birth: age 32 / Birth Place: Sharon, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Sharon Ward, John Gambling, clerk	Date Issued: -----	Date Orig. Entry: baptized June 6, 1919
	Date of Birth: Aug.17,1909 / Birth Place: Bear Lake County Sharon, Idaho	Full Name of Mother: Ellen E. Neibaur	Name of Father: John Wm. Lyon	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination	By whom issued and signed: LDS Church, Sharon Ward, John Gambling, clerk	Date Issued: -----	Date Orig. Entry: ordained Dec.13,1922
	Date of Birth: Aug.17,1909 / Birth Place: Bear Lake County Sharon, Idaho	Full Name of Mother: Ellen E. Neibaur	Name of Father: John Wm. Lyon	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barnes	Evidence reviewed by: Penny L. Wing	Date Filed: April 4, 1961

FORM BH 56067 12-11-59

APR 4 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

795-206-003-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-309

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DELLA WINNIFRED GREEN		2. Date of Birth: (month) JULY (day) 6 (year) 1909	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: BANNOCK	b. City or Town of Birth: POCATELLO
FATHER	6. Full Name of Father: WALTER R. GREEN		7. State or Country of Father's Birth: OHIO	
MOTHER	8. Full Maiden Name of Mother: ELLA M. GREEN		9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Della Winnifred Black	11. Present Address of Registrant: 1005 Weiser Ave.	
NOTARY (Seal)	Subscribed and sworn to before me on: 4th 1961	12. Signature of Notary: Madison B. Keller	13. Notary Commission expires: August 8th 1961	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County record of birth	By whom issued and signed: Bannock County Idaho, Sarah Devaney, clerk of Dist. Court	Date Issued: Dec. 16, 1960	Date Orig. Entry: shortly after birth	
	Date of Birth: July 6, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Ella M. Green	Name of Father: Walter R. Green	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Jan. 29, 1940	
	Date of Birth: July 6, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Ella N. Green	Name of Father: Walter R. Green	
SUPPORTING RECORD 3.	Type of Document: Application for travelling	By whom issued and signed: H.I.J.M's Consulate General Tsingtao, China	Date Issued: July 19, 1939	Date Orig. Entry: July 19, 1939	
	Date of Birth: July 6, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	pw pw Penny L. Wing	April 6, 1961

FORM BH 56067

BLACK

APR 6 1987

APR 21 1987

155-131-036-342

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-334

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LEWIS JENKINS			2. Date Of Birth (month) OCTOBER (day) 31 (year) 1909	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: ONEIDA	b. City or Town of Birth: MALAD CITY	
FATHER	6. Full Name of Father: ESTON JENKINS			7. State or Country of Father's Birth: WALES	
MOTHER	8. Full Maiden Name of Mother: LOVISA LUSK			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lewis Jenkins		11. Present Address of Registrant: Malad, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 11 1961	12. Signature of Notary: Jas. B. Jones		13. Notary Commission expires: Nov 20 1964	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #254309		Date Issued: -----	Date Orig. Entry: child born Apr. 30, 1937
	Date of Birth: age 27	Birth Place: Malad, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: affidavit by sister	By whom issued and signed: age 16 at birth Martha Leona Jenkins Bennett		Date Issued: Mar. 10, 1961	Date Orig. Entry: -----
	Date of Birth: Oct. 31, 1909	Birth Place: Oneida County Malad City, Idaho	Full Name of Mother: Lovisa Lusk	Name of Father: Eston Jenkins	
SUPPORTING RECORD 3.	Type of Document: statement regarding church records	By whom issued and signed: LDS Church, Malad 2nd Ward, Jon C. Ward, Ward Clerk		Date Issued: Mar. 24, 1961	Date Orig. Entry: blessed Jan. 2, 1910
	Date of Birth: Oct. 31, 1909	Birth Place: Malad, Idaho	Full Name of Mother: Lovica Lusk	Name of Father: Eston E. Jenkins	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barrowes	pw Penny L. Wing	April 14, 1961

FORM BH 56067

APR 17 1961
JUN 23 1969

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person about Birth is being registered)	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth (month) (day) (year): OCTOBER 31 1960
	3. Other or Same 1a. Sex: [illegible]	5. Place of Birth: a. County: [illegible] b. City or Town of Birth: MALAD CITY
FATHER	4. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	9. Hereby declare and oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant
NOTARY (Seal)	10. Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible] 13. Notary Commission Expires: [illegible]

APPLICATION FOR NOTARY SEAL THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible] Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible] Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible] Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFYING INFORMATION			

PROCEEDING / CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Issue Registrar	Evidence reviewed by	Date filed
[illegible]	Penny L. Wine	April 26, 1961

IENKINS

FORM [illegible]

635217 1035-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-400

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Georgia Mae Fleshman			2. Date Of Birth (month) Nov (day) 17 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Leland Nez Perce	b. City or Town of Birth: Leland
FATHER	6. Full Name of Father: John Edward Fleshman			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Julia Neoto Lotspiech			9. State or Country of Mother's Birth: Reno Co. - Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Georgia Mae Dreps		11. Present Address of Registrant: 1610-13 ave Lewiston Ida
NOTARY (Seal)	Subscribed and sworn to before me on: May 2 1961	12. Signature of Notary: Betty Jean Galla		13. Notary Commission expires: Sept 19 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St.Stanislaus Roman Catholic Church,Francis J.Blaes,Pastor	Date Issued: Apr.21,1961	Date Orig. Entry: baptized Nov.25,1930	
	Date of Birth: Nov.17,1909	Birth Place: Leland, Idaho	Full Name of Mother: Julia N. Lotspiech	Name of Father: John Edw.Fleshman	
SUPPORTING RECORD 2.	Type of Document: Marriage License affidavit	By whom issued and signed: Nez Perce County, Idaho,A.L. Lyons, clerk	Date Issued: Apr.25,1961	Date Orig. Entry: Apr.28,1931	
	Date of Birth: age 21	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Julia N. Fleshman	Date Issued: May 2,1961	Date Orig. Entry: -----	
	Date of Birth: Nov.17,1909	Birth Place: Leland, Idaho	Full Name of Mother: Julia N. Fleshman	Name of Father: John Edward Fleshman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Barnum	Evidence reviewed by: Penny L. Wing	Date Filed: May 5, 1961

FORM BH 56067

41-14-61

MAY 5 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

296-215-025-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-408

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Juanita Elisabeth Brown			2. Date Of Birth (month) January (day) 15 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ferdinand Idaho, Idaho	b. City or Town of Birth	
FATHER	6. Full Name of Father: Ansgar Brown			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Clara E. Wren			9. State or Country of Mother's Birth: Lewiston, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Juanita Elisabeth Adamson	11. Present Address of Registrant: Powers Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: April 27 1961		12. Signature of Notary: Ora E. Sheedy	13. Notary Commission expires: 7-14 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Oct.25,1940
	Date of Birth: Jan.15,1909	Birth Place: Ferdanand, Idaho	Full Name of Mother: Clara Etta Wren	Name of Father: Ansgar Brown
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #417108	Date Issued: ----	Date Orig. Entry: child born Feb.22,1946
	Date of Birth: age 37	Birth Place: Ferdinand,Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Great Western Mutual Assn.	Date Issued: Sept.1,1946	Date Orig. Entry: Aug.27,1946
	Date of Birth: Jan.15,1909	Birth Place: Ferdinand,Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	May 8, 1961

FORM BH 56067

1 copy paid #7777 9-26-60

MAY 8 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

366219-010-556

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-421

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FLORENCE COOK			2. Date Of Birth: August 19 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Milo
FATHER	6. Full Name of Father: Henery Hunter Cook			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Emily Florence Newman			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Cook Page		11. Present Address of Registrant: 1301 Marion Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 8 1961	12. Signature of Notary: Emma Sloan		13. Notary Commission expires: Feb 5 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Milo Ward, Lorenzo B. Harmon, clerk		Date Issued: Aug. 4, 1918	Date Orig. Entry: baptized May 4, 1918
	Date of Birth: Aug. 19, 1909	Birth Place: Bonneville County Milo, Idaho	Full Name of Mother: Emily F. Newman	Name of Father: Henery H. Cook	
SUPPORTING RECORD 2.	Type of Document: affidavit by friend of family	By whom issued and signed: H. Stanley Lee age 69		Date Issued: May 8, 1961	Date Orig. Entry: -----
	Date of Birth: Aug. 19, 1909	Birth Place: Bonneville County Milo, Idaho	Full Name of Mother: Emily Florence Newman	Name of Father: Henry Hunter Cook	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Idaho Falls Stake, Wendell E. Jensen, clerk		Date Issued: May 7, 1961	Date Orig. Entry: blessed Oct. 3, 1909
	Date of Birth: Aug. 19, 1909	Birth Place: Bonneville County Milo, Idaho	Full Name of Mother: Emily F. Newman	Name of Father: Henry H. Cook	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnes	pw Penny L. Wing	May 9, 1961

FORM BH 56067

MAY 10 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State Plan No. [illegible]

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

REGISTRAR (Person whose birth is being registered)	1. Registrar's Full Name at Birth: [illegible]	2. Date (month) (day) (year) Birth: August 19 [illegible]
	3. Color or Race (A, Sex) [illegible]	4. Place of Birth (a) County: [illegible] (b) City or Town of Birth: Milo
FATHER	[illegible]	5. State or Country of Father's Birth: [illegible]
MOTHER	6. Full Maiden Name of Mother: [illegible]	7. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	8. [illegible]	9. Signature of Registrant: [illegible]
NOTARY (Seal)	10. Subscribed and sworn to before me on [illegible]	11. Signature of Notary: [illegible]
		12. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth, Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date issued: May 8, 1962	Date Orig. Entry: ----
	Date of Birth, Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3	Type of Document: Certificate of Blessing	By whom issued and signed: [illegible]	Date issued: [illegible]	Date Orig. Entry: Blessed [illegible]
	Date of Birth, Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
[illegible] INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date filed
[illegible]	[illegible]	May 8, 1961

PAGE

613-22-0036-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 461

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Waldron
2. Date of Birth (month) (day) (year): Oct. 22 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Samaria Oneida
b. City or Town of Birth: Samaria Idaho.

FATHER

6. Full Name of Father: Levi G. Waldron
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Sarah Eliza Thomas
9. State or Country of Mother's Birth: Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth Waldron Gibbs
11. Present Address of Registrant: 1345 East 4130 So Salt Lake City Utah

NOTARY (Seal)

Subscribed and sworn to before me on: April 21 1961
12. Signature of Notary: Lynn Clark
13. Notary Commission expires: July 29 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church, Winder Ninth Ward Lawrence E. Law. Clerk	Apr.11,1961	baptized June 6, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.22,1909	Oneida Samaria, Idaho	Sarah Eliza Thomas	Levi G. Waldron

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License Application	Salt Lake County Utah, Alvin Keddington, clerk	Mar.7,1961	Jan.23,1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.22,1909	Samaria, Idaho	Sarah E. Thomas	Levi G. Waldron

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Birth Certificate	LDS Church, Malad Stake, Joseph F. Smith, Historian	May 22,1961	recorded Jun 6, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.22,1909	Oneida County Samaria, Idaho	Eliza Thomas	Levi G. Waldron

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	May 26, 1961

FORM BH 56067

1 copy paid #12722 2-28-61

DELAYED CERTIFICATE OF BIRTH

MAY 26 1961

155-29-016-599

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 485

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: REGNA Sophia JENKINS
2. Date Of Birth (month) (day) (year): Aug. 29, 1909
3. Color or Race: White
4. Sex: FEMALE
5. Place of Birth a. County: OAKley CASSIA
b. City or Town of Birth: OAKley

FATHER

6. Full Name of Father: WILLIAM HENRY JENKINS
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: AGNES Sophia ERICKSEN
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Regna Hart
11. Present Address of Registrant: TULARE CALIFORNIA

NOTARY (Seal)

Subscribed and sworn to before me on 5/24/61 19__
12. Signature of Notary: John W. Anderson
13. Notary Commission expires 11/13/62 19__

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Certificate of birth	LDS Church, Oakley 3rd Ward Joseph F. Smith, Historian	May 23,1961	recorded Nov. 7, 1909
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.29,1909 / Cassia County Oakley, Idaho	Agnes Erickson	William H. Jenkins	
SUPPORTING RECORD 2.	affidavit by parents	William Henry Jenkins Agnes Jenkins	June 1,1961	----
	Aug.29,1909 / Cassia County Oakley, Idaho	Agnes Jenkins	William Henry Jenkins	
SUPPORTING RECORD 3.	School Record	Twin Falls High School U. N. Terry, Principal	----	entered Sept. 14, 1295
	Aug.29,1909 / ----	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Penny L. Wing	June 2, 1961

FORM BH 56067

5-2-61

John Anderson

JUN 2 1908

414-123-010-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 488

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arnold Madsen		2. Date of Birth (month) (day) (year): Sept. 23 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho Falls. Bonneville; b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Enoch Madsen		7. State or Country of Father's Birth: UTah
MOTHER	8. Full Maiden Name of Mother: Caroline Brown		9. State or Country of Mother's Birth: UTah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arnold Madsen	11. Present Address of Registrant: 6311 Acorn St Bountiful Utah
NOTARY (Seal)	Subscribed and sworn to before me on: May 31 1961	12. Signature of Notary: Freda B. Hood	13. Notary Commission expires: July 19 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination		By whom issued and signed: LDS Church, Ogden 15th Ward David M. Shaw, Clerk	Date Issued: ----	Date Orig. Entry: ordained Jan.11,1925
	Date of Birth: Sep.23,1909	Birth Place: Idaho Falls,Idaho	Full Name of Mother: Caroline Brown	Name of Father: Enoch Madsen	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: LDSCChurch,Henry D. Moore, clerk	Date Issued: Mar.2,1919	Date Orig. Entry: baptized Mar 2,1919
	Date of Birth: Sep.23,1909	Birth Place: Idaho Falls,Idaho	Full Name of Mother: Caroline Brown	Name of Father: Enoch Madsen	
SUPPORTING RECORD 3.	Type of Document: (parents copy) own childs birth certificate		By whom issued and signed: California, Dist #1501	Date Issued: ----	Date Orig. Entry: child born Apr.7,1943
	Date of Birth: Sept33	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Barron		Evidence reviewed by: Penny L. Wing		Date Filed: June 5, 1961

FORM BH 56067

5-24-61

JUN 5 1981

JUL 1 1969

695-216-006-191

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 497

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY ALICE FIELDING		2. Date Of Birth (month), (day), (year): APRIL 16, 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: BINGHAM; b. City or Town of Birth: SHELLEY, IDAHO
FATHER	6. Full Name of Father: JOSEPH FIELDING		7. State or Country of Father's Birth: SALT LAKE CITY, UTAH
MOTHER	8. Full Maiden Name of Mother: AMY ARAVE		9. State or Country of Mother's Birth: HOOPER, UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Olney	11. Present Address of Registrant: 365-7th St. IDAHO FALLS, IDA.
NOTARY (Seal)	Subscribed and sworn to before me on: 28th Day of June 1961	12. Signature of Notary: Clarence E. Whitaker	13. Notary Commission expires: 11-23 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Nov. 25, 1936
	Date of Birth: Apr. 16, 1909	Birth Place: Shelley, Idaho	Full Name of Mother: Amy Arave	Name of Father: Jos. Fielding
SUPPORTING RECORD 2.	Type of Document: marriage license affidavit	By whom issued and signed: Bonneville County, Idaho Harry Moore, clerk	Date Issued: Apr. 17, 1961	Date Orig. Entry: Apr. 11, 1931
	Date of Birth: Aage 21	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Amy Fielding	Date Issued: Mar. 16, 1961	Date Orig. Entry: ----
	Date of Birth: Apr. 16, 1909	Birth Place: ----	Full Name of Mother: Amy Fielding	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	Penny L. Wing	July 6, 1961

FORM BH 56067

4-20-61

JUL 7 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR (Person whose birth is being registered)	1. Registrant's Full Name at Birth: MARY ALICE FIELDING	2. Date (month) (day) (year) Birth: APRIL 16, 1901
	3. Place of Birth: WHITE FEMALE	4. Place of Birth: LINGHAM SHELLEY IDAHO
FATHER	5. Full Name of Father: JOSEPH FIELDING	6. State or Country of Father's Birth: SALT LAKE CITY, UTAH
MOTHER	8. Full Maiden Name of Mother: AMY ARAVE	9. State or Country of Mother's Birth: HOOPER, UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: 365 [illegible]	
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]
	13. Notary Commission Expires: [illegible]	

APPLICANT — DO NOT WRITE BELOW THIS LINE

CORRECTION RECORD 1	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: ----
	Date of Birth: Apr 15 1900	Full Name of Mother: Amy Arave	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: [illegible]
	Date of Birth: Apr 21	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: [illegible]
	Date of Birth: Apr 16 [illegible]	Full Name of Mother: [illegible]	Name of Father: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I certify that no prior birth has been found in the Division of Vital Statistics for this registration, or that documentary evidence has been reviewed, which substantiates the facts as set forth in the following statement.

Signature: [illegible] Date Filed: [illegible]

4-20-61

855-223-002 - 395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 532

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Velma Azalea Henke			2. Date of Birth (month) (day) (year): 1909 Dec. 23 1909
	3. Color or Race: white	4. Sex: f	5. Place of Birth a. County: Indian Valley Adams	b. City or Town of Birth:
FATHER	6. Full Name of Father: Walter E. Henke			7. State or Country of Father's Birth: Montana
MOTHER	8. Full Maiden Name of Mother: Prudy B. Linder			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Velma M White		11. Present Address of Registrant: 1245 S. E. 53rd Ave Portland 15, Oreg.
NOTARY (Seal)	Subscribed and sworn to before me on 5/1 19 61	12. Signature of Notary: Wilda C Warren		13. Notary Commission expires: My Commission Expires Jan. 14, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Oct.26,1942
	Date of Birth: Dec.23,1909	Birth Place: Adams County Indian Valley, Ida.	Full Name of Mother: Prudy B. Linder	Name of Father: Walter E. Henke
SUPPORTING RECORD 2.	Type of Document: County Birth Record	By whom issued and signed: Washington County, Idaho Ray Wilson, Recorder	Date Issued: Feb.13,1942	Date Orig. Entry: shortly after birth
	Date of Birth: Dec.23,1909	Birth Place: Indian Valley, Ida.	Full Name of Mother: Prudy Linder	Name of Father: Walter Henke
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Prudy Blanch Henke	Date Issued: Feb.9,1942	Date Orig. Entry: -----
	Date of Birth: Dec.23,1909	Birth Place: Indian Valley, Idaho	Full Name of Mother: Prudy Blanch Henke	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Barron	Evidence reviewed by: Penny L. Wing	Date Filed: June 23, 1961

FORM BH 56067

1-26-61

JUN 23 1961

319-229-035-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 542

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wayne Lula LaRue
2. Date of Birth (month) (day) (year): December 29, 1909
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Idaho Nez Perce
   b. City or Town of Birth: Culdesac, Idaho

FATHER

6. Full Name of Father: George W. LaRue
7. State or Country of Father's Birth: Washington

MOTHER

8. Full Maiden Name of Mother: Lula L. Brown
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wayne L. Hill
11. Present Address of Registrant: R.F.D. 1 - Box 141, Enumclaw, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: June 22 1961
12. Signature of Notary: [signature]
13. Notary Commission expires: Dec. 14 1961

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding hospital records	St. Jospeh's Hospital, Bellingham, Wash. Jessie V. Ferry, MRL	Nov. 19, 1959	admitted Jan. 25, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 29, 1909	Idaho	Lula Brown	George LaRue

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage affidavit Record	Whatcom County, Washington, Wella Hansen, Auditor	June 13, 1960	filed July 2, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 24	----	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
application for Nurses School	---	---	Dec. 30, 1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 29, 1909	Culdesac, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	June 27, 1961

FORM BH 56067

4-5-10-60

JUN 27 1961

DECEASED

154-129-022-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 556

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Daniel Gilbert Anderson			2. Date of Birth (month) (day) (year): January 29, 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Danial Gilbert Anderson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lydia May Hansen			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Daniel G Anderson		11. Present Address of Registrant: 5295 Broadway Terrace Oakland, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: June 15 1961	12. Signature of Notary: Hazel L Hurlbert		13. Notary Commission expires: Sept. 28 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security number	By whom issued and signed: Treasury Department	Date Issued: ---	Date Orig. Entry: Nov. 10, 1938
	Date of Birth: Jan. 29, 1909	Birth Place: Rexburg, Idaho	Full Name of Mother: Lydia May Hansen	Name of Father: Daniel Gilbert Anderson, SR.
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt Age 71	By whom issued and signed: Bergetta H. Virgin	Date Issued: June 15, 1961	Date Orig. Entry: ---
	Date of Birth: January 29, 1909	Birth Place: Rexburg, Idaho	Full Name of Mother: Lydia May Hansen	Name of Father: Danial Gilbert Anderson
SUPPORTING RECORD 3.	Type of Document: statement regarding employment records	By whom issued and signed: Claremont Country Club Mildred Brown, Personnel	Date Issued: June 24, 1961	Date Orig. Entry: Feb. 1950
	Date of Birth: Jan. 29, 1909	Birth Place: Rexburg, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: pp ec Penny L. Wing	Date Filed: July 3, 1961

FORM BH 56067

Copy

JUL 3 1961

966-113-044-966

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 571

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Glen Willard Root
2. Date of Birth (month) (day) (year): June 13 1909
3. Color or Race: White
4. Sex: M.
5. Place of Birth a. County: Weiser Washington
b. City or Town of Birth: Weiser

FATHER

6. Full Name of Father: William S. Root
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Kate Mary Root
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Glen W. Willard Root
11. Present Address of Registrant: 448 E. 4th

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 13 1960
12. Signature of Notary: [illegible]
13. Notary Commission expires: Sept 7 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Census Record	Bureau of the Census	Mar.6,1961	Jan.1,1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 10 / Idaho	----	----	
SUPPORTING RECORD 2.	affidavit by aunt	Lottie Kelley Palmer age 79	Mar.14,1961	-----
	June 13, 1909 / Weiser, Idaho	-----	-----	
SUPPORTING RECORD 3.	Lodge Application	Benevolent and Protective Order of Elks, D.L.Carter,NP	Mar.27,1961	Apr. 16, 1953
	June 13, 1909 / Washington County Weiser, Idaho	-----	-----	

QUALIFYING INFORMATION

Affidavit by Secretary of the Lodge, Fred Korup, Neighbor, stating that father's name was William S. Root and Mother's name was Kate Kelley.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Penny L. Wing	July 7, 1961

FORM BH 56067 4-21-60

JUL 7 1961

AUG 22 1961

959-203007-595

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-596

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Idola Ruth Reichlein			2. Date Of Birth (month) (day) (year): December 3, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Soldier
FATHER	6. Full Name of Father: William Henry Reichlein			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Bertha Jane Niemela			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Idola R. Hobdey	11. Present Address of Registrant: 1614 Broadway, Boise
NOTARY (Seal)	Subscribed and sworn to before me on: October 6 1958		12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: William H. Reichlein	Date Issued: Oct. 6, 1958	Date Orig. Entry:
	Date of Birth: December 3 1909 / Birth Place: Soldier, Idaho	Full Name of Mother: Bertha Jane Niemela	Name of Father: William H. Reichlein	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file, Vital Statistics #49-03767	Date Issued:	Date Orig. Entry: Child born April 16, 1949
	Date of Birth: Age 39 / Birth Place: Soldier, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: application for social security account number	By whom issued and signed: U.S.Treasury Department	Date Issued: --	Date Orig. Entry: Nov 15, 1956
	Date of Birth: Dec. 3, 1909 / Birth Place: Soldier, Idaho Camas County	Full Name of Mother: Bertha Jane Niemela	Name of Father: William Henry Reichlein	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: ses Joyce B. Foltz	Date Filed: July 19, 1961

FORM BH 56067

JUL 20 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR	1. Registrant's Full Name at Birth: [illegible] Reichlein	2. Date of Birth: December 3, 1909
	3. Place of Birth: Idaho, Idaho, Camas County	4. Sex: Male
FATHER	5. Full Name of Father: William Henry Reichlein	6. State or Country of Father's Birth: Idaho
MOTHER	7. Full Maiden Name of Mother: Bertha Jane Niemela	8. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	9. Name of Person Upon Oath Certifying to Statements Are True to the Best of Knowledge and Belief	10. Signature of Registrant: [illegible]
NOTARY	11. Subscribed and Sworn to before me on	12. Signature of Notary: [illegible]
	13. Notary Commission Expires: [illegible]	14. Present Address of Registrant: [illegible]

APPLICANT DO NOT WRITE IN THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible] Father	Name Issued and Signed: William H. Reichlein	Date Issued: Oct. 6, 1950
	Place of Birth: Idaho, Idaho	Full Name of Mother: Bertha Jane Niemela	Name of Father: William H. Reichlein
SUPPORTING RECORD 2	Type of Document: Own child's birth certificate	Name Issued and Signed: Vital Statistics	Date Issued: [illegible]
	Place of Birth: Idaho, Idaho	Full Name of Mother: [illegible]	Name of Father: ------
SUPPORTING RECORD 3	Type of Document: application for social security account number	Name Issued and Signed: U.S. Treasury Department	Date Issued: --
	Place of Birth: Idaho, Idaho	Full Name of Mother: Bertha Jane Niemela	Name of Father: William Henry Reichlein
QUALIFYING INFORMATION	Date of Birth: Dec. 3, 1909		Date Orig. Entry: Nov 15, 1956

DECEASED

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing statement.

Date Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce A. Foltz	July 19, 1961

FORM NO. [illegible]

355-230-006-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 597

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lexie Vern Teeples		2. Date Of Birth (month) Dec. (day) 30 (year) 1909
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Shelley, Bingham; b. City or Town of Birth: Shelley (Goshen)
FATHER	6. Full Name of Father: Ransford H. Teeples		7. State or Country of Father's Birth: Utah, Millard, Holden
MOTHER	8. Full Maiden Name of Mother: Lodisa Elizabeth Killian		9. State or Country of Mother's Birth: Utah Sevier, Annabella
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lexie Vern Dustin	11. Present Address of Registrant: 458 N. Lincoln Pocatello Ida
NOTARY (Seal)	Subscribed and sworn to before me on: July 19 1961	12. Signature of Notary: V. Courtney	13. Notary Commission expires: _____ 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Goshen Ward, D. N. Johnson, clerk	Date Issued: Feb.13,1910	Date Orig. Entry: blessed Feb.13,1910
	Date of Birth: Dec.30,1909	Birth Place: Bingham County Goshen, Idaho	Full Name of Mother: Lodisa E. Killian	Name of Father: Ransford H. Teeples
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Goshen Ward, Jos. N. Christensen, clerk	Date Issued: ----	Date Orig. Entry: baptized Aug. 4,1918
	Date of Birth: Dec.20,1909	Birth Place: Bingham County Goshen, Idaho	Full Name of Mother: Lodisa Killian	Name of Father: Ransford U. Teeples
SUPPORTING RECORD 3.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #291283	Date Issued: ----	Date Orig. Entry: child born Mar. 5,1940
	Date of Birth: age 30	Birth Place: Shelley, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Penny L. Wing	July 21, 1962

FORM BH 56067

10-17-60m 1 copy paid #8459

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 12 19[illegible]

1. Name at birth		2. Date of birth
3. Sex	4. Place of birth	
5. Name of father		6. Birthplace of father
7. Maiden name of mother		8. Birthplace of mother
9. Name of person making statement		10. Relationship to person named in item 1
11. Address of person making statement		

I hereby certify that the facts stated above are true to the best of my knowledge and belief.

(Signature of person making statement)

Subscribed and sworn to before me on

(Date)

(Signature of Notary)

12. Notary Commission expires

13. Present address of applicant

14. Signature of applicant

15. Date signed

16. Signature of witness

17. Address of witness

18. Signature of witness

19. Address of witness

20. Date signed

21. Signature of witness

22. Address of witness

23. Date signed

24. Signature of witness

25. Address of witness

26. Date signed

27. Signature of witness

28. Address of witness

29. Date signed

30. Signature of witness

31. Address of witness

32. Date signed

33. Signature of witness

34. Address of witness

35. Date signed

36. Signature of witness

37. Address of witness

38. Date signed

39. Signature of witness

40. Address of witness

41. Date signed

42. Signature of witness

43. Address of witness

44. Date signed

45. Signature of witness

46. Address of witness

47. Date signed

48. Signature of witness

49. Address of witness

50. Date signed

51. Signature of witness

52. Address of witness

53. Date signed

54. Signature of witness

55. Address of witness

56. Date signed

57. Signature of witness

58. Address of witness

59. Date signed

60. Signature of witness

61. Address of witness

62. Date signed

63. Signature of witness

64. Address of witness

65. Date signed

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632-121-016-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-609

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ronald Theodore Olsen
2. Date of Birth (month) (day) (year): May 21 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Caccia [illegible] Idaho
b. City or Town of Birth: Oakley

FATHER

6. Full Name of Father: Rudolph Theodore Olsen
7. State or Country of Father's Birth: Copenhagen Denmark

MOTHER

8. Full Maiden Name of Mother: LeNora Whitby
9. State or Country of Mother's Birth: Tooele Utah U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ronald T. Olsen
11. Present Address of Registrant: Box 35 1060 Main Brigham City Utah

NOTARY (Seal)

Subscribed and sworn to before me on: July 21 1961
12. Signature of Notary: Don F. Chadwick
13. Notary Commission expires: My Commission Expires Sept. 24, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	insurance policy application	United Benefit Life Insur.Co.	----	Sept.23,1945
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	May 21,1909 / Oakley, Idaho	------	------	
SUPPORTING RECORD 2.	Social Security record	Railroad retirement Board	----	1-5-1937
	May 21,1909 / Idaho C Oakley, Idaho	LeNora Whitby	Rudolph Theodore Olsen	
SUPPORTING RECORD 3.	affidavit by mother	Nora Olsen	Apr. 19,1960	----
	May 21,1909 / Oakley, Idaho	Nora Olsen	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barrow	Penny L. Wing	July 25, 1961

FORM BH 56067

4-12-60

JUL 25 1961

Person whose birth is being registered	1. Registrant's full name of birth	2. Date of birth (Day) (Year)
	3. Color or Tribe	4. Place of birth
FATHER	5. Full name of Father	7. State or Country of Fatherland Birth
MOTHER	8. Full Maiden name of Mother	9. State or Country
ATTEST	I hereby declare upon oath that the above statement is true to the best of my knowledge and belief.	10. Signature of registrant
NOTARY (Seal)	Subscribed and sworn to before me	11. Signature of Notary
SUPPORTING RECORD 1	Type of Document	By whom issued and signed
	Date of birth	Full name of mother
SUPPORTING RECORD 2	Type of Document	By whom issued and signed
	Date of birth	Full name of Mother
SUPPORTING RECORD 3	Type of Document	By whom issued and signed
	Date of birth	Full name of Mother
QUALIFYING INFORMATION		
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that an order birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing [illegible]	
	Name Registrar	Evidence reviewed by
		Date Filed

455-807-036-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 613

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ValOis Mendenhall			2. Date of Birth (month) October (day) 7 (year) 1909
	3. Color or Race: white	4. Sex: F.	5. Place of Birth a. County: Dayton, Oneida	b. City or Town of Birth: Dayton
FATHER	6. Full Name of Father: James Mecham Mendenhall			7. State or Country of Father's Birth: Oneida County, Idaho
MOTHER	8. Full Maiden Name of Mother: Effie Callan Perkins			9. State or Country of Mother's Birth: Oneida County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Va Lois Tulloch		11. Present Address of Registrant: 527 Fourth Ave. North Twin Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 25 1961	12. Signature of Notary: R C Akenberger		13. Notary Commission expires: January 4 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Dayton Ward, John W. Wait, Clerk		Date Issued: Nov.21,1909	Date Orig. Entry: blessed Nov. 7,1909
	Date of Birth: Oct.7,1909	Birth Place: Oneida County Dayton, Idaho	Full Name of Mother: Effie C. Perkins		Name of Father: James Mendenhall
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Mae E. Perkins born 1898		Date Issued: July 25, 1961	Date Orig. Entry: -----
	Date of Birth: Oct.7,1909	Birth Place: Dayton, Idaho	Full Name of Mother: Effie Callan Perkins		Name of Father: James Mecham Mendenhall
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital records	By whom issued and signed: Magic Valley Memorial Hospital, Loretta Lutz, R.R.L.		Date Issued: July 21, 1961	Date Orig. Entry: admitted Jan.25,1955
	Date of Birth: Oct.7,1909	Birth Place: Idaho	Full Name of Mother: Effie Perkins Mendenhall		Name of Father: James Mendenhall
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Penny L. Wing	Date Filed: July 26, 1961

FORM BH 56067

1 copy paid 7-13-61

JUL 26 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRAR (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Valois Mendenhall	2. Date of Birth (Month) October (Day) 7 (Year) 1909	
	3. Color or Name of Race: White	4. Place of Birth: Dayton, Oneida County	5. City or Town of Birth: Dayton
	6. Full Name of Father: James Mechem Mendenhall	7. State or Country of Father's Birth: Oneida County, Idaho	
	8. Full Maiden Name of Mother: Vicie Callan Perkins	9. State or Country of Mother's Birth: Oneida County, Idaho	
APPLICANT — Notary (Seal)	10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: 527 Bonneville Ave. North, Twin Falls, Idaho
	Subscribed and sworn to before me on: July 25 19 61	12. Signature of Notary	13. Notary Commission expires: January 4 19 62

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Blessing	By whom issued and signed: [illegible] Church, Dayton Ward, [illegible]	Date Issued: Nov. [illegible], 1909	Date Orig. Entry: Blessed Nov. [illegible], 1909
	Date of Birth: [illegible]	Full Name of Mother: Vicie V. Perkins	Name of Father: James Mendenhall	
	Date of Birth: [illegible] Dayton, Idaho			
SUPPORTING RECORD 2	Type of Document: Affidavit by Mother	By whom issued and signed: [illegible]	Date Issued: July 24, 1961	Date Orig. Entry: ----
	Date of Birth: Dec. [illegible], 1909	Birth Place: Dayton, Idaho	Full Name of Mother: Vicie Callan Perkins	Name of Father: James Mechem Mendenhall
SUPPORTING RECORD 3	Type of Document: Statement regarding hospital records	By whom issued and signed: Magic Valley Memorial Hospital, Jerome Lutz, R.E.S.	Date Issued: July 21, 1961	Date Orig. Entry: Admitted Jan. 25, 1909
	Date of Birth: Oct. 7, 1909	Birth Place: Idaho	Full Name of Mother: Vicie Perkins Mendenhall	Name of Father: James Mendenhall

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	July 26, 1961

766-23-018-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 631

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Loma Martha Powell
2. Date Of Birth: (month) July (day) 3 (year) 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Orofino

FATHER

6. Full Name of Father: Frederick Wilson Powell
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Retta Vetura Miller
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Loma (Powell) Cling
11. Present Address of Registrant: 1713 Rainier, Bremerton Wash.

NOTARY (Seal)

Subscribed and sworn to before me on July 21 1961

12. Signature of Notary: Howard T. Main
13. Notary Commission expires: Oct 1 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy application	New York Life Insurance Co.	-----	July 27,1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 3,1909	Orofino, Idaho	Retta Miller Powell	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Employment application	Bremerton School Dist.#100C Bremerton,Wash.	-----	Aug.22,1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 3,1909	Orofino, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Retta Vetura Miller Powell	July 29, 1961	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 3,1909	Orofino, Idaho	Retta Vetura Miller	Frederick Wilson Powell

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	August 1, 1961

FORM BH 56067

7-6-61

AUG 1 1961

DELAYED CERTIFICATE OF BIRTH

714-202-003-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 640

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Estella Arlene Gambles			2. Date Of Birth (month) Oct. (day) 2 (year) 1909	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Swan Lake	
FATHER	6. Full Name of Father: William Gambles			7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Louisa Nellie Croshaw			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Estella Cordingley		11. Present Address of Registrant: Swan Lake, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on 7/7/ 1961	12. Signature of Notary: Dan A. Bowen		13. Notary Commission expires 11/1 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #212002		Date Issued: ----	Date Orig. Entry: child born May 19, 1933
	Date of Birth: age 23	Birth Place: Swan Lake, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certifieate of Blessing	By whom issued and signed: LDS Church, Swan Lake Ward, Phil R. Gambles, Clerk		Date Issued: July 9, 1961	Date Orig. Entry: blessed Feb. 6, 1910
	Date of Birth: Oct.2,1909	Birth Place: Bannock County Swan Lake, Idaho	Full Name of Mother: Louisa Nellie Croshaw	Name of Father: William Gambles	
SUPPORTING RECORD 3.	Type of Document: Marriage License application	By whom issued and signed: Iver Larsen, Clerk of the First District Court of Utah		Date Issued: July 27, 1961	Date Orig. Entry: Apr.2,1932
	Date of Birth: Oct.2,1909	Birth Place: Idaho	Full Name of Mother: Nellie Croshaw	Name of Father: W. Gambles	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	August 2, 1961

FORM BH 56067

6-16-61

AUG 2 1961

AUG 30 1961

967-224-035-967

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 684

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARY ERMA ROGERS
2. Date of Birth: September 24 1909
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Nez Perce; b. City or Town of Birth: Lenore

FATHER

6. Full Name of Father: Ernest Hughes Rogers
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Katie Rogers
9. State or Country of Mother's Birth: ~~Mrs. E. Currie~~

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary E. Currie
11. Present Address of Registrant: 8594-156 ST NORTH SURREY, B. C. CANADA

NOTARY (Seal)

Subscribed and sworn to before me on July 18 1961
12. Signature of Notary: [illegible]
13. Notary Commission expires: is for Life 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Father's Naturalization Paper	Dominion of Canada	Apr.13,1921	Apr. 11,1921
	Date of Birth: Sept.24, 1909 / Birth Place: Lenore, Idaho	Full Name of Mother: Katie Rogers	Name of Father: Ernest Hughes Rogers	
SUPPORTING RECORD 2.	Family Record Book	----	----	obviously old
	Date of Birth: Sept.24, 1909 / Birth Place: Lenore, Idaho	Full Name of Mother: ----	Name of Father: E. H. Rogers	
SUPPORTING RECORD 3.	Bible Record	----	----	obviously old
	Date of Birth: Sept.24, 1909 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	pw Penny L. Wing	Aug. 16, 1961

FORM BH 56067

AUG 24 1961

FEB 26 1962

814224-C11-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 690

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARION ANNA HADENFELDT			2. Date of Birth (month) (day) (year): JUNE 24 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: BOUNDARY	b. City or Town of Birth: BONNERS FERRY
FATHER	6. Full Name of Father: CONRAD MORITZ HADEN FELDT			7. State or Country of Father's Birth: IOWA
MOTHER	8. Full Maiden Name of Mother: VADA LEAH ROBERTSON			9. State or Country of Mother's Birth: IOWA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marion Anna Jule		11. Present Address of Registrant: 11539-24th N.E.-SEATTLE
NOTARY (Seal)	Subscribed and sworn to before me on: August 8th 1961	12. Signature of Notary: P.C. Beaudry		13. Notary Commission expires: WASH. Jan 2nd 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs hospital birth certificate	By whom issued and signed: The Swedish Hospital, Seattle Herina I. Eklind, Supt.		Date Issued: Nov.12,1940	Date Orig. Entry: child born Nov.12,1940
	Date of Birth: June 24, 1909	Birth Place: Bonners Ferry, Ida	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: statement regarding hospital records	By whom issued and signed: The Swedish Hospital, Seattle Gwen Christy, R.R.L.		Date Issued: Mar.10,1958	Date Orig. Entry: admitted Nov. 9,1940
	Date of Birth: age 31	Birth Place: Idaho	Full Name of Mother: Vada Robertson	Name of Father: Conrad Hadenfelt	
SUPPORTING RECORD 3.	Type of Document: statement regarding employment records	By whom issued and signed: The Pacific Telephone & Telegraph Co. R.W. Ramsden, Sec.		Date Issued: Feb.7,1958	Date Orig. Entry: Apr.15,1929
	Date of Birth: June 24, 1909	Birth Place: Bonners Ferry, Ida	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barnes	Penny L. Wing	Aug.17,1961

FORM BH 56067

AUG 17 1961

414-217-029-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 696

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernice Marie Madison		2. Date of Birth (month) (day) (year): February 17, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah; b. City or Town of Birth: Viola
FATHER	6. Full Name of Father: Franklin Fillmore Madison		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ordelia Harriet Palmer		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernice Richardson	11. Present Address of Registrant: 6318 North Freya, Spokane, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: May 29 1961	12. Signature of Notary: Nelson B. Reynolds	13. Notary Commission expires: October 30 1963

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regardin physician's records	By whom issued and signed: E.F. Baker, M.D.	Date Issued: June 1,1961	Date Orig. Entry: June 29,1954
	Date of Birth: age 45	Birth Place: ----	Full Name of Mother: Ordelia Madison	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: statement regarding hospital records	By whom issued and signed: Deaconess Hospital, Spokane Carol F. Montgomery, RRL	Date Issued: May 29,1961	Date Orig. Entry: Apr.28,1948
	Date of Birth: Feb.17,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: affidavit by cousin	By whom issued and signed: Glynthora Hinkle age 69	Date Issued: July 27, 1961	Date Orig. Entry: ----
	Date of Birth: Feb.17,1909	Birth Place: Latah Viola, Idaho	Full Name of Mother: Ordelia Harriett Palmer	Name of Father: Franklin Fillmore Madison

QUALIFYING INFORMATION

Photocopy of Declaration of appointee, Puget Sound Navy Yard, Bremerton, Washington issued on July 3, 1961. Date of original entry: Mar. 31, 1943, Date of Birth: 2-17-1909 Birth Place: Viola, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	August 22, 1961

FORM BH 56067

5-24-61

AUG 22 1961

855-116-021-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 699

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Howard Howell Henderson			2. Date of Birth (month) Feb. (day) 16 (year) 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Clifton Franklin Co. Ida.	b. City or Town of Birth: Clifton, Idaho
FATHER	6. Full Name of Father: Seth Van Leuven Henderson			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Inez Elizabeth Howell			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard Henderson		11. Present Address of Registrant: Box 26- Clifton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 1 1961	12. Signature of Notary: Jack D. Wood		13. Notary Commission expires: Feb. 1964

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by uncle	By whom issued and signed: William Henderson, age 72	Date Issued: Aug,1,1961	Date Orig. Entry: -----
	Date of Birth: Feb.16,1909	Birth Place: Franklin Cliffton,Idaho	Full Name of Mother: Inez Elizabeth Howell	Name of Father: Seth VanLeuven Henderson
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #291681	Date Issued: -----	Date Orig. Entry: child born Mar.20,1940
	Date of Birth: age 31	Birth Place: Clifton Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination	By whom issued and signed: LDS Church, Clifton Ward, Bert W.Winward,Jr.Clerk	Date Issued: Apr.16,1929	Date Orig. Entry: ordained Apr.16,1929
	Date of Birth: Feb.16,1909	Birth Place: Clifton,Idaho	Full Name of Mother: Inez EE Howell	Name of Father: Seth V. Henderson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barton	pw Penny L. Wing	Aug. 22, 1961

FORM BH 56067 3-2-60 one copy paid #20052

AUG 22 1961

242-225 (004-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 703

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VIOLET BISCHOFF		2. Date Of Birth: (month) 7 (day) 25 (year) 1909	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Geneva
FATHER	6. Full Name of Father: Edward Bischoff		7. State or Country of Father's Birth: Idaho - Montpelier	
MOTHER	8. Full Maiden Name of Mother: Johanna Blechert		9. State or Country of Mother's Birth: Rudgen Fillkullen Co. Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Violet Bischoff Fuller	11. Present Address of Registrant: Geneva, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 16, 1961	12. Signature of Notary: Ruth Aland	13. Notary Commission expires: March 6, 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #234975	Date Issued: -----	Date Orig. Entry: child born May 14,1935
	Date of Birth: age 25	Birth Place: Geneva, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Geneva Ward Ernest G. Bischoff, clerk	Date Issued: Aug.12,1961	Date Orig. Entry: blessed Sept.5,1909
	Date of Birth: July 25, 1909	Birth Place: Bear Lake County Geneva, Idaho	Full Name of Mother: Johanna Blechert	Name of Father: Edward Bischoff
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: American National Insurance	Date Issued: Dec.17,1941	Date Orig. Entry: Nov.9,1941
	Date of Birth: July 25, 1909	Birth Place: Geneva, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Penny L. Wing	Aug. 23, 1961

FORM BH 56067

1 copy paid 8-9-61

AUG 24 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

296-103-007-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 779

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charlie Richard Browning		2. Date Of Birth (month) October (day) 3 (year) 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Blaine; b. City or Town of Birth: Hailey
FATHER	6. Full Name of Father: John Richard Browning		7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Marie Stenssen		9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charlie Richard Browning	11. Present Address of Registrant: Gannett, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 12, 1961	12. Signature of Notary: Joseph W Fuld	13. Notary Commission expires: Feb. 24, 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance policy	By whom issued and signed: Gem State Mutual Life Assn.	Date issued: Apr.27,1949	Date Orig. Entry: Apr. 23, 1949
	Date of Birth: Oct.3,1909 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #50-5179	Date issued: 0-----	Date Orig. Entry: child born May 7,1950
	Date of Birth: age 40 / Birth Place: Hailey, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt	By whom issued and signed: Ida Nielsen age 76	Date issued: Sept.15, 1961	Date Orig. Entry: -----
	Date of Birth: Oct.3,1909 / Birth Place: Hailey, Idaho	Full Name of Mother: Marie Stenssen	Name of Father: John Richard Browing	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	pw Penny L. Wing	Sept.20,1961

FORM BH 56067 Idaho Pt #110 9-6-61

SEP 20 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

613-118-033-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 781

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lawrence Edward Walker
2. Date of Birth (month) (day) (year): Oct. 18 1909
3. Color or Race: White
4. Sex: M.
5. Place of Birth a. County: Rexburg Madison
b. City or Town of Birth: Rexburg Idaho

FATHER

6. Full Name of Father: William Walker
7. State or Country of Father's Birth: Longside Scotland

MOTHER

8. Full Maiden Name of Mother: Catherine Ann Peterson
9. State or Country of Mother's Birth: Peterhead Scotland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lawrence E. Walker
11. Present Address of Registrant: 1325 Yellowstone Poc. Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: September 18 1961
12. Signature of Notary: [signature]
13. Notary Commission expires: My Commission Expires Feb. 16, 1962
Notary Public in Idaho, Residing at Pocatello, Ida.

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own childs birth certificate	Idaho #295063	-----	child born June 4, 1940
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 30 / Rexburg, Idaho	-----	-----	
SUPPORTING RECORD 2.	Social Security Record	Treasury Department	-----	Nov. 28, 1936
	Oct. 18, 1909 / Madison County Rexburg, Idaho	Catherine Ann Peterson	William Walker	
SUPPORTING RECORD 3.	affidavit by sister	Catherine W. Erskine born 1895	Jan. 28, 1958	-----
	Oct. 18, 1909 / Madison County Rexburg, Idaho	Catherine Ann Peterson	William Walker	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Sept. 21, 1961

FORM BH 56067

SEP 26 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

F33211-010-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 787

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Josephine McCowin			2. Date Of Birth (month) (day) (year): August 11, 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Taylorville Bonneville	b. City or Town of Birth: Idaho Falls, Idaho	
FATHER	6. Full Name of Father: Tius Elmer McCowin			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Priscilla Ann Hayes			9. State or Country of Mother's Birth: Leicester, England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Josephine McCowin Kindel		11. Present Address of Registrant: Route 4 Box 130 Idaho Falls	
NOTARY (Seal)	Subscribed and sworn to before me on: September 18 1961	12. Signature of Notary: Karl D Hale		13. Notary Commission expires: April 5 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #441390	Date Issued: -----	Date Orig. Entry: child born Aug. 29, 1947	
	Date of Birth: age 38	Birth Place: Idaho Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Ammon Ward, David A. Owen, Clerk	Date Issued: -----	Date Orig. Entry: baptized May 2, 1920	
	Date of Birth: Aug. 11, 1909	Birth Place: Taylor, Idaho	Full Name of Mother: Pricilla Hayes	Name of Father: Tius McCowin	
SUPPORTING RECORD 3.	Type of Document: affidavit by sister	By whom issued and signed: born 1892 Harriet Betsy McCowin Burgie	Date Issued: Sept. 9, 1961	Date Orig. Entry: -----	
	Date of Birth: Aug. 11, 1909	Birth Place: Bonneville County Taylorville, Idaho	Full Name of Mother: Priscilla Ann Hayes	Name of Father: Tius Elmer McCowin	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Burgess	Evidence reviewed by: Penny L. Wing	Date Filed: Sept. 22, 1961		

10-11-60

FORM BH 56067

SEP 22

AMENDED CERTIFICATE OF BIRTH

STATE OF IDAHO

10-11-80

162-116-018-214

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-798
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edwin Hughes Awbrey		2. Date Of Birth (month) July (day) 16 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fraser, Idaho;	b. City or Town of Birth: Fraser
FATHER	6. Full Name of Father: Enoch R. Awbrey		7. State or Country of Father's Birth: Kentucky	
MOTHER	8. Full Maiden Name of Mother: Goldie Leona Saddoris		9. State or Country of Mother's Birth: Osceola, Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edwin Hughes Awbrey	11. Present Address of Registrant: 2811 Dudley, Lincoln, Nebraska	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 25, 1961 (Commission Expires April 14, 1962)	12. Signature of Notary: Merl R Reller	13. Notary Commission expires: April 14 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*_____	Type of Document: Certificate of Marriage		By whom issued and signed: Johnson County, Nebraska, William J. Schepman, Co. Judge	Date Issued: Aug. 10, 1961	Date Orig. Entry: June 1, 1934
	Date of Birth: age 24	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2. Class_____	Type of Document: affidavit by mother		By whom issued and signed: Goldie Leona Gotchall	Date Issued: Aug. 13, 1961	Date Orig. Entry: -----
	Date of Birth: July 16, 1909	Birth Place: Fraser, Idaho	Full Name of Mother: Goldie L. Awbrey	Name of Father: Enoch R. Awbrey	
SUPPORTING RECORD 3. Class_____	Type of Document: insurance policy application		By whom issued and signed: Bankers Life Insurance Co.	Date Issued: Feb. 11, 1928	Date Orig. Entry: Feb. 11, 1928
	Date of Birth: July 16, 1909	Birth Place: Idaho	Full Name of Mother: Goldie Gotchall	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Penny L. Wing	Sept. 28, 1961

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 28 1961

666/30-022-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 812

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Irving Woodman
2. Date of Birth (month) (day) (year): September 30 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Fremont
b. City or Town of Birth: St. Anthony

FATHER

6. Full Name of Father: John Freeman Woodman
7. State or Country of Father's Birth: New Hampshire

MOTHER

8. Full Maiden Name of Mother: Lillian Tarbell
9. State or Country of Mother's Birth: Texas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George Irving Woodman
11. Present Address of Registrant: 16 Stephenville Pkwy Metuchen, New Jersey

NOTARY

Subscribed and sworn to before me on: September 1961

12. Signature of Notary: Blaise M. A. Morrissey
13. Notary Commission expires: 3/30 1962

BLAISE M. A. MORRISSEY
Notary Public, State of New York
No. 30-8027600
Qualified in Nassau County
Commission Expires March 30, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by Father	John F. Woodman	Oct.10,1928	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.30, 1909	Idaho Fremont County	----	John F. Woodman

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
insurance policy application	New York Life Insurance Co.	----	Sept.13,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.30, 1909	St.Anthony,Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
application form	New York Stock Exchange	----	July 18,1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.30, 1909	St.Anthony,Idaho	Lilliam Tarbell	John Freeman Woodman

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barker	Penny L. Wing	Sept. 29, 1961

FORM BH 56067

9-7-61

OCT 9 1981

STATE BOARD OF

DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

	George Irving Freeman
	Male
	September 30, 1909
	Jack Freeman Woodman
	New Braunfels
	Texas
	Lillian Terrell
	Seguin, Texas
	Guadalupe
	Texas
	Seguin, Texas
	Guadalupe
	Texas
	Seguin, Texas
	Guadalupe
	Texas

249-216-022-243

De61-835

State File No.
Local Reg. No.
Reg. Dist. No.

(Be sure the information is complete and accurate)

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED SEP 6 1961 Division of Vital Statistics

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chester, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton (address of applicant) (MOTHER DEAD)
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Eva
b. (Middle): Kathrine
c. (Last): Smith

4. SEX: fe

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) August (Day) 16 (Year) 1909

FATHER OF CHILD

7. FULL NAME
a. (First): Otts
b. (Middle): Alonzo
c. (Last): Smith

8. COLOR OR RACE: white

9. AGE (At time of this birth): 41 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town):

11a. USUAL OCCUPATION: Laborer-owner

11b. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Clarence
b. (Middle):
c. (Last): Butler

13. COLOR OR RACE: White

14. AGE (At time of this birth): 40 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Hagstrup

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship)
Eva K. Calonge (self)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: E. L. Hargis

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Ashton Idaho

18d. DATE SIGNED: Sept 1 1961

19. DATE REC'D BY LOCAL REG.: Sept 6,1961

20. REGISTRAR'S SIGNATURE: W. W. Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: 36 WEEKS

22b. WEIGHT AT BIRTH: 7 LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [X]
Approximate date:

Name prophylactic used to prevent Ophthalmia Neonatorum: Silver Nitrate

RELEASED 2-23-06 ID

DELAYED

Form DPH-48001

06-1461

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

OCT 6 1961

LOCAL REGISTRATION OF BIRTHS

JUN 25 1971

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

665-104-036-393

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 868

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Richard Taft Owens			2. Date Of Birth (month) (day) (year): March 4 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: Richard Evan Owens			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Helen Sarah Little			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Richard Taft Owens		11. Present Address of Registrant: 476 Do 2756 Ogden Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 19 1961	12. Signature of Notary: [illegible]		13. Notary Commission expires: Aug 29. 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License	By whom issued and signed: Box Elder Co, Utah. K.B. Olsen		Date Issued: Jan. 25, 1960	Date Orig. Entry: May 26, 1930
	Date of Birth: age 21	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #191600		Date Issued: -----	Date Orig. Entry: child born May 5, 1931
	Date of Birth: age 22	Birth Place: Malad, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family	By whom issued and signed: Sylvester T. Owens age 64		Date Issued: Oct. 11, 1961	Date Orig. Entry: -----
	Date of Birth: Mar. 4, 1909	Birth Place: ----	Full Name of Mother: Helen Sarah Little	Name of Father: Richard Evan Owens	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	pw Penny L. Wing	Oct. 23, 1961

FORM BH 56067

OCT 23 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Richard [illegible]		2. Date of Birth (month) (day) (year): [illegible]
	3. Color or Race: [illegible]	4. Sex: male	5. Place of Birth: [illegible]
	6. Full Name of Father: Richard [illegible]		7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]		9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	9. Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, or that documentary evidence has been reviewed, which substantiates the facts as set forth in the delayed abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Oct. 23, 1961

285-221-016-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 899

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Grace Elizabeth Sherrill
2. Date Of Birth (month) (day) (year): March - 21 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Oakley Idaho Cassia
b. City or Town of Birth: Oakley

FATHER

6. Full Name of Father: Zackariah Taylor Sherrill
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Carrie Hocking
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Grace E Sherrill
11. Present Address of Registrant: 2420 Pond St Boise Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 29 1961
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible record	Old Family bible	----	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 21, 1909	Oakley, Idaho	Carrie Sherrill	Zachariah Sherrill

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding School Record	Grass Valley School Dist. Clay Caldwell, Supt.	Oct. 16, 1961	entered Sept. 22, 1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 21, 1909	-----	-----	Zachary T. Sherrill

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father-in-law	Charles Sherrill	9-29-61	-------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 21, 1909	Oakley, Idaho	Carrie Hocking	Zackariah Taylor Sherrill

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	ec Penny L. Wing	Oct. 30, 1961

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 30 1961

ES7-201-016-735

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 900

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lula Gay Hepworth		2. Date Of Birth (month) (day) (year): June 1 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Malta Home Idaho Cassia	b. City or Town of Birth: Malta, Idaho
FATHER	6. Full Name of Father: Russell King Hepworth		7. State or Country of Father's Birth: Utah U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Jane Glen		9. State or Country of Mother's Birth: Utah U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lula Gay Hutchison formerly Lula Gay Hepworth	11. Present Address of Registrant: Route #2, Gooding, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 23 1960	12. Signature of Notary: Leona M. Lucke	13. Notary Commission expires: 1/7 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Jane Glen Hepworth	Date Issued: 3-23-60	Date Orig. Entry:
	Date of Birth: June 1, 1909 / Birth Place: Cassia Co. Malta, Idaho	Full Name of Mother: Jane Glen Hepworth	Name of Father: Russel King Hepworth	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #418108	Date Issued: -----	Date Orig. Entry: child born Dec. 26, 1945
	Date of Birth: age 36 / Birth Place: Malta, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: insurance policy application	By whom issued and signed: Idaho Mutual Benefit Assn.	Date Issued: M-----	Date Orig. Entry: Jan. 20, 1938
	Date of Birth: June 1, 1909 / Birth Place: Malta, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: nr Penny L. Wing	Date Filed: Oct. 30, 1961

FORM BH 56067

3-21-60 one copy paid #053

OCT 31 1969

JUL 29 1970

MAY 17 1971

DECEASED

251-23-010-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 928

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cora MARY Beale		2. Date Of Birth (month) (day) (year): Dec. 13 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth (City or Town, County): Idaho Falls, Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: William Ira Beale		7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: Ida Matilda Silfver		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Cora M McDaniel	11. Present Address of Registrant: Route 1 Roberts Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 25, 19 61	12. Signature of Notary: Clara F. Jenkins	13. Notary Commission expires: ~~March 17,~~ 19 61	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #42941	Date Issued: -----	Date Orig. Entry: child born Nov. 28, 1946	
	Date of Birth: age 36	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Ida Matilda Beale	Date Issued: Oct. 25, 1961	Date Orig. Entry: -----	
	Date of Birth: Dec. 13, 1909	Birth Place: Idaho Falls, Ida.	Full Name of Mother: Ida Matilda Beale	Name of Father: William Ira Beale	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Clara F. Jenkins, Notary	Date Issued: Oct. 25, 1961	Date Orig. Entry: obviously old	
	Date of Birth: Dec. 13, 1909	Birth Place: ----	Full Name of Mother: Ida M. Beale	Name of Father: William Ira Beale	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: pw Penny L. Wing	Date Filed: Nov. 6, 1961

FORM BH 56067

1 copy paid #13931 4-19-61

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 2 1961

1. Name of child (First, middle, last)

2. Sex

3. Date of birth (Month, day, year)

4. Place of birth (City, county, state)

5. Name of father

6. Maiden name of mother

7. Date of marriage (Month, day, year)

8. Place of marriage (City, county, state)

9. State or country of father's birth

10. State or country of mother's birth

11. Signature of applicant

12. Present address of applicant

13. Notary Commission expires

14. Signature of notary

15. Subscribed and sworn to before me on

16. Relationship of applicant to child

17. Reason why certificate was not filed within one year after birth

18. Name and address of person who can verify facts of birth

19. Name and address of person who can verify facts of birth

20. Name and address of person who can verify facts of birth

918-125-003-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 992

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Ray, Junior
2. Date of Birth (month) (day) (year): April 25 1909
3. Color or Race: white
4. Sex: male
5. Place of Birth: Idaho
a. County: Bannock
b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: George Moore Ray
7. State or Country of Father's Birth: North Carolina

MOTHER

8. Full Maiden Name of Mother: Bess Thompson
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Geo. Ray, Jr
11. Present Address of Registrant: Prairie City, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on November 7/ 1961

12. Signature of Notary: Helen Chambers
13. Notary Commission expires: _____ 19__

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Census Record	Bureau of the Census	May 27,1960	Jan.1,1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 10 / Idaho	Bess Ray	George M. Ray	
SUPPORTING RECORD 2.	Social Security Record	Treasury Department	-----	Mar. 25, 1955
	Apr.25,1909 / Pocatello, Bannock Idaho	Bess Thompson	George M. Ray	
SUPPORTING RECORD 3.	affidavit by father	George Moore Ray	Nov. 8,1961	-----
	Apr.25,1909 / Pocatello,Idaho	George Moore Ray	Bess Thompson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Nov. 27, 1961

FORM BH 56067 3-10-60

DEC 5 1961

168-218-006-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1005

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Johnson			2. Date Of Birth (month) (day) (year): December 18, 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Shelton--mail Rigby
FATHER	6. Full Name of Father: John Johnson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Matilda Ann Howard			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Moore		11. Present Address of Registrant: Star Rte. Idaho Falls, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 9 1961	12. Signature of Notary: Elza Haws		13. Notary Commission expires: Nov. 14 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own Childs birth certificate	By whom issued and signed: On file in Idaho # 215333	Date Issued: 7-30-33	Date Orig. Entry: 7-30-33
	Date of Birth: Age 23	Birth Place: Rigby, Idaho	Full Name of Mother: ------	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Certificate of membership	By whom issued and signed: L. D. S. Church, Salt Lake City, Utah	Date Issued: May 18, 1961	Date Orig. Entry: February 8, 1910
	Date of Birth: December 18, 1909	Birth Place: Shelton, Idaho	Full Name of Mother: Matilda A. Howard	Name of Father: John Johnson
SUPPORTING RECORD 3.	Type of Document: Application for membership	By whom issued and signed: Daughters of Utah Pioneers	Date Issued: May 5, 1941	Date Orig. Entry: May 5, 1941
	Date of Birth: December 18, 1909	Birth Place: -----	Full Name of Mother: -------	Name of Father: --------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	ec Penny L. Wing	November 29, 1961

FORM BH 56067

NOV 29 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRAR (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Florence Johnson	2. Date of Birth: December 18, 1909	
	3. Color or Race: white; 4. Sex: female	5. Place of Birth: County: Bingham	6. City or Town of Birth: Shelton—mail Rigby
FATHER	8. Full Name of Father: John Johnson	7. State or Country of Father's Birth: Utah	
MOTHER	9. Full Maiden Name of Mother: Matilda Ann Howard	10. State or Country of Mother's Birth: Utah	
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	9. Subscribed and sworn to before me	12. Signature of Notary	13. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Name of Document: Own Childs birth certificate	By whom issued and signed: On file in Idaho # 215333	Date Issued: 7-31-33	Date Orig. Entry: 7-30-33
	Date of Birth: Age 23	Birth Place: Rigby, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: Certificate of membership	By whom issued and signed: L. D. S. Church, Salt Lake City, Utah	Date Issued: May 18, 1951	Date Orig. Entry: February 6, 1912
	Date of Birth: December 18, 1909	Birth Place: Shelton, Idaho	Full Name of Mother: Matilda A. Howard	Name of Father: John Johnson
SUPPORTING RECORD 3.	Type of Document: Application for membership	By whom issued and signed: Daughters of Utah Pioneers	Date Issued: May 5, 1941	Date Orig. Entry: May 5, 1941
	Date of Birth: December 18, 1909	Birth Place: ------	Full Name of Mother: ------	Name of Father: ------

INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Henry L. [illegible]	November [illegible]

Name of Agent

351-220-035-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1028

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Maggie Sylvia Leachman
2. Date of Birth (month) (day) (year): Feb. 20 1909
3. Color or Race: white
4. Sex:
5. Place of Birth a. County: Lewiston Nez Perce
b. City or Town of Birth: Lewiston Idaho

FATHER

6. Full Name of Father: Edward A. Leachman
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Mamie J. Swearingen
9. State or Country of Mother's Birth: U.S.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Ward Brown
11. Present Address of Registrant: Oakesdale, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: October 31 1961
12. Signature of Notary: N. J. Riggs
13. Notary Commission expires: Sept. 23, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	statement regarding voting records	Pauline H. Lust, Auditor Auditor of Whitman County	Sept. 27, 1961	Aug. 22, 1936
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 27 / Idaho	-----	-----	
SUPPORTING RECORD 2.	affidavit by friend of family	Mrs. Anna C. Sander age 72	Oct. 6, 1961	-----
	Feb. 20, 1909 / Lewiston, Idaho	Mamie J. Swearingen	Edward A. Leachman	
SUPPORTING RECORD 3.	statement regarding hospital records	St. Ignatius Hospital, Colfax	Nov. 16, 1961	Oct. 19, 1938
	age 29 / Idaho	Jose Swerngein	Leachman	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	pw Penny L. Wing	Dec. 7, 1961

FORM BH 56067

1 copy paid 7-13-61

DEC 8 1981

SEP 8 1972

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Registrant's Full Name of Birth		8. Date of Birth (month) (day) (year)	
9. Sex of Rose	8. Sex	9. Place of Birth	10. County
11. City or Town of Birth			
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	4. Full Maiden Name of Mother	5. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

APPLICATION

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUBSTITUTE INFORMATION				

REGISTRAR'S CERTIFICATION (Seal) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Office Registrar	Evidence reviewed by	Date Filed

1 copy paid 7-13-81

285-114-004-764

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1064

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EUGENE POULSEN SHEPHERD			2. Date of Birth (month) June (day) 14 (year) 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Paris
FATHER	6. Full Name of Father: Henry Robert Shepherd			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Sophia Poulsen			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eugene Poulsen Shepherd		11. Present Address of Registrant: 705 Washington Montpelier, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on December 9, 1961	12. Signature of Notary: Ruth Aland		13. Notary Commission expires: RUTH ALAND Notary Public Montpelier, Idaho My Commission Expires March 6, 1964 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage license application	By whom issued and signed: Cache County, Utah	Date Issued: Sept. 11, 1961	Date Orig. Entry: Sept. 9, 1930
	Date of Birth: June 14, 1909	Birth Place: Paris, Idaho	Full Name of Mother: Sofia Poulsen	Name of Father: H. R. Shepherd
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: LDS Church, Montpelier 4th Wd. Edward Knutti, Ward Clerk	Date Issued: Mar. 9, 1940	Date Orig. Entry: Jan. 21, 1940
	Date of Birth: June 14, 1909	Birth Place: Paris, Idaho	Full Name of Mother: Sophia Pousen	Name of Father: Henry Robert Shepherd
SUPPORTING RECORD 3.	Type of Document: insurance policy application	By whom issued and signed: United Benefit Life Insurance	Date Issued: -----	Date Orig. Entry: July 2, 1935
	Date of Birth: July 14, 1909	Birth Place: Bear Lake Paris, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny L. Wing	Dec. 18, 1961

FORM BH 56067

5-11-61 1 copy paid

DEC 18 1961

JUN 6 1962

993-211-004-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1065

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: June Nina Rich			2. Date of Birth: (month) June (day) 11 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: St. Charles	
FATHER	6. Full Name of Father: Thomas Grover Rich			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Nina Brewer			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nina Brewer Rich Shepherd		11. Present Address of Registrant: 705 Washington Montpelier, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 9th 1961	12. Signature of Notary: Eugene D. Shepherd		13. Notary Commission expires: Oct 9, 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, St. Charles Ward, John A. Blade, clerk		Date Issued: ------	Date Orig. Entry: blessed Aug. 21, 1909
	Date of Birth: June 11, 1909	Birth Place: Bear Lake St. Charles, Idaho	Full Name of Mother: Nina Brewer		Name of Father: Thomas G. Rich
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Nina Brewer Rich		Date Issued: Dec. 9, 1961	Date Orig. Entry: ------
	Date of Birth: June 11, 1909	Birth Place: Bear Lake St. Charles, Idaho	Full Name of Mother: Nina Brewer Rich		Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: marriage license application	By whom issued and signed: Cache County, Utah		Date Issued: Sept. 11, 1961	Date Orig. Entry: Sept. 9, 1930
	Date of Birth: June 11, 1909	Birth Place: St. Charles, Idaho	Full Name of Mother: Anina Brewer		Name of Father: T. G. Rich
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Penny L. Wing	Date Filed: Dec. 18, 1961

FORM BH 56067

5-11-61 1 copy paid

DEC 18 1961

JUN 6 1962

335408-033-351

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1067

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leonard L (i.O.) Clements			2. Date of Birth (month) (day) (year): June 8, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Madison	b. City or Town of Birth: Herbert
FATHER	6. Full Name of Father: Johnny Williams Clements			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Janet Urquhart Spence Leatham			9. State or Country of Mother's Birth: Wellsville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leonard L. Clements		11. Present Address of Registrant: Thornton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 13, 1961	12. Signature of Notary: Ray W. Rigby		13. Notary Commission expires: January 26, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #273010		Date Issued: Apr.7,1961	Date Orig. Entry: child born Oct. 16,1938
	Date of Birth: age 29	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Madison Co.Clerk,G.T.McKinley		Date Issued: Nov.30,1961	Date Orig. Entry: Sept.22,1925
	Date of Birth: June 8,1909	Birth Place: ----	Full Name of Mother: Janet Clements	Name of Father: J. W. Clements	
SUPPORTING RECORD 3.	Type of Document: affidavit by uncle	By whom issued and signed: Alex Leatham age 83		Date Issued: Dec.13,1961	Date Orig. Entry: -----
	Date of Birth: June 8,1909	Birth Place: Madison Herbert, Idaho	Full Name of Mother: Janet Urquhard Spence Leatham	Name of Father: Johnny Williams Clements	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Beamon	Evidence reviewed by: Penny L. Wing	Date Filed: Dec. 19, 1961

FORM BH 56067

11-20-61

DEC 27 1961

691-214-003-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-031

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Josephina Fraser			2. Date of Birth (month) January (day) 14, (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: John Fraser			7. State or Country of Father's Birth: Scotland
MOTHER	8. Full Maiden Name of Mother: Elizabeth Williams			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Josephina Fraser	11. Present Address of Registrant: 1617 So. 3rd. POCATELLO, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: August 19 1960		12. Signature of Notary: James B. Green	13. Notary Commission expires: 1-10 1963

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County record of birth		By whom issued and signed: Sarah Devaney, recorder Bannock County Idaho	Date Issued: March 4, 1960	Date Orig. Entry: shortly after time of birth
	Date of Birth: Jan. 14, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Elizabeth Fraser	Name of Father: John Fraser	
SUPPORTING RECORD 2.	Type of Document: affidavit by half-sister		By whom issued and signed: Carrie Fraser Bunce	Date Issued: Aug. 19, 1960	Date Orig. Entry: ------
	Date of Birth: Jan. 14, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Elizabeth Williams	Name of Father: John Fraser	
SUPPORTING RECORD 3.	Type of Document: Photo copy of a Masonic record		By whom issued and signed: Ralph H. Jones, Notary Public Bannock County, Idaho	Date Issued: April 29, 1960	Date Orig. Entry: ----
	Date of Birth: Jan. 14, 1909	Birth Place: -----	Full Name of Mother: Elizabeth Fraser	Name of Father: John Fraser	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pp pp Shirley Miller	Date Filed: Jan. 12, 1962

FORM BH 56067

JAN 15 1962

141419-023-842

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-039

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Orval Adams			2. Date Of Birth (month) (day) (year): September 19, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: was now Gem Co. (Canyon)	b. City or Town of Birth: Emmett, Idaho
FATHER	6. Full Name of Father: Henry M. Adams			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Virginia C. Huston			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James O. Adams		11. Present Address of Registrant: Box 743 Superior, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 18 1962	12. Signature of Notary: Mabel Brockway		13. Notary Commission expires: April 10 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County Birth Record		By whom issued and signed: Canyon County, Idaho	Date Issued: 3-27-42	Date Orig. Entry: old record
	Date of Birth: Sept. 19, 1909	Birth Place: Canyon Co. Emmett, Idaho	Full Name of Mother: Virginia C. Huston	Name of Father: Henry M. Adams	
SUPPORTING RECORD 2.	Type of Document: Notarized copy of hospital record		By whom issued and signed: St. Patrick Hospital, Missoula, Montana	Date Issued: Nov. 28, 1961	Date Orig. Entry: Jan. 29, 1955
	Date of Birth: Sept. 19, 1909	Birth Place: Emmett, Idaho	Full Name of Mother: Virginia Adams	Name of Father: Mayland Adams	
SUPPORTING RECORD 3.	Type of Document: Photo copy of application for Social Security Account No.		By whom issued and signed: U. S. Treasury Department	Date Issued: -----	Date Orig. Entry: Dec. 3, 1936
	Date of Birth: Sept. 19, 1909	Birth Place: Emmett, Idaho	Full Name of Mother: Virginia C. Houstun	Name of Father: Henry Mahlon Adams	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Shirley Miller	Date Filed: Jan. 15, 1962

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 26 1962

514-118-022-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-046

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Theodore (Ted) Vadnais		2. Date Of Birth (month) May (day) 18, (year) 1909
	3. Color or Race: White Am.	4. Sex: Male	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Kilgore
FATHER	6. Full Name of Father: Ludger Fred Vadnais		7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Annie Keeley		9. State or Country of Mother's Birth: Ireland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Theodore Vadnais	11. Present Address of Registrant: Kilgore, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 24, 19 60	12. Signature of Notary: H.R. Harn, Dubois, Idaho	13. Notary Commission expires: May 1, 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho 12684	Date issued: ---	Date Orig. Entry: child born Oct. 14, 1953
	Date of Birth: age 44	Birth Place: Kilgore, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: copy of Honorable discharge U. S. Army		By whom issued and signed: Army of the U. S., Luis F. Mercado, Lt. Col.	Date issued: July 23 1943	Date Orig. Entry: inducted Oct. 24, 1942
	Date of Birth: age 33	Birth Place: Kilgore, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit Age: 68 by neighbor at time of birth		By whom issued and signed: Roy H. McGovern	Date issued: 11-14-61	Date Orig. Entry: -- ---
	Date of Birth: 5-18-09	Birth Place: Kilgore, Idaho	Full Name of Mother: Annie Keeley Vadnais	Name of Father: Ludger Fred Vadnais	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pp Shirley Miller	Jan. 16, 1962

FORM BH 56067

3-15-60 one copy paid #21450

JAN 17 1962

613-214-006-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-066

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marcia Bernice Walker		2. Date Of Birth (month) (day) (year): 14 January 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ammon Bingham b. City or Town of Birth: Ammon
FATHER	6. Full Name of Father: William Hall Walker		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Marcia Ann Waters		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marcia Bernice Walker	11. Present Address of Registrant: R3 Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 12 1962	12. Signature of Notary: J. T. Evans Jr	13. Notary Commission expires: July 1 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing No. 65	By whom issued and signed: C. Anderson, Bishop, L.D.S. Church, Ammon, Idaho	Date Issued: March 7, 1909	Date Orig. Entry: March 7, 1909
	Date of Birth: Jan. 14, 1909	Birth Place: Ammon, Bingham County, Idaho	Full Name of Mother: Marcia A. Waters	Name of Father: Wm. H. Walker
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Marcia Ann Waters Walker	Date Issued: Jan. 19, 1962	Date Orig. Entry: --
	Date of Birth: Jan. 14, 1909	Birth Place: Ammon, Idaho	Full Name of Mother: Marcia Ann Waters Walker	Name of Father: William Hall Walker
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: File No. 255809, Idaho	Date Issued: ---	Date Orig. Entry: born June 14, 1937
	Date of Birth: Age: 28	Birth Place: Ammon, Idaho	Full Name of Mother: --	Name of Father: --
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	Jan. 24, 1962

FORM BH 56067

1-9-62 1 copy paid 1-15-62

JAN 25 1962

695114-015-912

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-076

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Carl Finch			2. Date of Birth (month) October (day) 14, (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Caribou	b. City or Town of Birth: Soda Springs, Idaho
FATHER	6. Full Name of Father: Henry L. Finch			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Lydia Rasmussen			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Carl Finch		11. Present Address of Registrant: Soda Springs Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 10, 1961	12. Signature of Notary: Leonard O. Kingsford		13. Notary Commission expires: August 14, 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Parents	By whom issued and signed: Lydia Finch, Henry L. Finch	Date Issued: May 25, 1960	Date Orig. Entry: ----
	Date of Birth: Oct. 14, 1909 / Birth Place: Soda Springs, Idaho	Full Name of Mother: Lydia Finch	Name of Father: Henry L. Finch	
SUPPORTING RECORD 2.	Type of Document: statement regarding school records	By whom issued and signed: Joint Class A School Dist.#150 Soda Springs,Ida.Mary Nielsen	Date Issued: Oct.17,1960	Date Orig. Entry: filed Oct. 5,1927
	Date of Birth: Oct.14,1909 / Birth Place: ----	Full Name of Mother: --- -	Name of Father: H. L. Finch	
SUPPORTING RECORD 3.	Type of Document: Duplicate Certificate of Baptism	By whom issued and signed: Lincoln Anderson, Pastor, First Presbyterian Church	Date Issued: Jan. 22, 1962	Date Orig. Entry: Baptized Jan. 9, 1921
	Date of Birth: Oct. 14, 1909 / Birth Place: Soda Springs, Idaho	Full Name of Mother: Lydia Finch	Name of Father: Henry Lonzo Finch	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bf pw Shirley Miller	Date Filed: Jan. 29, 1962

FORM BH 56067

JAN 29 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

962-129-010-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-096

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alvin Orson Robenson			2. Date Of Birth (month) (day) (year): April 29 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Taylor
FATHER	6. Full Name of Father: Sidney Orson Robinson			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Rhoda Elizabeth Priest			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alvin Orson Robinson		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: 1/23 1962	12. Signature of Notary: George H Beach		13. Notary Commission expires: Aug 22 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding birth	By whom issued and signed: Harold F. Hampton, Bishop L.D.S.Church, Idaho Falls	Date Issued: Oct. 17, 1961	Date Orig. Entry: April 29 1909	
	Date of Birth: April 29, 1909	Birth Place: Taylor, Idaho	Full Name of Mother: Elizabeth Priest Robinson	Name of Father: Sidney Orson Robinson	
SUPPORTING RECORD 2.	Type of Document: statement regarding insurance	By whom issued and signed: Northern Life Insurance co. R. M. Edwards	Date Issued: Aug. 5, 1957	Date Orig. Entry: Oct. 26, 1940	
	Date of Birth: April 29, 1909	Birth Place: Taylor, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: application for Social Sec. Acc. No. Photo copy	By whom issued and signed: U.S. TREASURY DEPARTMENT	Date Issued: ---	Date Orig. Entry: Oct. 31, 1946	
	Date of Birth: April 29, 1909	Birth Place: Taylorville, Bonneville Co, Ida.	Full Name of Mother: Rhoda Elizabeth Priest	Name of Father: Sidney Orson Robinson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	Feb. 1, 1962

FORM BH 56067

1 copy paid 9-19-61 1-210-62

FEB 2 1962

NOTARY PUBLIC

713-131-028-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-145

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Gatherers			2. Date Of Birth: (month) March (day) 31 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Coeur d'Alene, Idaho Kootenai County	b. City or Town of Birth: Coeur d'Alene, Idaho	
FATHER	6. Full Name of Father: Angus Gatherers			7. State or Country of Father's Birth: United States	
MOTHER	8. Full Maiden Name of Mother: Maude May Mills			9. State or Country of Mother's Birth: United States	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold Gatherers		11. Present Address of Registrant: Eastport, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: December 5 1962	12. Signature of Notary: Alice L. Kruegel		13. Notary Commission expires: May 18 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: File No. 278965, Idaho		Date Issued: -----	Date Orig. Entry: born, April 21 1939
	Date of Birth: Age: 29	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: -----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: copy of Lodge membership	By whom issued and signed: Knights of Pythias, Lodge No. 15, Bonners Ferry, Idaho		Date Issued: ---	Date Orig. Entry: March 7, 1935
	Date of Birth: March 31, 1909	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: affidavit by neighbor at time of birth, Age: 77	By whom issued and signed: Eva M. Leslie		Date Issued: Feb. 3, 1962	Date Orig. Entry: ---
	Date of Birth: March 31, 1909	Birth Place: Coeur dIAlene, Idaho	Full Name of Mother: Maude May Mills	Name of Father: Angus Gatherers	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Feb. 19, 1962

FORM BH 56067

8-22-61

FEB 23 1962

Nixon & Nixon, attys.

413-218-043-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-161

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Neva Idaho Daly.		2. Date Of Birth (month) (day) (year): May 18th 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth: [redacted] Valley County Idaho
			b. City or Town of Birth: Roseberry. (LongValley)
FATHER	6. Full Name of Father: William Henry Daly.		7. State or Country of Father's Birth: Independance Missouri
MOTHER	8. Full Maiden Name of Mother: Emma Matilda Daly.		9. State or Country of Mother's Birth: Defiance County Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Neva Idaho Armour	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: October 23rd 1961	12. Signature of Notary: Alfred L. Marks	13. Notary Commission expires ~~is~~ for Life on good Conduct 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister	By whom issued and signed: Susie Armour 13 years older	Date Issued: Oct.10,1961	Date Orig. Entry: -----
	Date of Birth: May 18,1909 / Birth Place: Roseberry,Idaho	Full Name of Mother: Emma Matilda Daly	Name of Father: William Henry Daly	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: J. E. Birdsall, Principal School of Ag. and Home Ec.	Date Issued: 1-24-62	Date Orig. Entry: October 26, 1926
	Date of Birth: Age 17 / Birth Place: --------	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Dominion Statistician Statement, Registration Record	By whom issued and signed: Dominion Bureau of Statistics Ottawa, Canada	Date Issued: -2-9-62	Date Orig. Entry: August 19, 1940
	Date of Birth: May 18, 1909 / Birth Place: Long Valley, Idaho	Full Name of Mother: -----	Name of Father: ---------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy pw	February 23-1962

FORM BH 56067

FEB 26 1962

#1. 399-22-022-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-164

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beulah Jane Trinnaman			2. Date of Birth (month) (day) (year): Oct. 22, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Home Fremont	b. City or Town of Birth: Sugar City, Idaho
FATHER	6. Full Name of Father: James William Trinnaman			7. State or Country of Father's Birth: Lehi, Utah County, Utah
MOTHER	8. Full Maiden Name of Mother: Alice Gilchrist			9. State or Country of Mother's Birth: Lehi, Utah County, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beulah J. White		11. Present Address of Registrant: 1458 Bryan Ave. Salt Lake City, 5, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: 13th February 1962	12. Signature of Notary: A Mortensen		13. Notary Commission expires: My Commission Expires Aug. 27, 1964 19

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father	By whom issued and signed: James W. Trinnaman	Date Issued: Feb. 8, 1962	Date Orig. Entry: --
	Date of Birth: Oct. 22, 1909	Birth Place: Sugar City, Idaho	Full Name of Mother: Alice Gilchrist	Name of Father: James William Trinnaman
SUPPORTING RECORD 2.	Type of Document: photo copy of Church Membership record	By whom issued and signed: L.D.S. Church, Salt Lake City, Utah	Date Issued: Jan. 30, 1962	Date Orig. Entry: baptized Oct. 24, 1926
	Date of Birth: Oct. 22, 1909	Birth Place: Sugar City, Idaho	Full Name of Mother: Alice Gilchrist	Name of Father: James Trinnaman
SUPPORTING RECORD 3.	Type of Document: photo copy of hospital record	By whom issued and signed: Holy Cross Hospital, Salt Lake City, Utah	Date Issued: ---	Date Orig. Entry: March 27, 1948
	Date of Birth: Age: 38	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	Feb. 27, 1962

FORM BH 56067

1 copy paid 1-10-62

2-15-62

FEB 27 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

815-201-010-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-198

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fea Delphine Hanson			2. Date Of Birth (month) October (day) 1 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Bonneville	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: William Patrick Hanson			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Jessie May Hanson			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fea George		11. Present Address of Registrant: 997-7 Birt Idaho Falls, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: February 5 1962	12. Signature of Notary: Vaughn B. Wallace		13. Notary Commission expires: 8/1/ 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother		By whom issued and signed: Jessie M. Hanson	Date Issued: Feb. 5, 1962	Date Orig. Entry: ---
	Date of Birth: Oct. 1, 1909	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Jessie May Hanson	Name of Father: William Patrick Hanson	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: File No. 263832, Idaho	Date Issued: ---	Date Orig. Entry: born Feb. 15, 1938
	Date of Birth: Age: 28	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Hospital birth certificate of own child		By whom issued and signed: L.D.S. Hospital, Idaho Falls, Idaho	Date Issued: -----	Date Orig. Entry: born Feb. 15, 1938
	Date of Birth: Oct. 1, 1909	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	Mar. 6, 1962

FORM BH 56067

12-15-60 1 copy paid

2-28-62

DECLARATION OF INTENTION

STATE OF IDAHO

MAR 6 1962

29415-003-289

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-210

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LLOYD DELBERT KIMPTON			2. Date of Birth (month) SEPT. (day) 15, (year) 1909
	3. Color or Race: W.	4. Sex: M.	5. Place of Birth a. County: BANNOCK	b. City or Town of Birth: POCATELLO, IDAHO
FATHER	6. Full Name of Father: OSBORN ALBERT KIMPTON			7. State or Country of Father's Birth: NAF, IDAHO
MOTHER	8. Full Maiden Name of Mother: JESSIE ANNIE SHRIVER			9. State or Country of Mother's Birth: HUNTSVILLE, UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lloyd D. Kimpton	11. Present Address of Registrant: Rt. 2, TWIN FALLS, IDA.
NOTARY (Seal)	Subscribed and sworn to before me on: March 9 1962		12. Signature of Notary: Vivian Fulton	13. Notary Commission expires: 2-20 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of application for Social Security Account No,	By whom issued and signed: U. S. Treasury Department	Date Issued: -----	Date Orig. Entry: Feb. 2, 1956	
	Date of Birth: Sept. 15, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Jessie Shriver	Name of Father: Osborn A. Kimpton	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital record of Mrs. Lloyd Kimpton	By whom issued and signed: Magic Valley Memorial Hospital Twin Falls, Idaho	Date Issued: Jan. 26, 1962	Date Orig. Entry: July 27, 1948	
	Date of Birth: Sept. 15, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: ---------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Statement regarding Register Of Births in Bannock Co.	By whom issued and signed: Anna Keefe, Clerk of Dist. Court, Bannock County, Idaho	Date Issued: -----	Date Orig. Entry: Sept. 15, 1909	
	Date of Birth: Sept. 15, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Jessie Kimpton	Name of Father: O. A. Kimpton	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Mar. 13, 1962

FORM BH 56067

JUL 9 1963

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Date of Birth: 9-12-[illegible]

REGISTRATION	1. Registration Full Name of Birth: LLOYD [illegible] KIMPTON	Date of Birth (month) (day) (year): SEPT. 25, 1909
Person whose birth is being registered	2. Color or Race: W.	3. Place of Birth (Hospital): [illegible]
	4. Sex: M.	5. Place of Birth (Hospital): [illegible]
	6. Full Name of Father: OSHORN [illegible] KIMPTON	7. State or Country of Fathers Birth: MAF, IDAHO
	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: HUNTSVILLE, UTAH
CERTIFICATION	10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief	11. Present Address of Registrant: [illegible], IDA.
	12. Signature of Registrant: [illegible]	13. Notary Commission Expires: [illegible]
NOTARY (Seal)	14. Subscribed and sworn to before me on: [illegible]	15. Signature of Notary: [illegible]

APPLICATION DO NOT WRITE BELOW THIS LINE

RECORD 1	Type of Document: [illegible]	Date Issued and Signed: [illegible]	Date Reg. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Date Reg. Entry: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	Date Issued and Signed: [illegible]	Date Reg. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	Date Issued and Signed: [illegible]	Date Reg. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which consequently the facts as set forth in the foregoing abstract.

Signature	Residence Registrar	Date Filed
[illegible]	[illegible]	[illegible]

FORM BH 26047

853-223-022-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-247

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Helm			2. Date of Birth (month) (day) (year): August 23, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Chester
FATHER	6. Full Name of Father: Thomas Heber Helm			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Nettie McLane			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Helm Mangan		11. Present Address of Registrant: 22374 Oak Crest Los Altos Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: March 21 1962	12. Signature of Notary: Marie J. Loach		13. Notary Commission expires: MY COMMISSION EXPIRES JUNE 5, 1963 State of Calif. Santa Clara Co.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Cenusu Record	By whom issued and signed: U.S. Bureau of the Census Washington, D. C.		Date Issued: Mar. 7, 1957	Date Orig. Entry: April 15, 1910
	Date of Birth: Age: 8 Mo.	Birth Place: Idaho	Full Name of Mother: Netta Helm		Name of Father: Hebe T. Helm
SUPPORTING RECORD 2.	Type of Document: photo copy of church record	By whom issued and signed: E. A. Olsen, Bishop, LDS Church		Date Issued: Nov. 4, 1917	Date Orig. Entry: baptized Nov. 4, 1917
	Date of Birth: Aug. 23, 1909	Birth Place: Fremont County Chester, Idaho	Full Name of Mother: Nettie McLane		Name of Father: T. Heber Helm
SUPPORTING RECORD 3.	Type of Document: Insurance application	By whom issued and signed: The Prudential Insurance Co. of America		Date Issued: -----	Date Orig. Entry: Oct. 1, 1953
	Date of Birth: Aug. 23, 1909	Birth Place: -----	Full Name of Mother: ----------		Name of Father: -------

QUALIFYING INFORMATION

Census Record, U.S. Bureau of the Census, Washington, D.C., March 7, 1957, January 1, 1920, Age: 10, Idaho, daughter of T. Heber and Nettie Helm

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	Mar. 27, 1962

FORM BH 56067

MAR 28 1962

215-21-1042-759

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-256
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Evelyn Perrine Savage
2. Date of Birth (month) (day) (year): November 17 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Twin Falls; b. City or Town of Birth: Twin Falls

FATHER

6. Full Name of Father: Melvin R. Savage
7. State or Country of Father's Birth: Virginia ?

MOTHER

8. Full Maiden Name of Mother: Philena Perrine (Lena Perrine)
9. State or Country of Mother's Birth: Ripley County Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Evelyn VanNess
11. Present Address of Registrant: 27995 Palos Verdes Dr. E. Rolling Hills, California

NOTARY (Seal)

Subscribed and sworn to before me on: Feb 26 1962
12. Signature of Notary: Melvin Andrews
13. Notary Commission expires: Dec 4 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class*	statement regarding school record	Nov. 17, 1909	Idaho	Los Angeles City Board of Education.	Mrs. Lena Savage	Feb. 9, 1954	---	April 23, 1917
SUPPORTING RECORD 2. Class	Census Record	Age: 10	Idaho	U.S. Bureau of the Census Washington, D.C.	Lena P. Savage	Feb. 20, 1962	---	Jan. 1, 1920
SUPPORTING RECORD 3. Class	affidavit by neighbor at time of birth Age: 66	Nov. 17, 1909	Twin Falls, Idaho	Mrs. Stella T. Haight	Plilena Perrine Savage	Mar. 16, 1962	Melvin R. Savage	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	Mar. 28, 1962

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

MAR 28 1962

STATE OF IDAHO

1. Name of child (First, middle, last) — Evelyn Jean Savage

2. Sex: Female — Date of birth: November 17, 1944

3. Place of birth: County: Twin Falls — City or town: Twin Falls

4. Full name of father: Lyman Savage

5. Birthplace of father: Idaho

6. Full maiden name of mother: Phyllis Jones

7. Birthplace of mother: Nebraska

8. Date filed: MAR 28 1962

9. Registrar's signature: Lyman Savage

10. Registrar's number: 1

11. Date accepted for registration: MAR 28 1962

12. Signature of local registrar: Lyman Savage

13. Local registration district: Twin Falls

14. Number: 1

15. Amended: Yes

16. Date of amendment: MAR 28 1962

17. Item amended: Name of father

18. Evidence submitted: Affidavit

19. Physician, midwife or other person in attendance at birth: Lyman Savage

20. Address: Twin Falls, Idaho

21. Date certificate filed by physician: MAR 28 1962

22. Signature of physician: Lyman Savage

23. Address: Twin Falls, Idaho

24. Name of informant: Lyman Savage

25. Address of informant: Twin Falls, Idaho

26. Relationship: Father

27. Date: MAR 28 1962

28. Signature of informant: Lyman Savage

29. Address: Twin Falls, Idaho

30. Remarks: None

31. Registrar's signature: Lyman Savage

32. Date: MAR 28 1962

33. Registrar's number: 1

34. Local registration district: Twin Falls

35. Number: 1

36. Date filed: MAR 28 1962

37. Evidence submitted: Affidavit

38. Remarks: None

39. Registrar's signature: Lyman Savage

40. Date: MAR 28 1962

41. Registrar's number: 1

42. Local registration district: Twin Falls

43. Number: 1

44. Date filed: MAR 28 1962

45. Evidence submitted: Affidavit

46. Remarks: None

47. Registrar's signature: Lyman Savage

48. Date: MAR 28 1962

49. Registrar's number: 1

50. Local registration district: Twin Falls

51. Number: 1

52. Date filed: MAR 28 1962

53. Evidence submitted: Affidavit

54. Remarks: None

55. Registrar's signature: Lyman Savage

56. Date: MAR 28 1962

57. Registrar's number: 1

58. Local registration district: Twin Falls

59. Number: 1

60. Date filed: MAR 28 1962

61. Evidence submitted: Affidavit

62. Remarks: None

63. Registrar's signature: Lyman Savage

64. Date: MAR 28 1962

65. Registrar's number: 1

66. Local registration district: Twin Falls

67. Number: 1

68. Date filed: MAR 28 1962

69. Evidence submitted: Affidavit

70. Remarks: None

71. Registrar's signature: Lyman Savage

72. Date: MAR 28 1962

73. Registrar's number: 1

74. Local registration district: Twin Falls

75. Number: 1

76. Date filed: MAR 28 1962

77. Evidence submitted: Affidavit

78. Remarks: None

79. Registrar's signature: Lyman Savage

80. Date: MAR 28 1962

81. Registrar's number: 1

82. Local registration district: Twin Falls

83. Number: 1

84. Date filed: MAR 28 1962

85. Evidence submitted: Affidavit

86. Remarks: None

87. Registrar's signature: Lyman Savage

88. Date: MAR 28 1962

89. Registrar's number: 1

90. Local registration district: Twin Falls

91. Number: 1

92. Date filed: MAR 28 1962

93. Evidence submitted: Affidavit

94. Remarks: None

95. Registrar's signature: Lyman Savage

96. Date: MAR 28 1962

97. Registrar's number: 1

98. Local registration district: Twin Falls

99. Number: 1

100. Date filed: MAR 28 1962

101. Evidence submitted: Affidavit

102. Remarks: None

103. Registrar's signature: Lyman Savage

104. Date: MAR 28 1962

105. Registrar's number: 1

106. Local registration district: Twin Falls

107. Number: 1

108. Date filed: MAR 28 1962

109. Evidence submitted: Affidavit

110. Remarks: None

111. Registrar's signature: Lyman Savage

112. Date: MAR 28 1962

113. Registrar's number: 1

114. Local registration district: Twin Falls

115. Number: 1

116. Date filed: MAR 28 1962

117. Evidence submitted: Affidavit

118. Remarks: None

119. Registrar's signature: Lyman Savage

120. Date: MAR 28 1962

121. Registrar's number: 1

122. Local registration district: Twin Falls

123. Number: 1

124. Date filed: MAR 28 1962

125. Evidence submitted: Affidavit

126. Remarks: None

127. Registrar's signature: Lyman Savage

128. Date: MAR 28 1962

129. Registrar's number: 1

130. Local registration district: Twin Falls

131. Number: 1

132. Date filed: MAR 28 1962

133. Evidence submitted: Affidavit

134. Remarks: None

135. Registrar's signature: Lyman Savage

136. Date: MAR 28 1962

137. Registrar's number: 1

138. Local registration district: Twin Falls

139. Number: 1

140. Date filed: MAR 28 1962

141. Evidence submitted: Affidavit

142. Remarks: None

143. Registrar's signature: Lyman Savage

144. Date: MAR 28 1962

145. Registrar's number: 1

146. Local registration district: Twin Falls

147. Number: 1

148. Date filed: MAR 28 1962

149. Evidence submitted: Affidavit

150. Remarks: None

151. Registrar's signature: Lyman Savage

152. Date: MAR 28 1962

153. Registrar's number: 1

154. Local registration district: Twin Falls

155. Number: 1

156. Date filed: MAR 28 1962

157. Evidence submitted: Affidavit

158. Remarks: None

159. Registrar's signature: Lyman Savage

160. Date: MAR 28 1962

161. Registrar's number: 1

162. Local registration district: Twin Falls

163. Number: 1

164. Date filed: MAR 28 1962

165. Evidence submitted: Affidavit

166. Remarks: None

167. Registrar's signature: Lyman Savage

168. Date: MAR 28 1962

169. Registrar's number: 1

170. Local registration district: Twin Falls

171. Number: 1

172. Date filed: MAR 28 1962

173. Evidence submitted: Affidavit

174. Remarks: None

175. Registrar's signature: Lyman Savage

176. Date: MAR 28 1962

177. Registrar's number: 1

178. Local registration district: Twin Falls

179. Number: 1

180. Date filed: MAR 28 1962

181. Evidence submitted: Affidavit

182. Remarks: None

183. Registrar's signature: Lyman Savage

184. Date: MAR 28 1962

185. Registrar's number: 1

186. Local registration district: Twin Falls

187. Number: 1

188. Date filed: MAR 28 1962

189. Evidence submitted: Affidavit

190. Remarks: None

191. Registrar's signature: Lyman Savage

192. Date: MAR 28 1962

193. Registrar's number: 1

194. Local registration district: Twin Falls

195. Number: 1

196. Date filed: MAR 28 1962

197. Evidence submitted: Affidavit

198. Remarks: None

199. Registrar's signature: Lyman Savage

200. Date: MAR 28 1962

201. Registrar's number: 1

202. Local registration district: Twin Falls

203. Number: 1

204. Date filed: MAR 28 1962

205. Evidence submitted: Affidavit

206. Remarks: None

207. Registrar's signature: Lyman Savage

208. Date: MAR 28 1962

209. Registrar's number: 1

210. Local registration district: Twin Falls

211. Number: 1

212. Date filed: MAR 28 1962

213. Evidence submitted: Affidavit

214. Remarks: None

215. Registrar's signature: Lyman Savage

216. Date: MAR 28 1962

217. Registrar's number: 1

218. Local registration district: Twin Falls

219. Number: 1

220. Date filed: MAR 28 1962

221. Evidence submitted: Affidavit

222. Remarks: None

223. Registrar's signature: Lyman Savage

224. Date: MAR 28 1962

225. Registrar's number: 1

226. Local registration district: Twin Falls

227. Number: 1

228. Date filed: MAR 28 1962

229. Evidence submitted: Affidavit

230. Remarks: None

231. Registrar's signature: Lyman Savage

232. Date: MAR 28 1962

233. Registrar's number: 1

234. Local registration district: Twin Falls

235. Number: 1

236. Date filed: MAR 28 1962

237. Evidence submitted: Affidavit

238. Remarks: None

239. Registrar's signature: Lyman Savage

240. Date: MAR 28 1962

241. Registrar's number: 1

242. Local registration district: Twin Falls

243. Number: 1

244. Date filed: MAR 28 1962

245. Evidence submitted: Affidavit

246. Remarks: None

247. Registrar's signature: Lyman Savage

248. Date: MAR 28 1962

249. Registrar's number: 1

250. Local registration district: Twin Falls

251. Number: 1

252. Date filed: MAR 28 1962

253. Evidence submitted: Affidavit

254. Remarks: None

255. Registrar's signature: Lyman Savage

256. Date: MAR 28 1962

257. Registrar's number: 1

258. Local registration district: Twin Falls

259. Number: 1

260. Date filed: MAR 28 1962

261. Evidence submitted: Affidavit

262. Remarks: None

263. Registrar's signature: Lyman Savage

264. Date: MAR 28 1962

265. Registrar's number: 1

266. Local registration district: Twin Falls

267. Number: 1

268. Date filed: MAR 28 1962

269. Evidence submitted: Affidavit

270. Remarks: None

271. Registrar's signature: Lyman Savage

272. Date: MAR 28 1962

273. Registrar's number: 1

274. Local registration district: Twin Falls

275. Number: 1

276. Date filed: MAR 28 1962

277. Evidence submitted: Affidavit

278. Remarks: None

279. Registrar's signature: Lyman Savage

280. Date: MAR 28 1962

281. Registrar's number: 1

282. Local registration district: Twin Falls

283. Number: 1

284. Date filed: MAR 28 1962

285. Evidence submitted: Affidavit

286. Remarks: None

287. Registrar's signature: Lyman Savage

288. Date: MAR 28 1962

289. Registrar's number: 1

290. Local registration district: Twin Falls

291. Number: 1

292. Date filed: MAR 28 1962

293. Evidence submitted: Affidavit

294. Remarks: None

295. Registrar's signature: Lyman Savage

296. Date: MAR 28 1962

297. Registrar's number: 1

298. Local registration district: Twin Falls

299. Number: 1

300. Date filed: MAR 28 1962

301. Evidence submitted: Affidavit

302. Remarks: None

303. Registrar's signature: Lyman Savage

304. Date: MAR 28 1962

305. Registrar's number: 1

306. Local registration district: Twin Falls

307. Number: 1

308. Date filed: MAR 28 1962

309. Evidence submitted: Affidavit

310. Remarks: None

311. Registrar's signature: Lyman Savage

312. Date: MAR 28 1962

313. Registrar's number: 1

314. Local registration district: Twin Falls

315. Number: 1

316. Date filed: MAR 28 1962

317. Evidence submitted: Affidavit

318. Remarks: None

319. Registrar's signature: Lyman Savage

320. Date: MAR 28 1962

321. Registrar's number: 1

322. Local registration district: Twin Falls

323. Number: 1

324. Date filed: MAR 28 1962

325. Evidence submitted: Affidavit

326. Remarks: None

327. Registrar's signature: Lyman Savage

328. Date: MAR 28 1962

329. Registrar's number: 1

330. Local registration district: Twin Falls

331. Number: 1

332. Date filed: MAR 28 1962

333. Evidence submitted: Affidavit

334. Remarks: None

335. Registrar's signature: Lyman Savage

336. Date: MAR 28 1962

337. Registrar's number: 1

338. Local registration district: Twin Falls

339. Number: 1

340. Date filed: MAR 28 1962

341. Evidence submitted: Affidavit

342. Remarks: None

343. Registrar's signature: Lyman Savage

344. Date: MAR 28 1962

345. Registrar's number: 1

346. Local registration district: Twin Falls

347. Number: 1

348. Date filed: MAR 28 1962

349. Evidence submitted: Affidavit

350. Remarks: None

351. Registrar's signature: Lyman Savage

352. Date: MAR 28 1962

353. Registrar's number: 1

354. Local registration district: Twin Falls

355. Number: 1

356. Date filed: MAR 28 1962

357. Evidence submitted: Affidavit

358. Remarks: None

359. Registrar's signature: Lyman Savage

360. Date: MAR 28 1962

361. Registrar's number: 1

362. Local registration district: Twin Falls

363. Number: 1

364. Date filed: MAR 28 1962

365. Evidence submitted: Affidavit

366. Remarks: None

367. Registrar's signature: Lyman Savage

368. Date: MAR 28 1962

369. Registrar's number: 1

370. Local registration district: Twin Falls

371. Number: 1

372. Date filed: MAR 28 1962

373. Evidence submitted: Affidavit

374. Remarks: None

375. Registrar's signature: Lyman Savage

376. Date: MAR 28 1962

377. Registrar's number: 1

378. Local registration district: Twin Falls

379. Number: 1

380. Date filed: MAR 28 1962

381. Evidence submitted: Affidavit

382. Remarks: None

383. Registrar's signature: Lyman Savage

384. Date: MAR 28 1962

385. Registrar's number: 1

386. Local registration district: Twin Falls

387. Number: 1

388. Date filed: MAR 28 1962

389. Evidence submitted: Affidavit

390. Remarks: None

391. Registrar's signature: Lyman Savage

392. Date: MAR 28 1962

393. Registrar's number: 1

394. Local registration district: Twin Falls

395. Number: 1

396. Date filed: MAR 28 1962

397. Evidence submitted: Affidavit

398. Remarks: None

399. Registrar's signature: Lyman Savage

400. Date: MAR 28 1962

401. Registrar's number: 1

402. Local registration district: Twin Falls

403. Number: 1

404. Date filed: MAR 28 1962

405. Evidence submitted: Affidavit

406. Remarks: None

407. Registrar's signature: Lyman Savage

408. Date: MAR 28 1962

409. Registrar's number: 1

410. Local registration district: Twin Falls

411. Number: 1

412. Date filed: MAR 28 1962

413. Evidence submitted: Affidavit

414. Remarks: None

415. Registrar's signature: Lyman Savage

416. Date: MAR 28 1962

417. Registrar's number: 1

418. Local registration district: Twin Falls

419. Number: 1

420. Date filed: MAR 28 1962

421. Evidence submitted: Affidavit

422. Remarks: None

423. Registrar's signature: Lyman Savage

424. Date: MAR 28 1962

425. Registrar's number: 1

426. Local registration district: Twin Falls

427. Number: 1

428. Date filed: MAR 28 1962

429. Evidence submitted: Affidavit

430. Remarks: None

431. Registrar's signature: Lyman Savage

432. Date: MAR 28 1962

433. Registrar's number: 1

434. Local registration district: Twin Falls

435. Number: 1

436. Date filed: MAR 28 1962

437. Evidence submitted: Affidavit

438. Remarks: None

439. Registrar's signature: Lyman Savage

440. Date: MAR 28 1962

441. Registrar's number: 1

442. Local registration district: Twin Falls

443. Number: 1

444. Date filed: MAR 28 1962

445. Evidence submitted: Affidavit

446. Remarks: None

447. Registrar's signature: Lyman Savage

448. Date: MAR 28 1962

449. Registrar's number: 1

450. Local registration district: Twin Falls

451. Number: 1

452. Date filed: MAR 28 1962

453. Evidence submitted: Affidavit

454. Remarks: None

455. Registrar's signature: Lyman Savage

456. Date: MAR 28 1962

457. Registrar's number: 1

458. Local registration district: Twin Falls

459. Number: 1

460. Date filed: MAR 28 1962

461. Evidence submitted: Affidavit

462. Remarks: None

463. Registrar's signature: Lyman Savage

464. Date: MAR 28 1962

465. Registrar's number: 1

466. Local registration district: Twin Falls

467. Number: 1

468. Date filed: MAR 28 1962

469. Evidence submitted: Affidavit

470. Remarks: None

471. Registrar's signature: Lyman Savage

472. Date: MAR 28 1962

473. Registrar's number: 1

474. Local registration district: Twin Falls

475. Number: 1

476. Date filed: MAR 28 1962

477. Evidence submitted: Affidavit

478. Remarks: None

479. Registrar's signature: Lyman Savage

480. Date: MAR 28 1962

481. Registrar's number: 1

482. Local registration district: Twin Falls

483. Number: 1

484. Date filed: MAR 28 1962

485. Evidence submitted: Affidavit

486. Remarks: None

487. Registrar's signature: Lyman Savage

488. Date: MAR 28 1962

489. Registrar's number: 1

490. Local registration district: Twin Falls

491. Number: 1

492. Date filed: MAR 28 1962

493. Evidence submitted: Affidavit

494. Remarks: None

495. Registrar's signature: Lyman Savage

496. Date: MAR 28 1962

497. Registrar's number: 1

498. Local registration district: Twin Falls

499. Number: 1

500. Date filed: MAR 28 1962

393-217-003-462

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-262

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marie Lucille Tillotson
2. Date Of Birth (month) (day) (year): Dec 17 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: McCammon Ida Bannock
b. City or Town of Birth: McCammon Idaho.

FATHER

6. Full Name of Father: Arthur Tillotson
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Sylvia Moss
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marie Lucille Watson
11. Present Address of Registrant: 161 Locust St. Twin Falls Ida

NOTARY (Seal)

Subscribed and sworn to before me on: March 22 1962
12. Signature of Notary: Clark W. Call
13. Notary Commission expires: 1-25 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	File No. 402056, Idaho	---	born Jan. 27, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 35	McCammon, Idaho	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding school record	H. Leigh Gittins, Principal McCammon Elementary School	Feb. 20, 1962	1920- 1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 17, 1909	----------	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding hospital record	Magic Valley Memorial Hospital Wilma Keyser, Record Librarian	Mar. 27 1962	Oct. 5, 1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 17, 1909	Idaho	Slyvia Moss	Arthur Tillotson

QUALIFYING INFORMATION

certified copy of marriage application affidavit. R. L. Kane, Clerk of District Court, State of Nevada. Marie Lucille Tillotson, age: 31.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller sm	Mar. 29, 1962

FORM BH 56067 7-6-61

MAR 29 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

168-117-043-299

273

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-273

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Theodore Wayne Johnson		2. Date Of Birth (month) April (day) 17 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Valley; b. City or Town of Birth: McCall Idaho
FATHER	6. Full Name of Father: John S. Johnson		7. State or Country of Father's Birth: Finland
MOTHER	8. Full Maiden Name of Mother: Johannah Sironen		9. State or Country of Mother's Birth: Finland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Theodore W Johnson	11. Present Address of Registrant: Rt 1 McCall
NOTARY (Seal)	Subscribed and sworn to before me on: February 5 1962	12. Signature of Notary: Gladys L Shelton	13. Notary Commission expires: March 24 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: On file in Idaho #258514	Date Issued: ------	Date Orig. Entry: July 25, 1937
	Date of Birth: Age 28	Birth Place: McCall, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by Neighbor age 64	By whom issued and signed: Fanny Heikkola	Date Issued: 3-26-62	Date Orig. Entry: ----
	Date of Birth: April 17, 1909	Birth Place: MCCall, Idaho	Full Name of Mother: Johannah Sironen	Name of Father: John S. Johnson
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Occidental Life Ins. Co.	Date Issued: Sept. 30, 1929	Date Orig. Entry: September 30, 1929
	Date of Birth: April 17, 1909	Birth Place: MCCall, Idaho	Full Name of Mother: -----	Name of Father: John S. Johnson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ec Elaine Coy	March 30, 1962

FORM BH 56067

APR 2 1962

UNDATED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. NAME	a. First b. Middle c. Last
2. SEX	
3. DATE OF BIRTH	a. Month b. Day c. Year
4. PLACE OF BIRTH	a. City or Town b. County
5. NAME OF FATHER	
6. MAIDEN NAME OF MOTHER	
7. I hereby certify upon oath that the above facts recorded are true to the best of my knowledge and belief.	a. Signature of Registrant
8. Subscribed and sworn to before me on	a. Signature of Official
9. Date Filed	10. Local Registration District
11. Certificate Registered	

---

1. NAME	a. First b. Middle c. Last
2. SEX	
3. DATE OF BIRTH	a. City or Town b. County
4. PLACE OF BIRTH	a. Name of Hospital or Institution b. Street Address or Location
5. NAME OF FATHER	a. First b. Middle c. Last
6. MAIDEN NAME OF MOTHER	a. First b. Middle c. Last

289-129.003-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-275

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leonard Donald Byington			2. Date Of Birth (month) (day) (year): October 29, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Dempsey
FATHER	6. Full Name of Father: James Henry Byington			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Mirah Carr			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leonard Donald Byington		11. Present Address of Registrant: 746 J st So Lakeview Or
NOTARY (Seal)	Subscribed and sworn to before me on: March 23, 1962	12. Signature of Notary: Faye Swingle		13. Notary Commission expires: Feb. 27 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Augustus F. Blaser, Bishop		Date Issued: Jan. 2, 1910	Date Orig. Entry: blessed Jan. 2, 1910
	Date of Birth: Oct. 29, 1910	Birth Place: Dempsey, Idaho Bannock County	Full Name of Mother: Sarah M. Carr	Name of Father: James H. Byington	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: James H. Byington, Elder LDS Church		Date Issued: Nov. 4, 1917	Date Orig. Entry: baptized Oct. 30, 1917
	Date of Birth: Oct. 29, 1909	Birth Place: Dempsey, Idaho Bannock County	Full Name of Mother: Sarah M. Carr	Name of Father: James H. Byington	
SUPPORTING RECORD 3.	Type of Document: photo copy of employment application	By whom issued and signed: White Pine Lumber Company Lakeview, Oregon		Date Issued: ---	Date Orig. Entry: Jan. 5, 1951
	Date of Birth: Oct. 29, 1909	Birth Place: -------	Full Name of Mother: -------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: April 2, 1962

FORM BH 56067

APR 2 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

243-127-010-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-286

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Samuel Alma Butikofer
2. Date Of Birth: April 27, 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: Coltman, Bingham (now Bonneville) County
b. City or Town of Birth: Coltman (mailing address Idaho Falls

FATHER

6. Full Name of Father: Rodulph Butikofer
7. State or Country of Father's Birth: Bern, Switzerland

MOTHER

8. Full Maiden Name of Mother: Marie Metzener
9. State or Country of Mother's Birth: Bern, Switzerland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Samuel A Butikofer
11. Present Address of Registrant: Rt. 1, Box 64. Rigby, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 6th day of March 1962
12. Signature of Notary: Leonard E. Graham
13. Notary Commission expires: Probate Judge 19____

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Life Insurance Policy	National Public Service Insurance Company	-----	Jan. 21, 1943
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	April 27, 1909 / Idaho Falls, Idaho	---------	---------	
SUPPORTING RECORD 2.	affidavit by sister---16 years older	Mary Butikofer Stucki	Mar. 29, 1962	-----
	April 27, 1909 / Coltman, Idaho	Marie Metzener	Rudolph Butikofer	
SUPPORTING RECORD 3.	statement regarding church record	Lorin P. Mickelsen, Bishop	Mar. 26, 1962	baptized Aug. 5, 1917
	April 27, 1909 / Coltman, Idaho.	Marie Metzener	Rudolph Butikofer	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	April 4, 1962

FORM BH 56067

2-21-62

APR 5 1962

DEC 1 9 1975

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

REGISTRANT	1. Registrant's Full Name at Birth: Samuel Alma Butikofer	2. Date of Birth (month) (day) (year): April 27, 1909
	3. Color or Race: White	4. Sex: Male
	5. Place of Birth: Coltman, Singham	6. Family or Town of Birth: [illegible]
FATHER	6. Full Name of Father: Rodolpha Butikofer	7. State or Country of Father's Birth: Bern, Switzerland
MOTHER	8. Full Maid Name of Mother: Marie Metzener	9. State or Country of Mother's Birth: Bern, Switzerland
CERTIFICATE	10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: Rt. 1, Box 64, Rigby, Idaho
	12. Sworn and sworn to before me on: 3rd day of March 1962	13. Signature of Notary: [illegible]
		14. Notary Commission expires: Probate Judge 19

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed

2-21-62

413-12X-043-659

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De62-307

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl Layman Matthews			2. Date of Birth (month) July (day) 24, (year) 1909	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Van Wyck Ida Valley	b. City or Town of Birth: Van Wyck Idaho	
FATHER	6. Full Name of Father: John Madison Matthews			7. State or Country of Father's Birth: U S A Wyoming	
MOTHER	8. Full Maiden Name of Mother: Stella I Ferguson			9. State or Country of Mother's Birth: U S A Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: *Earl R. Matthews	11. Present Address of Registrant: Riggins Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: October 5th 1961		12. Signature of Notary: Keetie Angleton	13. Notary Commission expires: ~~June~~ 11-15-64 19 65	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Stella Matthews	Date Issued: ----	Date Orig. Entry: March 28, 1962
	Date of Birth: July 24, 1909 / Birth Place: Van Wyck, Idaho	Full Name of Mother: Stella I, Matthews	Name of Father: John Matthews	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: Washington State Board of Health	Date Issued: 2-26-62	Date Orig. Entry: 2-3-35
	Date of Birth: Age 25 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: written by Mother	Date Issued: --	Date Orig. Entry: obviously old
	Date of Birth: July 24, 1909 / Birth Place: VanWyck, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ec Joyce B. Foltz	April 11, 1962

FORM BH 56067(M) 6-30-64 1 Copy paid Rec. #17829

APR 12 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. 1962-S-7

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) July (day) 24, (year) 1909	
	3. Sex	4. Place of Birth (a. County)	5. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Name and Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant	
NOTARY	12. Signature of Notary	13. Notary Commission expires	

APPLICANT — DO NOT WRITE BELOW THIS LINE

1. Document	Affidavit by mother	By whom issued and signed: Stella Matthews	Date Issued: ----	Date Orig. Entry: March 28, 1962
	July 24, 1909 Van Wyck, Idaho	Full Name of Mother: Stella I. Matthews	Name of Father: John Matthews	
2. Supporting Record 2	Type of Document: Own childs birth certificate	By whom issued and signed: Washington State Board of Health	Date Issued: 2-26-62	Date Orig. Entry: 2-3-35
	Date of Birth: Age 25	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------
3. Supporting Record 3	Type of Document: Family Record	By whom issued and signed: written by Mother	Date Issued: --	Date Orig. Entry: obviously old
	Date of Birth: July 24, 1909	Birth Place: VanWyck, Idaho	Full Name of Mother: ----	Name of Father: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
W. W. Benson	cc Joyce B. Foltz	April 11, 1962

793-112-030-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De62-310

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Daniel Conrad Gilster			2. Date of Birth (month) (day) (year): September 12, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Leadore
FATHER	6. Full Name of Father: Henry August Gilster			7. State or Country of Father's Birth: Chester, Illinois
MOTHER	8. Full Maiden Name of Mother: Margaret Bell Craig			9. State or Country of Mother's Birth: Chester, Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Daniel Conrad Gilster		11. Present Address of Registrant: 1401 No. 22nd, Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 11 1962	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #224649		Date Issued: ---	Date Orig. Entry: child born Aug 3, 1934
	Date of Birth: age 24	Birth Place: Leadore, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Metropolitan Life Ins. Policy #10 390 946	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: Sept 1 1943	Date Orig. Entry: Sept 1, 1943
	Date of Birth: Sept 12, 1909	Birth Place: Leadore, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: G. W. Barnes Methodist-Minister		Date Issued: 12-7-1909	Date Orig. Entry: Baptized Dec 7, 1909
	Date of Birth: Sept 12, 1909	Birth Place: ----	Full Name of Mother: Margaret Gilster	Name of Father: Henry Gilster	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: April 11, 1962

FORM BH 56067

APR 12 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Daniel Conrad Gilster	2. Date of Birth (month) (day) (year): September 12, 1909
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: Lemhi	6. Cities or Town of Birth: Leadore
FATHER	7. Full Name of Father: Henry August Gilster	8. State or Country of Father's Birth: Chester, Illinois
MOTHER	9. Full Maiden Name of Mother: Margaret Bell Craig	10. State or Country of Mother's Birth: Chester, Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: 1401 No. 22nd, Boise, Idaho
NOTARY	12. Sworn and sworn to before me on	13. Notary Commission expires

RECORD 1

Type of Document: Birth Certificate	By whom issued and signed: on file Idaho #224649	Date Issued: ---	Date Orig. Entry: child born Aug 3, 1934
Date of Birth: Age 24	Birth Place: Leadore, Idaho	Full Name of Mother: ----	Name of Father: ---

RECORD 2

Type of Document: Metropolitan Life Ins. Policy 210 390 940	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Sept 1, 1943	Date Orig. Entry: Sept 1, 1943
Date of Birth: Sept 12, 1909	Birth Place: Leadore, Idaho	Full Name of Mother: ----	Name of Father: ---

RECORD 3

Type of Document: Certificate of Baptism	By whom issued and signed: G. W. Barnes Methodist-Minister	Date Issued: 12-7-1909	Date Orig. Entry: Baptized Dec 7, 1909
Date of Birth: Sept 12, 1909	Birth Place: ----	Full Name of Mother: Margaret Gilster	Name of Father: Henry Gilster

JUSTIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson	Evidence reviewed by: Joyce E. Foltz	Date Filed: April 11, 1962

29542 6-031-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-329

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: **Forrest Everett King**		2. Date of Birth (month) (day) (year): **September 26 1909**
	3. Color or Race: **White**	4. Sex: **Male**	5. Place of Birth a. County: **Lewis** / b. City or Town of Birth: **Orofino, Idaho**
FATHER	6. Full Name of Father: **Gilbert King**		7. State or Country of Father's Birth: **Illinois**
MOTHER	8. Full Maiden Name of Mother: **Charlotte May Greenwood**		9. State or Country of Mother's Birth: **Illinois**
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Forrest Everett King	11. Present Address of Registrant: **Culdesac, Idaho**
NOTARY (Seal)	Subscribed and sworn to before me on: **November 27th. 1961**	12. Signature of Notary: H. G. Hopkins	13. Notary Commission expires: **Feb. 27th. 1963**

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #385521	Date Issued: -----	Date Orig. Entry: child born Nov. 27, 1943
	Date of Birth: age 34	Birth Place: Orofino, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Insurance policy	By whom issued and signed: Grange Mutual Life Insurance	Date Issued: Sept. 25, 1937	Date Orig. Entry: Sept. 23, 1937
	Date of Birth: Sept. 26 1909	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: statement concerning hospital record	By whom issued and signed: St. Mary's Hospital Cottonwood, Idaho	Date Issued: Mar. 28, 1962	Date Orig. Entry: Dec. 27, 1937
	Date of Birth: Sept. 26, 1909	Birth Place: Orofino, Idaho	Full Name of Mother: Charlotte Greenwood	Name of Father: Gilbert King
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pw Shirley Miller	Date Filed: April 17, 1962

FORM BH 56067

1 copy paid #12404 3-28-61

APR 18 1982

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Forrest Everett King	2. Date of Birth (month) (day) (year): September 26 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Lewis; a. City or Town of Birth: Grofino, Idaho
FATHER	6. Full Name of Father: Gilbert King	7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Charlotte May Greenwood	9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	10. Affidavit: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [illegible]	12. Present Address of Registrant: Culdesac, Idaho
	13. Sworn and sworn to before me on: November 27th, 1961	14. Signature of Notary:	15. Notary Commission Expires: Feb. 27th, 1963

SUPPORTING RECORD 1	Type of Document: Certified birth certificate	By whom issued and signed: Idaho #[illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Birth Place: Grofino, Idaho	Full Name of Mother:
	Name of Father:		
SUPPORTING RECORD 2	Type of Document: Insurance policy	By whom issued and signed: Pacific Mutual Life Insurance	Date Issued: [illegible]
	Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother:
	Name of Father:		
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: St. Mary's Hospital, Gonzaga, Idaho	Date Issued: [illegible]
	Date of Birth: [illegible]	Birth Place: Grofino, Idaho	Full Name of Mother: Charlotte Greenwood
	Name of Father: Gilbert King		
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Evidence reviewed by | Date Filed

168227.026-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-333

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Theo Pearl Johnson			2. Date Of Birth (month) Oct (day) 27 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Jefferson	b. City or Town of Birth: Rigby	
FATHER	6. Full Name of Father: Albert Johnson			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Christina Adamson			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Theo J. Price		11. Present Address of Registrant: Montpelier, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: [illegible] 1962	12. Signature of Notary: [illegible]		13. Notary Commission expires: Jan 6. 1964	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: File 200737, Idaho	Date Issued: ----	Date Orig. Entry: child born Mar. 29, 1932	
	Date of Birth: Age: 22	Birth Place: Rigby, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: application for life insurance	By whom issued and signed: Equitable Life Assurance Society of the United States	Date Issued: ----	Date Orig. Entry: April 26, 1945	
	Date of Birth: Oct. 27, 1909	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: duplicate of Certificate of Baptism and Confirmation	By whom issued and signed: Winslow Swensen, Bishop	Date Issued: April 11, 1962	Date Orig. Entry: baptized May 3, 1925	
	Date of Birth: Oct. 27, 1909	Birth Place: Rigby, Idaho Jefferson County	Full Name of Mother: Christina Adamson	Name of Father: Albert Johnson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	April 17, 1962

FORM BH 56067 Appld. H 9683

APR 19 1962

335-231-042-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-343

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eleanor Hollister ~~Yeager~~ Clendenin		2. Date Of Birth (month) (day) (year): December 31 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Hollister, Idaho
FATHER	6. Full Name of Father: Richard Carroll Clendenin		7. State or Country of Father's Birth: Montana
MOTHER	8. Full Maiden Name of Mother: Lillian Lyon		9. State or Country of Mother's Birth: North Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eleanor Hollister Yeager	11. Present Address of Registrant: 180 Washington Street Coalinga, California
NOTARY (Seal)	Subscribed and sworn to before me on: February 21 19 62	12. Signature of Notary: Arthur L Blank	13. Notary Commission expires: March 17 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother		By whom issued and signed: Lillian Lyon Clendenin	Date Issued: Feb. 21, 1962	Date Orig. Entry: ------
	Date of Birth: Dec. 31, 1909	Birth Place: Hollister, Idaho	Full Name of Mother: Lillian Lyon	Name of Father: Richard Carroll Clendenin	
SUPPORTING RECORD 2.	Type of Document: certified copy of certificate of marriage		By whom issued and signed: Ralph G. Towle, County Recorder San Benito County, California	Date Issued: Mar. 2, 1962	Date Orig. Entry: Aug. 27, 1928
	Date of Birth: Age: 18	Birth Place: Hollister, Idaho	Full Name of Mother: Lillian Lyon	Name of Father: Richard C. Clendenin	
SUPPORTING RECORD 3.	Type of Document: Census Record		By whom issued and signed: U.S. Bureau of the Census	Date Issued: April 12, 1962	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 10	Birth Place: Idaho	Full Name of Mother: Lillie Clendenin	Name of Father: Richard Clendenin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	April 20, 1962

FORM BH 56067

3-12-62

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

[redacted]

1. Registrant's Full Name at Birth: Vlesnor Hollister [redacted] Clendenin	2. Date of Birth: December 31, 1909	
3. Sex: Female	4. Place of Birth: Hollister, Idaho	
5. Race: White	6. Date of Birth: Montana	
7. Father: Richard Carroll Clendenin	8. State or Country of Father's Birth: Montana	
9. Mother: Lillian Lyon	10. State or Country of Mother's Birth: North Dakota	
11. Date of Birth: Apr 10	12. Signature of Registrant: [signature]	13. Present Address of Registrant: 150 Washington Street, Coalinga, California
14. Sworn to before me on: February 21, 1962	15. Signature of Notary: [signature]	16. Notary Commission expires: March 17, 1962

SUPPORTING RECORD 1

Type of Document	Date Issued	Date Orig. Entry
[illegible]	[illegible]	------

SUPPORTING RECORD 2

Type of Document	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]

SUPPORTING RECORD 3

Type of Document	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]

SUPPORTING RECORD 4

Type of Document	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]

QUALIFYING INFORMATION

Date of Birth: Apr 10	Place of Birth: Idaho	Full Name of Mother: Lillie Clendenin

REGISTRAR'S CERTIFICATE

A hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been realized which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date filed
[illegible]	[illegible]	[illegible]

459-22-022-895

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-355

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bessie Meikle			2. Date Of Birth (month) (day) (year): April 21, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Tetonia
FATHER	6. Full Name of Father: John Henry Meikle			7. State or Country of Father's Birth: Bussorang Thurgau Switz.
MOTHER	8. Full Maiden Name of Mother: Susie Hind			9. State or Country of Mother's Birth: Utah, Cache Co
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bessie Meikle Parson		11. Present Address of Registrant: 1495 Maple Drive Logan Utah
NOTARY (Seal)	Subscribed and sworn to before me on: April 23, 1962	12. Signature of Notary: Ray A. Nimblett		13. Notary Commission expires: March 22 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for insurance	By whom issued and signed: Idaho Mutual Benefit Associ[illegible]	Date Issued: ---	Date Orig. Entry: Nov. 15, 1952
	Date of Birth: April 21, 1909	Birth Place: Tetonia, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: affidavit by aunt, age: 90	By whom issued and signed: Elizabeth Hind Cannell	Date Issued: April 23, 1962	Date Orig. Entry: -------
	Date of Birth: April 21, 1909	Birth Place: Tetonia, Idaho Fremont County	Full Name of Mother: Susie Hind	Name of Father: John Henry Meikle
SUPPORTING RECORD 3.	Type of Document: Church Certifieate of Birth	By whom issued and signed: LDS Church, Salt Lake City, Utah	Date Issued: April 16, 1962	Date Orig. Entry: May 6, 1917
	Date of Birth: April 21, 1909	Birth Place: Tetonia, Idaho Fremont County	Full Name of Mother: Susie Hind	Name of Father: John Henry Meikle
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	April 26, 1962

FORM BH 56067 copy #9670

4-17-62

APR 27 1962

DELAYED CERTIFICATE OF BIRTH

343-120-042-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-422

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dale O. Cullison			2. Date of Birth (month) (day) (year): May 20, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Rolla Lincoln Cullison			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Elsie May Parker			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dale O Cullison		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: May 24 1962	12. Signature of Notary: Lena Andersen		13. Notary Commission expires: Jan 13 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by aunt, age: 72	By whom issued and signed: Blanche Parker Brumet	Date Issued: Mar. 19, 1962	Date Orig. Entry: -------
	Date of Birth: May 20, 1909 / Birth Place: Twin Falls, Idaho	Full Name of Mother: Elsie Mae Parker Cullison	Name of Father: Rolla Lincoln Cullison	
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: File 17215, Idaho	Date Issued: -----	Date Orig. Entry: Feb. 13, 1952
	Date of Birth: Age: 42 / Birth Place: Twin Falls, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: File #264403, Idaho	Date Issued: -----	Date Orig. Entry: child born Feb. 23, 1938
	Date of Birth: Age: 28 / Birth Place: Twin Falls, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sm Shirley Miller	May 25, 1962

FORM BH 56067

MAY 25 1962

764-209-010-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-424

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SARAH ELVA Godfrey			2. Date Of Birth (month) DECEMBER (day) 9 (year) 1909	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: UCON BONNEVILLE	b. City or Town of Birth: UCON, Idaho	
FATHER	6. Full Name of Father: Josiah Godfrey			7. State or Country of Father's Birth: North Ogden, Utah	
MOTHER	8. Full Maiden Name of Mother: Gunda Beletta Petersen			9. State or Country of Mother's Birth: Hyrum, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elva G. Benham		11. Present Address of Registrant: 797 - East 13th St. Idaho Falls, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 17 1962	12. Signature of Notary: Helen L. Anderson		13. Notary Commission expires: July 23 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Robt. Andrius, Bishop		Date Issued: Sept. 1, 1918	Date Orig. Entry: baptized Aug. 31, 1918
	Date of Birth: Dec. 9, 1909	Birth Place: Ucon, Idaho Bonneville County	Full Name of Mother: Gunda Peterson	Name of Father: Josiah Godfrey	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: File 293893, Idaho		Date Issued: ------	Date Orig. Entry: child born May 22, 1940
	Date of Birth: Age: 30	Birth Place: Ucon, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: application for insurance	By whom issued and signed: Beneficial Life Insurance		Date Issued: ------	Date Orig. Entry: June 7, 1929
	Date of Birth: Dec. 9, 1909	Birth Place: Ucon, Idaho	Full Name of Mother: ----------	Name of Father: Josiah Godfrey	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	SM , Shirley Miller	May 25, 1962

FORM BH 56067 1-31-62

MAY 25 1962

697-11-015-995

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-428

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Lucy Higley			2. Date of Birth (month) July (day) 11, (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Caribou	b. City or Town of Birth: Soda Springs	
FATHER	6. Full Name of Father: Ellis Ervin Higley			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Lucy Ann Rinehart			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ethel Lucy Jarvis	11. Present Address of Registrant: Challis Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 24, 1962		12. Signature of Notary: Jane B. Lucas	13. Notary Commission expires: April 4 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding lodge membership record		By whom issued and signed: Marie Reed, Secretary, Silver Leaf Rebekah Lodge No. 27	Date Issued: Mar. 8, 1962	Date Orig. Entry: Feb. 24, 1931
	Date of Birth: July 11, 1909	Birth Place: ------	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother		By whom issued and signed: Lucy Jarvis	Date Issued: Oct. 26, 1959	Date Orig. Entry: -----
	Date of Birth: July 11, 1909	Birth Place: Soda Springs, Idaho	Full Name of Mother: Lucy Rinehart Jarvis	Name of Father: Ellis Ervin Higley	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: File No. 177124, Idaho	Date Issued: -----	Date Orig. Entry: child born Dec. 11, 1929
	Date of Birth: Age: 20	Birth Place: Soda Springs, Idaho	Full Name of Mother: ----------	Name of Father: ----------	

QUALIFYING INFORMATION

Certified copy of marriage license issued by Opal Reddington, Deputy Clerk on August 13, 1958. Licensed was issued Aug. 15, 1928. Age given as 19.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	sm Shirley Miller	May 28, 1962

FORM BH 56067

JUN 5 1982

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's Full Name at Birth: Ethel Lucy Higley	2. Date of Birth: July 11, 1906	
3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho, County: Caribou, City or Town of Birth: Soda Springs
6. Full Name of Father: Ellis Ervin Higley	7. State or Country of Father's Birth: Utah	
8. Full Maiden Name of Mother: Lucy Ann Rinehart	9. State or Country of Mother's Birth: Idaho	
10. Signature of Registrant	11. Present Address of Registrant	
12. Signature of Notary	13. Notary Commission Expires: April 4, 1984	

AFFIDAVIT — 20 OUT WHITE BELOW THIS LINE

Type of Document: Mona Lamarche Lodge Bonneville Record	By whom issued and signed: Marie Hamb, Secretary, Mayor	Date Issued: Mar. 8, 1952	Date Orig. Entry: Feb. 11, 1951
Date of Birth: [illegible]	Full Name of Mother:	Name of Father:	
Type of Document: [illegible] Mother	By whom issued and signed: Lucy Ervin	Date Issued: Feb. 26, 1952	Date Orig. Entry: ----
Date of Birth: [illegible] Place: Soda Springs, Idaho	Full Name of Mother: Lucy Rinehart Ervin	Name of Father: Ellis Ervin Higley	
Type of Document: [illegible]	By whom issued and signed: File No. 1[illegible], [illegible]	Date Issued: ----	Date Orig. Entry: Child Form Feb. 11, 1929
Date of Birth: [illegible] Place: Apr. 20 [illegible] Soda Springs, Idaho	Full Name of Mother:	Name of Father:	

CERTIFICATE — Certified copy of marriage license issued by [illegible], Deputy Clerk on August 23, 1950. Licensed [illegible] Aug. 19, 1926. Age given as 19.

CERTIFICATE — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed	Date Filed: May 28, 1982

584-225-022-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

439

State File No. De 62-439

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Afton Thueson			2. Date of Birth (month) (day) (year): August 25, 1909
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Sugar City
FATHER	6. Full Name of Father: Neils Oscar Thueson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lydia Adeline Webb			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Afton Johnson		11. Present Address of Registrant: Cambridge Ida, R.F. Box 52
NOTARY (Seal)	Subscribed and sworn to before me on: May 31 1962	12. Signature of Notary: Hazel L. Herbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Fred Heath, Clerk, L.D.S. Church, Sugar Ward	Date Issued: December 5, 1909	Date Orig. Entry: December 5, 1909
	Date of Birth: August 25, 1909 / Birth Place: Sugar, Fremont, County,, Idaho	Full Name of Mother: Lydia A. Webb	Name of Father: Niels Theuson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Stanley H. Cutler, Bishop L.D.S. Cambridge Ward	Date Issued: May 20, 1962	Date Orig. Entry: April 6, 1918
	Date of Birth: August 25, 1909 / Birth Place: Sugar City, Fremont Idaho	Full Name of Mother: Lydia Webb	Name of Father: Neils O. Thueson	
SUPPORTING RECORD 3.	Type of Document: Own childs Birth Certificate	By whom issued and signed: File #284773 Boise, Idaho	Date Issued: ----	Date Orig. Entry: September 29, 1939
	Date of Birth: Age 30 / Birth Place: Sugar City, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	May 31, 1962

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

MAY 31 1982

AUG 9 1971

1. Name of child (First, middle, last)		2. Sex	3. Date of birth (Month, day, year)
Alison Mae Olsen		Female	March August 25, 1949
4. Color or race	5. Place of birth (County)		6. City or town of birth
White	Fremont		Sugar City
7. Full name of father			7a. State or country of father's birth
Neils Oscar Theuson			Utah
8. Maiden name of mother			8a. State or country of mother's birth
Lydia Adeline Webb			Utah
9. Signature of informant			10. Address of informant
11. Signature of Notary			12. Notary commission expires

13. Type of Document		14. Name issued and signed	Date issued
Certificate of Baptism		Stanley H. Ostler, Bishop	May 20, 1982
15. Date of Baptism	16. Place of Baptism		
August 28, 1949	Sugar City, Idaho		
17. Full name of Person			18. Name of Father
Alison Mae Olsen			Neils Oscar Theuson
19. Maiden name of Mother			20. Date and place of birth
Lydia Adeline Webb			March August 25, 1949 Sugar City, Idaho

13. Type of Document		14. Name issued and signed	Date issued
Certificate of Baptism		Fred Heath, Clerk, L.D.S. Church, Ft. Lupton Board	December 5, 1958
15. Date of Baptism	16. Place of Baptism		
August 28, 1949	Sugar, Fremont County, Idaho		
17. Full name of Person			18. Name of Father
Lydia A. Webb			Neils Theuson
19. Maiden name of Mother			20. Date and place of birth
Lydia Adeline Webb			March August 25, 1949 Sugar City, Idaho

13. Type of Document		14. Name issued and signed	Date issued
Certificate of Baptism		[illegible] Ft. Lupton Ward	May 20, 1982
15. Date of Baptism	16. Place of Baptism		
August 28, 1949	Sugar City, Fremont County, Idaho		
17. Full name of Person			18. Name of Father
Alison Mae Olsen			Neils O. Theuson
19. Maiden name of Mother			20. Date and place of birth
Lydia Webb			March August 25, 1949 Sugar City, Idaho

13. Type of Document		14. Name issued and signed	Date issued
Certified copy of birth Certificate File #29A173 Twin Falls, Idaho			----
15. Date of Birth	16. Place of Birth		
March 29	Sugar City, Idaho -----		
17. Full name of Person			18. Name of Father
------			------
19. Maiden name of Mother			20. Date and place of birth
------			------

1. Registrar's Full name and title	2. Registrar's signature	3. Date filed by Registrar
W. W. Wegson	Elaine Orr	May 31, 1982

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been evaluated, which substantiates the facts as set forth in this delayed registration.

Form No. 1-1-1

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-448

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Iola MaryGlavin
2. Date of Birth (month) August (day) 11 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Copeland Boundary Co.
b. City or Town of Birth: Copeland, Idaho

FATHER

6. Full Name of Father: Frederick Eugene Glavin
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Hazel Mae Glavin
9. State or Country of Mother's Birth: Elkhart, Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Iola Mary Glavin
11. Present Address of Registrant: 3330 So Union Ave

NOTARY (Seal)

Subscribed and sworn to before me on May 29 1962
12. Signature of Notary: John M Miller
13. Notary Commission expires: December 27 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	affidavit by mother	Hazel Mae Brophy Glavin	April 10, 1962	-----
	Date of Birth Aug. 11, 1910 / **Birth Place** Copeland, Idaho	**Full Name of Mother** Hazel Mae Brophy Glavin	**Name of Father** Frederick Eugene Glavin	
SUPPORTING RECORD 2.	statement pertaining to school record	Mercy High School, Chicago, Illinois	May 1, 1962	Sept. 1924
	Date of Birth Aug. 11, 1910 / **Birth Place** -----	**Full Name of Mother** -----	**Name of Father** -----	
SUPPORTING RECORD 3.	Certificate of Baptism	Rev. Philip J. Neeman	Oct. 5, 1957	baptized Feb. 16, 1913
	Date of Birth Aug. 11, 1910 / **Birth Place** Idaho	**Full Name of Mother** Hazel Brophy	**Name of Father** Frederick Glavin	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Jameson
Evidence reviewed by: Shirley Miller
Date Filed: June 4, 1962

FORM BH 56067 — 1 copy paid — 3-22-62

JUN 4 1962

NOV 25 1974

718-125-014-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De62-483

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Rollie Payne
2. Date of Birth (month) (day) (year): Jan 25 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Middleton Canyon
b. City or Town of Birth: Middleton

FATHER

6. Full Name of Father: Milton Elmer Payne
7. State or Country of Father's Birth: Graber Co Iowa

MOTHER

8. Full Maiden Name of Mother: Lura Myrtle Shaffer
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William Rollie Payne
11. Present Address of Registrant: 2051 N 32nd Boise

NOTARY (Seal)

Subscribed and sworn to before me on: June 14 1962
12. Signature of Notary: Edward Lane
13. Notary Commission expires: Jan 31 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Father	Milton E. Payne	June 14, 1962	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 25, 1909	Middleton, Idaho	Lura Myrtle Payne	Milton Elmer Payne

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Record Statement regarding School/	S.S.Foote,Co.Recorder,Canyon County,Caldwell, Idaho	June 14, 1962	School Census Dec. 1916

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 7	----	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding Hospital Application form	D.L.Moore,Act.Chief,Registrar Div.,Vets. Admn., Boise, Idaho	June 14, 1962	1948

Date of Birth	Birth Place	Full Name of Mother	Name of Father
January 25, 1909	Middleton, Idaho	Lura Shaffer	Milton Payne

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Joyce B. Foltz	June 14, 1962

FORM BH 56067

JUN 15 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Dec2-483

REGISTRANT	1. Registrant's Full Name at Birth	2. Date of Birth (Month) (Day) (Year)	
Person Name Birth Certificate Registration	3. Order or Name	4. Place of Birth	5. County	6. City or Town of Birth
FATHER	7. Full Name of Father	8. State or Country of Father's Birth	
MOTHER	9. Full Maiden Name of Mother	10. State or Country of Mother's Birth	
AFFIDAVIT	11. Hereby declare upon oath that the statements are true to the of my knowledge and belief	12. Signature of Registrant	13. Present Address of Registrant
	14. Sworn and sworn to before me on	15. Signature of Notary	16. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Delayed by Father	By whom issued and signed: Milton Wayne	Date Issued: June 14, 1962	Date Orig. Entry: ---
	Date of Birth: Birth Place: Jan. 25 1903 Middleton, Idaho	Full Name of Father: Lura Shaffer Wayne	Name of Father: Milton Wayne	
SUPPORTING RECORD 2	Type of Document: Record Statement regarding School	By whom issued and signed: [illegible] Co. Recorder, Canyon County, Caldwell, Idaho	Date Issued: June 14, 1962	Date Orig. Entry: School Census Dec. 1917
	Date of Birth: Birth Place: Age 7 ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3	Type of Document: Statement regarding Hospital Application form	By whom issued and signed: [illegible] Chief Registrar Dr., Vega, Adm., [illegible], Idaho	Date Issued: June 14, 1962	Date Orig. Entry: 1943
	Date of Birth: Birth Place: January 25 1903 Middleton, Idaho	Full Name of Mother: Lura Shaffer	Name of Father: Milton Wayne	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name Registrar	Evidence reviewed by	Date Filed
W. M. Benson	bf Joyce B. Foltz	June 14, 1962

FORM NO. [illegible]

142-103-021-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-500

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Royal C. Austin			2. Date Of Birth (month) May (day) 3 (year) 1909	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bannock (Now Franklin)	b. City or Town of Birth: Treasureton	
FATHER	6. Full Name of Father: William John Austin			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Ida Kaziah Cole			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Royal C Austin	11. Present Address of Registrant: 80 S. 4th W. Preston, Id.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 14, 1962		12. Signature of Notary: Ted B Larsen	13. Notary Commission expires: May 12, 1966	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by neighbor at time of birth; age: 63		By whom issued and signed: Jennie Bosworth	Date Issued: June 15, 1962	Date Orig. Entry: ------
	Date of Birth: May 3, 1909	Birth Place: Treasureton, Idaho Bannock, County	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: C. W. Shumway, Bishop	Date Issued: Jan. 26, 1918	Date Orig. Entry: baptized Jan. 26, 1918
	Date of Birth: May 3, 1909	Birth Place: Treasureton, Idaho Bannock County	Full Name of Mother: Ida Kaziah Cole	Name of Father: Wm. John Austin	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing		By whom issued and signed: Benj. Hymas, Bishop	Date Issued: July 4, 1909	Date Orig. Entry: blessed July 4, 1909
	Date of Birth: May 3, 1909	Birth Place: Treasureton, Idaho Ba	Full Name of Mother: Ida Cole	Name of Father: John Austin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: June 22, 1962

FORM BH 56067

1 copy paid 6-12-62

JUN 25 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. Registrant's Full Name of Birth: Royal C. Austin	2. Date of Birth: May 3 1909
3. Color or Race: White	4. Place of Birth (Mo. Co.): Bannock (Now Franklin)
5. Sex: Male	6. Place of Birth: Treasureton
7. Name of Father: William John Austin	8. State or Country of Mother's Birth: Utah
9. Maiden Name of Mother: Ida Kaziah Cole	10. Date of Birth: Utah
11. Person declare upon oath that the above statements are true in the best of my knowledge and belief.	12. Signature of Registrant:
13. Signature of Notary:	14. Present Address of Registrant: 80 S. 4th W. Preston, Id.
15. Subscribed and sworn to before me on: June 14, 1962	16. Notary Commission expires: May 12, 1966

Type of Document: Certificate of Birth	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Date of Birth: May 3, 1909	Full Name of Mother:	Name of Father:	
Birth Place: Treasureton, Idaho; Bannock, Idaho			
Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: C. [illegible], Pisgah	Date Issued: Jan. 26, 1919	Date Orig. Entry: Jan. 26, 1919
Date of Birth: May 3, 1909	Full Name of Mother: Ida Kaziah Cole	Name of Father: Wm. John Austin	
Birth Place: Treasureton, Idaho; Bannock, Idaho			
Type of Document: Certificate of Blessing	By whom issued and signed: Benj. Hymas, Bishop	Date Issued: May 4, 1909	Date Orig. Entry: Blessed May 4, 1909
Date of Birth: May 3, 1909	Full Name of Mother: Ida Cole	Name of Father: John Austin	
Birth Place: Treasureton, Idaho			

Registrar's Certification: I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Date Registrar:	Evidence reviewed by:	Date Filed: June 22, 1962
[signature]	[illegible]	

753-203-035-859

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-533
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Marie Elizabeth Peters			2. Date of Birth (month) april (day) 3 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Leland Ida. Nezperce	b. City or Town of Birth: Leland	
FATHER	6. Full Name of Father: Henry Claus Peters			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Toni Marie Elizabeth Heickstein			9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Emma M. E. Wycoff		11. Present Address of Registrant: 4803 N. Walnut Spokane-14-Wn.	
NOTARY (Seal)	Subscribed and sworn to before me on: October 25 1958	12. Signature of Notary: Kathleen M. Taft		13. Notary Commission expires: March 4 19 62	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Tony Peters		Date Issued: July 3, 1962	Date Orig. Entry: -----
Class*_____	Date of Birth: April 3, 1909	Birth Place: Leland, Idaho	Full Name of Mother: Tony Marie Heickstein	Name of Father: Henry Claus Peters	
SUPPORTING RECORD 2.	Type of Document: notarized photo copy of Church record	By whom issued and signed: Kathleen M. Taft, Notary Public		Date Issued: -----	Date Orig. Entry: blessed April 25, 1909
Class_____	Date of Birth: April 3, 1909	Birth Place: Leland, Idaho NezPerce County	Full Name of Mother: Toni Heickstein	Name of Father: Henry Peters	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage certificate	By whom issued and signed: Dorothy E. Roth, Deputy Clerk		Date Issued: July 5, 1962	Date Orig. Entry: Nov. 23, 1926
Class_____	Date of Birth: Age: 17	Birth Place: Idaho	Full Name of Mother: Toni Histain	Name of Father: Henry Peters	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: July 10, 1962

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 16 1982

318228-016-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-547

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Berniece Cahoon			2. Date of Birth (month) (day) (year): Sept. 28 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Almo Cassia	b. City or Town of Birth: Almo
FATHER	6. Full Name of Father: Henry Reynolds Cahoon			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Ann Jones			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Berniece Fries		11. Present Address of Registrant: Declo, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 6 1962	12. Signature of Notary: Alice S Reeves		13. Notary Commission expires: Feb. 7 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File No. 403164, Idaho	Date Issued: Aug. 11, 1952	Date Orig. Entry: child born Dec. 22, 1944	
	Date of Birth: Age: 35	Birth Place: Almo, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Certifieate of Blessing	By whom issued and signed: David O. Allen, Bishop	Date Issued: Dec. 5, 1909	Date Orig. Entry: blessed Dec. 5, 1909	
	Date of Birth: Sept. 28, 1909	Birth Place: Almo, Idaho Cassia, County	Full Name of Mother: Mary Ann Jones	Name of Father: Henry R. Cahoon	
SUPPORTING RECORD 3.	Type of Document: affidavit by sister, Age:76	By whom issued and signed: Ida J. Cahoon	Date Issued: July 11, 1962	Date Orig. Entry: ------	
	Date of Birth: Sept. 28, 1909	Birth Place: Almo, Idaho Cassia County	Full Name of Mother: Mary Ann Jones	Name of Father: Henry Reynolds Cahoon	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: July 16, 1962

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

JUL 16 1962

266-214-003-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-553

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marian Bowman			2. Date Of Birth (month) (day) (year): May 14, 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Cambridge	
FATHER	6. Full Name of Father: Parley P. Bowman			7. State or Country of Father's Birth: Richmond (Cache Co.) Utah	
MOTHER	8. Full Maiden Name of Mother: Ethel P. Johnson			9. State or Country of Mother's Birth: Springville—Utah.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marian Bowman Ponsiell		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: July 12th 1962	12. Signature of Notary: Mildred E. Lindenschmitt		13. Notary Commission expires: Oct 25th 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Ethel Perdetta Johnson		Date Issued: June 26, 1962	Date Orig. Entry: ----
	Date of Birth: May 14, 1909	Birth Place: Cambridge, Idaho	Full Name of Mother: Ethel Perdetta Johnson Bowman	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: W. A. Dewey, Bishop		Date Issued: June 6, 1909	Date Orig. Entry: blessed June 6, 1909
	Date of Birth: May 14, 1909	Birth Place: Cambridge, Idaho Bannock, County	Full Name of Mother: Ethel Johnson	Name of Father: Parley P. Bowman	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: William O. Thompson, Bishop		Date Issued: Oct. 8, 1917	Date Orig. Entry: baptized Sept. 29, 1917
	Date of Birth: May 14, 1909	Birth Place: Cambridge, Idaho Bannock County	Full Name of Mother: Ethel P. Johnson	Name of Father: Parley P. Bowman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: July 17, 1962

FORM BH 56067

JUL 17 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF TEXAS

259-229-035-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-596

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Mae Berry
2. Date of Birth (month) April (day) 29 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: ~~Home~~ ~~Melrose~~ a. County: Nezperce
b. City or Town of Birth: Melrose Idaho

FATHER

6. Full Name of Father: Jehu Baxter Berry
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Mary Nancy Richardsom
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna mae Berry (Lystila)
11. Present Address of Registrant: 1906-13th Ave Lewiston Ida

NOTARY (Seal)

Subscribed and sworn to before me on July 13 1962

12. Signature of Notary: Irma P Griffin
13. Notary Commission expires: 2-23 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: statement regarding hospital record
By whom issued and signed: Sister Mary Cyril, Norary Public
Date Issued: July 11, 1962
Date Orig. Entry: Nov. 11, 1955
Date of Birth: April 29, 1909
Birth Place: Melrose, Idaho
Full Name of Mother: Mary Richardson
Name of Father: J. B. Berry

SUPPORTING RECORD 2.

Type of Document: Certificate of Baptism
By whom issued and signed: Paul Deane Hill, Pastor, First Christian Church, Lewiston
Date Issued: ------
Date Orig. Entry: baptized Jan. 16, 1955
Date of Birth: April 29, 1909
Birth Place: Melrose, Idaho
Full Name of Mother: ----------
Name of Father: ----------

SUPPORTING RECORD 3.

Type of Document: affidavit by mother
By whom issued and signed: Mary Nacy Richardson Berry
Date Issued: July 26, 1962
Date Orig. Entry: -----
Date of Birth: April 29, 1909
Birth Place: Melrose, Idaho
Full Name of Mother: Mary Nancy Richardson
Name of Father: Jehu Baxter Berry

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W M Barron
Evidence reviewed by: sm Shirley Miller
Date Filed: August 2, 1962

FORM BH 56067 3-6-61

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 3 1962

962225 001-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-598

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: VIOLET ROBERTS		2. Date of Birth (month) (day) (year): DEC. 25 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: ADA; b. City or Town of Birth: BOISE
FATHER	6. Full Name of Father: WESLEY WARNER ROBERTS		7. State or Country of Father's Birth: WALLA WALLA WASHINGTON
MOTHER	8. Full Maiden Name of Mother: LENORA MAY COOPER		9. State or Country of Mother's Birth: OXFORD IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Violet Roberts (Monroe)	11. Present Address of Registrant: 409 E. Grant SANTA MARIA CALIF
NOTARY (Seal)	Subscribed and sworn to before me on: July 30 1962	12. Signature of Notary: Marvin E. Griffin	13. Notary Commission expires: MARVIN E. GRIFFIN NOTARY PUBLIC MY COMMISSION EXPIRES FEB. 29, 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister age 70	By whom issued and signed: Viola Roberts Smidt	Date Issued: -------	Date Orig. Entry: August 2, 1962
	Date of Birth: December 25 1909 / Birth Place: Boise, Idaho	Full Name of Mother: Lenora May Cooper	Name of Father: Wesley Warner Roberts	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: File #208316	Date Issued: -------	Date Orig. Entry: October 20, 1932
	Date of Birth: Age 22 / Birth Place: Idaho	Full Name of Mother: --------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Mtn. States Tel & Tel Co.	Date Issued: --------	Date Orig. Entry: July 24, 1928
	Date of Birth: December 25 1909 / Birth Place: --------	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	August 3, 1962

FORM BH 56067

second form 7-27-62

1 copy paid # 11-24-59

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: [illegible]		Date of Birth (month) [illegible] (day) [illegible] (year) [illegible]
	2. Color of Race: [illegible]	3. Place of Birth: [illegible] County	4. City or Town of Birth: [illegible]
	5. Full Name of Father: [illegible]		6. State or Country of Father's Birth: [illegible]
	7. Full Maiden Name of Mother: [illegible]		8. State or Country of Mother's Birth: [illegible] IDAHO
AFFIDAVIT	9. I hereby declare upon oath that the statements are true, so the [illegible] of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
	12. Subscribed and sworn to before me on [illegible] 19[illegible]	13. Signature of Notary: [illegible]	14. Notary Commission Expires: [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister age 70	By whom issued and signed: [illegible] Roberts [illegible]	Date Issued: -------	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Date of Birth: [illegible]	Name of Father: [illegible]	
	[illegible]	[illegible]		
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: File #208316	Date Issued: -------	Date Orig. Entry: October 2 1922
	Date of Birth: Age 22	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Mtn. States Tel & Tel [illegible]	Date Issued: -------	Date Orig. Entry: July 24, 1925
	Date of Birth: December 25 1909	Full Name of Mother: -------	Name of Father: -------	
QUALIFYING INFORMATION				

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date filed
[illegible]	[illegible]	[illegible]

FORM DR 5027

229-125-003-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-605

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Clarence Skinner			2. Date Of Birth: (month) 2 (day) 25 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Soda Springs Bannock	b. City or Town of Birth: Soda Springs	
FATHER	6. Full Name of Father: William George Skinner			7. State or Country of Father's Birth: Idaho.	
MOTHER	8. Full Maiden Name of Mother: Luella Rebecca Hill			9. State or Country of Mother's Birth: Idaho.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Clarence Skinner		11. Present Address of Registrant: 935-15 St Butte Montana	
NOTARY (Seal)	Subscribed and sworn to before me on: July 16 1962	12. Signature of Notary: [illegible]		13. Notary Commission expires: Sept. 22 1963 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by neighbor at time of birth	By whom issued and signed: C. A. Lallatin		Date Issued: July 20, 1962	Date Orig. Entry: ---
	Date of Birth: Feb. 25, 1909	Birth Place: Soda Springs, Ida. Bannock County	Full Name of Mother: Luella Rebecca Hill Skinner	Name of Father: William George Skinner	
SUPPORTING RECORD 2.	Type of Document: application for insurance	By whom issued and signed: Idaho Mutual Benefit Assoc.		Date Issued: F----	Date Orig. Entry: Feb. 14, 1946
	Date of Birth: Feb. 25, 1909	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination to the Holy Priesthood	By whom issued and signed: John J. Skinner, Ward Clerk		Date Issued: April 10, 1924	Date Orig. Entry: Feb. 10, 1924
	Date of Birth: Feb. 25, 1909	Birth Place: ----------	Full Name of Mother: Luella Hill	Name of Father: Wm. G. Skinner	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	August 7, 1962

FORM BH 56067(S) 6-12-62. MM

AUG 8 1962

219-202-006-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-628

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Bailey			2. Date Of Birth (month) (day) (year): Feb. 2 1909	
	3. Color or Race: White	4. Sex: Fem	5. Place of Birth a. County: Basalt Bingham	b. City or Town of Birth: Basalt Idaho.	
FATHER	6. Full Name of Father: Charles F. Bailey			7. State or Country of Father's Birth: Tooele County Utah	
MOTHER	8. Full Maiden Name of Mother: Rhoda Kinney			9. State or Country of Mother's Birth: Oneida County Ida.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie Bailey		11. Present Address of Registrant: 1004 Vallard - Cottage Grove, Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 7 1962	12. Signature of Notary: [illegible]		13. Notary Commission expires: January 9 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: William M. Dye, Bishop		Date Issued: Dec. 11, 1917	Date Orig. Entry: baptized Aug. 3, 1917
	Date of Birth: Feb. 2, 1909	Birth Place: Basalt, Idaho Bingham, County	Full Name of Mother: Rhoda Kinney	Name of Father: Charles F. Bailey	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: File No. 176143, Idaho		Date Issued: -----	Date Orig. Entry: child born Nov. 26, 1929
	Date of Birth: Age: 20	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: The American Home Benefit Association		Date Issued: -----	Date Orig. Entry: Oct. 9, 1943
	Date of Birth: Feb.2,1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: ½ ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	August 15, 1962

FORM BH 56067 6-12-62

AUG 16 1962

275225 1025-VVS

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-634

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pauline Hermina Spengler			2. Date Of Birth (month) July (day) 25, (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Denver (mailing address Fenn)
FATHER	6. Full Name of Father: Charles A. Spengler			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Annie Mundt			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pauline Hermina Baker		11. Present Address of Registrant: Cottonwood, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 3 1962	12. Signature of Notary: William J. Dee		13. Notary Commission expires: Sept 8 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified Copy of County Record of Birth, #374, Book 1	By whom issued and signed: Carl T. Reuter, Idaho County Recorder	Date Issued: March 12, 1962	Date Orig. Entry: Oct 5, 1909
	Date of Birth: July 25, 1909 / Birth Place: Denver, Idaho	Full Name of Mother: Annie Mundt	Name of Father: Chas. A. Spengler	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Charles A. Spengler	Date Issued: Mar. 5, 1962	Date Orig. Entry: ------
	Date of Birth: July 25, 1909 / Birth Place: Fenn, Idaho	Full Name of Mother: Anna C. Mundt	Name of Father: Charles A. Spengler	
SUPPORTING RECORD 3.	Type of Document: application for insurance	By whom issued and signed: Aid Association for Lutherans	Date Issued: -----	Date Orig. Entry: Sept. 12, 1952
	Date of Birth: July 25, 1909 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Barron	Evidence reviewed by: bf Shirley Miller	Date Filed: August 21, 1962

FORM BH 56067

AUG 31 1962

367-228-206-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-659

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NORA ISABELL COX			2. Date Of Birth: (month) July (day) 28 (year) 1909	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Shelley	
FATHER	6. Full Name of Father: Thomas Harrison Cox			7. State or Country of Father's Birth: Hooper, Weber, Utah	
MOTHER	8. Full Maiden Name of Mother: Nellie Millar			9. State or Country of Mother's Birth: Elsinore, Sevier, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Nora Cox Fielding	11. Present Address of Registrant: Box 209 Rt. 2, Shelley, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on AUG 27 '62 19___		12. Signature of Notary: Robert C. Thomas	13. Notary Commission expires: ROBERT C. THOMAS NOTARY PUBLIC RESIDING AT SHELLEY, IDAHO MY COMMISSION EXPIRES OCT. 8, 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Jameston Ward, Leslie N. Fielding, clerk		Date Issued: May 7, 1961	Date Orig. Entry: Sept. 5, 1909
	Date of Birth: July 28, 1909	Birth Place: Bingham County Shelley, Idaho	Full Name of Mother: Nellie Miller	Name of Father: Thomas Harrison Cox	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: File #411198, Idaho		Date Issued: ---	Date Orig. Entry: child born Sept. 20, 1945
	Date of Birth: Age: 36	Birth Place: Shelley, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: certified copy of school census record	By whom issued and signed: Wilma Lamont, Deputy Clerk		Date Issued: July 2, 1962	Date Orig. Entry: 1916-1917
	Date of Birth: Age: 7	Birth Place: ---	Full Name of Mother: Nellie Cox	Name of Father: Harrison Cox	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Barron	Evidence reviewed by: pw Shirley Miller		Date Filed: August 30, 1962	

FORM BH 56067

AUG 31 1962

696-112-026-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-680

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: James Melvin Fife
2. Date Of Birth: (month) May (day) 12 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County (Fremont) Jefferson; b. City or Town of Birth: Menan

FATHER

6. Full Name of Father: Guy Fife
7. State or Country of Father's Birth: Providence Utah

MOTHER

8. Full Maiden Name of Mother: Emma Eliza Baron
9. State or Country of Mother's Birth: Brigham City, Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James Melvin Fife
11. Present Address of Registrant: 4833 W. 130th St. Hawthorne California.

NOTARY (Seal)

Subscribed and sworn to before me on July 16th 1959

12. Signature of Notary: George M Rinsem
13. Notary Commission expires: Dec. 12, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother		By whom issued and signed: Emma Eliza Baron Fife	Date Issued: Sept. 5, 1961	Date Orig. Entry: ---
	Date of Birth: May 12, 1909	Birth Place: Menan Idaho	Full Name of Mother: Emma Eliza Baron	Name of Father: Guy Fife	
SUPPORTING RECORD 2.	Type of Document: church certificate of birth		By whom issued and signed: L.D.S. Church, Salt Lake City, Utah	Date Issued: Sept. 6, 1961	Date Orig. Entry: June 6, 1909
	Date of Birth: May 12, 1909	Birth Place: Fremont County Menan, Idaho	Full Name of Mother: Emma E. Baron	Name of Father: Guy Fife	
SUPPORTING RECORD 3.	Type of Document: certified copy of application license to marry		By whom issued and signed: Alvin Keddington, Clerk	Date Issued: July 18, 1962	Date Orig. Entry: Oct. 1, 1941
	Date of Birth: May 12, 1909	Birth Place: Menan, Idaho	Full Name of Mother: Emma Eliza Baron	Name of Father: Guy Fife	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Shirley Miller	September 6, 1962

FORM BH 56067

SEP 6 1962

319-204-001-812

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-716

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vaneta Emily Carter	2. Date of Birth (month) (day) (year): March 4 1909
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Boise Idaho	b. City or Town of Birth: Boise Idaho
FATHER	6. Full Name of Father: Claude Arthur Carter	7. State or Country of Father's Birth: Hartville Mo.
MOTHER	8. Full Maiden Name of Mother: Eula Sylvia Hake	9. State or Country of Mother's Birth: Hartville Mo.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vaneta Giffen; 11. Present Address of Registrant: Bakersfield Calif 1-Oakdale Ave.
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 6 1962	12. Signature of Notary: Myron H Emerine; 13. Notary Commission expires: My Commission Expires June 26, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File #509, California	Date issued: Mar. 25, 1957	Date Orig. Entry: child born Oct. 5, 1930
	Date of Birth: Age: 21; Birth Place: Boise, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Eula Carter	Date issued: Feb. 8, 1961	Date Orig. Entry: --------
	Date of Birth: Mar. 4, 1909; Birth Place: Boise, Idaho	Full Name of Mother: Eula Sylvia Hake	Name of Father: Claude A. Carter	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for a social security account no.	By whom issued and signed: U.S. Treasury Department J. L. Fay	Date issued: Sept. 4, 1962	Date Orig. Entry: Dec. 10, 1936
	Date of Birth: Mar. 4,1909; Birth Place: Boise, Idaho	Full Name of Mother: Eula Sylvia Hake	Name of Father: Claude Arthur Carter	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: September 24,1962

FORM BH 56067

OCT 3 1962

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DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT

1. Registrant's Full Name at Birth

2. Date of Birth (month) (day) (year)

3. Person Shown in Birth Registration

4. Color or Race of Birth

5. Place of Birth (Name of Hospital)

6. City or Town of Birth

FATHER

7. Full Name of Father

8. State or Country of Father's Birth

MOTHER

9. Full Maiden Name of Mother

10. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant

12. Personal Witness of Registrant

DETAILS (Seal)

Subscribed and sworn to before me on 19 [illegible]

13. Signature of Notary

14. Notary Commission Expires 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	

SUPPORTING RECORD 2

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	

SUPPORTING RECORD 3

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	September 24, 1962

255-129-016-867

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-726

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Clifford Arthur Benson			2. Date Of Birth (month) October (day) 29, (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Sublett
FATHER	6. Full Name of Father: Sam Benson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Fannie Hopewell			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clifford Arthur Benson		11. Present Address of Registrant: 541 East Holliday, Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 14, 1962	12. Signature of Notary: D K Carlson		13. Notary Commission expires: June 1, 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of Affidavit for Marriage License	By whom issued and signed: Florence B. Castle, Deputy Auditor and Recorder		Date Issued: Sept. 12, 1962	Date Orig. Entry: June 9, 1938
	Date of Birth: Age: 28	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: statement regarding insurance application	By whom issued and signed: Gem State Mutual Associations Willard L. Allen, President		Date Issued: Sept. 6, 1962	Date Orig. Entry: Dec. 14, 1944
	Date of Birth: Oct.29,1909	Birth Place: Sublett, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: affidavit by brother, 14 years older	By whom issued and signed: Edward Issac Benson		Date Issued: Sept. 27, 1962	Date Orig. Entry: ----
	Date of Birth: Oct.29,1909	Birth Place: Cassia County Sublett, Idaho	Full Name of Mother: Fannie Hopewell	Name of Father: Sam Benson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: September 2[illegible], 1962

FORM BH 56067

SEP 28 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

State File No. 58-[illegible]

REGISTRANT (Person whose Birth Being Registered)	1. Registrant's Full Name at Birth: Clifford Arthur Benson	2. Date of Birth (month) October (day) 29, (year) 1962
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: Cassia; 6. County: Cassia	City or Town of Birth: Sublett
FATHER	6. Full Name of Father: Sam Benson	7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Name of Mother: Hopewell	9. State or Country of Mother's Birth: Idaho
APPLICANT	10. Date declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: 511 East Holliday, Pocatello, Idaho
	12. Signature of Registrant: [illegible]	13. Notary Commission expires: June 1, 19[illegible]
	14. Signature of Notary: [illegible]	15. Notary Commission expires: June 1, 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certified copy of [illegible] for Harriman [illegible]	By whom issued and signed: [illegible] Deputy [illegible] Recorder	Date Issued: Sept. 12, 19[illegible]	Date Orig. Entry: [illegible], 1962
	Date of Birth: Birth Place: [illegible]	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible], 1962	Date Orig. Entry: [illegible]
	Date of Birth: Birth Place: [illegible], 1909 [illegible]	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible], 21, 19[illegible]	Date Orig. Entry: —
	Date of Birth: Birth Place: [illegible], 1909 [illegible]	Full Name of Mother: Fannie Hopewell	Name of Father: Sam Benson	

INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

FORM NO. [illegible]

249-115 1016-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-769

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lyman Jones Smith
2. Date Of Birth: (month) Sept (day) 15 (year) 1909
3. Color or Race: white
4. Sex: m
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Marion, Idaho

FATHER

6. Full Name of Father: Adam Gibson Smith
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Esther Jones
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lyman Jones Smith
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 13 1962
12. Signature of Notary: [signature]
13. Notary Commission expires: 6/7 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	application for insurance	Metropolitan Life Insurance Co.	---	Dec. 12, 1941
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 15, 1909 / Marion, Idaho	---	---	
SUPPORTING RECORD 2.	affidavit by neighbor at time of birth Age: 82	James D. Jones	Oct. 12, 1962	---
	Sept. 15, 1909 / Cassia Bounty Marion, Idaho	Esther Jones	Adam Gibson Smith	
SUPPORTING RECORD 3.	Church Record	L.D.S. Church, Salt Lake City, Utah	Oct. 2, 1962	Nov. 7, 1909
	Sept. 15, 1909 / Cassia County Marion, Idaho	Esther Jones	Adam G. Smith	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Shirley Miller	October 18, 1962

FORM BH 56067

1 copy paid #13597 7-13-62

OCT 19 1962

553-127-044-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-773

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wilford L Nelson
2. Date Of Birth (month) (day) (year): April 27, 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Washington
b. City or Town of Birth: Cambridge

FATHER

6. Full Name of Father: Nels Nelson
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Myrtie Nelson
9. State or Country of Mother's Birth: Eckert, Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wilford L Nelson
11. Present Address of Registrant: Rt 2 Box 96 Gaston, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 17 1962
12. Signature of Notary: Fern Schroeder
13. Notary Commission expires: Jan 13 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: affidavit by parents
By whom issued and signed: Nels Nelson, Myrtie Nelson
Date Issued: Oct. 2,1962
Date Orig. Entry: --
Date of Birth: April 27, 1909
Birth Place: Washington County Cambridge, Idaho
Full Name of Mother: Myrtie Nelson
Name of Father: Nels Nelson

SUPPORTING RECORD 2.

Type of Document: application for insurance
By whom issued and signed: Metropolitan Life Insurance
Date Issued: ---
Date Orig. Entry: June 17, 1935
Date of Birth: April 27, 1909
Birth Place: Cambridge, Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: Membership Card-LodgeNNo. 104
By whom issued and signed: Supreme Lodge Knights of Pythias
Date Issued: -----
Date Orig. Entry: Feb. 22, 1944
Date of Birth: April 27, 1909
Birth Place: Cambridge, Idaho Washington Co.
Full Name of Mother: ---
Name of Father: --

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W H Beeson
Evidence reviewed by: sm Shirley Miller
Date Filed: October 24, 1962

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 24 1962

214-207029-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-818

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Josephine Theresa Kambitsch		2. Date of Birth (month) (day) (year): October 7 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Farm, Latah County; b. City or Town of Birth: Latah County
FATHER	6. Full Name of Father: Joseph Kambitsch		7. State or Country of Father's Birth: Near Lake Hoka, Idaho.
MOTHER	8. Full Maiden Name of Mother: Laura Theresa Gerhardt		9. State or Country of Mother's Birth: Missouri
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Josephine T. Coney	11. Present Address of Registrant: 910 Walnut Ave, Santa Cruz, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: October 10th, 19 61	12. Signature of Notary: Madeline W. Nilsson	13. Notary Commission expires: October 27 19 63

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Madeline I. Milsson, Notary	Date Issued: Oct. 10, 1961	Date Orig. Entry: obviously old	
	Date of Birth: Oct. 7, 1909	Birth Place: -----	Full Name of Mother: Laura Gerhardt	Name of Father: Joseph Kambitch	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Laura Theresa Kambitsch	Date Issued: Oct. 10, 1961	Date Orig. Entry: -----	
	Date of Birth: Oct. 7, 1909	Birth Place: Latah County	Full Name of Mother: Laura Theresa Kambitsch	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date Issued: Nov. 1, 1962	Date Orig. Entry: Jan. 1, 1920	
	Date of Birth: Age: 10	Birth Place: Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Shirley Miller	November 8, 1962

FORM BH 56067

10-3-61

NOV 8 1962

386-206-022 -719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-831

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Genevieve Thompson
2. Date Of Birth (month) (day) (year): Sept. 6 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Victor

FATHER

6. Full Name of Father: William S. Thompson
7. State or Country of Father's Birth: Kennysville, Garfield Co. Utah

MOTHER

8. Full Maiden Name of Mother: Mary Ann Parsons
9. State or Country of Mother's Birth: Raymond Bingham Co. Ida

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Genevieve Beckstead
11. Present Address of Registrant: 1495 Ponderosa Idaho Falls Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 9 1962
12. Signature of Notary: Mary D. Adams
13. Notary Commission expires: 3/1 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by neighbor at time of birth age: 68		By whom issued and signed: John Delos Lauritzen	Date Issued: Nov. 4,1962	Date Orig. Entry: --
	Date of Birth: Sept. 6, 1909	Birth Place: Victor, Idaho	Full Name of Mother: Mary Ann Parsons Thompson	Name of Father: William S. Thompson	
SUPPORTING RECORD 2.	Type of Document: Church Record		By whom issued and signed: L.D.S. Church, Salt Lake City, Utah	Date Issued: Oct.16,1962	Date Orig. Entry: Dec.5,1909
	Date of Birth: Sept. 6, 1909	Birth Place: Fremont County Victor, Idaho	Full Name of Mother: Mary A. Parsons	Name of Father: Williams S. Thompson	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: File # 39781, Idaho	Date Issued: ---	Date Orig. Entry: child born Oct. 13, 1944
	Date of Birth: Age: 35	Birth Place: Victor, Idaho	Full Name of Mother: --	Name of Father: --	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Miller	November 16, 1962

FORM BH 56067 11-22-61

NOV 19 1962

386-223-014-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-840

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Inez Mae Lyon			2. Date of Birth (month) (day) (year): May 23 1909
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Parma, Idaho	b. City or Town of Birth: Parma, Idaho
FATHER	6. Full Name of Father: Frank Almon Lyon			7. State or Country of Father's Birth: Maine
MOTHER	8. Full Maiden Name of Mother: Mable Olivia Thompson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Inez M. Snider		11. Present Address of Registrant: 46 Highland Ave. Gardiner, Me
NOTARY (Seal)	Subscribed and sworn to before me on: October 4 19 62	12. Signature of Notary: Ralph H. Bowers		13. Notary Commission expires: December 16 19 66

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by aunt, age: 71	By whom issued and signed: Annie F. Dodge		Date Issued: Sept. 11, 1962	Date Orig. Entry: --
	Date of Birth: May 23, 1909	Birth Place: Parma, Idaho	Full Name of Mother: Mable Olivia Thompson	Name of Father: Frank Almon Lyon	
SUPPORTING RECORD 2.	Type of Document: certified abstract of a record of marriage	By whom issued and signed: Edson K. Labrack, State Registrar		Date Issued: Sept. 7, 1962	Date Orig. Entry: June 25, 1930
	Date of Birth: Age: 21	Birth Place: Parma, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: statement regarding employment regord	By whom issued and signed: Earl F. Hodgkins, President J.F. Hodgkins Company		Date Issued: Oct. 30, 1962	Date Orig. Entry: Feb. 15, 1945
	Date of Birth: May 23, 1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	November 20, 1962

NOV 20 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

Ralph [illegible] (Cathy)

REGISTRANT (Person whose birth is being registered)	1. Registrant's Name at birth: Inez Mae Lyon	2. Date of Birth (month) (day) (year): May 23 1909	
	3. Color or Race: W	4. Sex: F	5. Place of Birth (County): Parma, Idaho
			Birth or Year of Birth: Parma, Idaho
FATHER	6. Full Name of Father: Frank Alison Lyon	7. State or Country of Father's Birth: Maine	
MOTHER	8. Full Maiden Name of Mother: Mable Olivia Thompson	9. State or Country of Mother's Birth: Utah	
AFFIANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: 46 Highland Ave. Gardiner, Me
MOTARY (Seal)	Subscribed and sworn to before me on October 4 1962	12. Signature of Notary: [signature]	13. Notary Commission expires: December 16 1966

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: —
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Parma, Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: —	Full Name of Mother: —	Name of Father: —
QUALIFYING INFORMATION				

CERTIFICATE OF REGISTRAR (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	[illegible] 1962

FORM BH 5002

10-16-61

154-207022-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-878

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ANDREA ANDERSON
2. Date of Birth: (month) OCT. (day) 7 (year) 1909
3. Color or Race: White
4. Sex:
5. Place of Birth: a. County (Fremont) Idaho; b. City or Town of Birth: Rexburg, Idaho

FATHER

6. Full Name of Father: Byron Morley Anderson
7. State or Country of Father's Birth: Manti, (SanPete County), Utah

MOTHER

8. Full Maiden Name of Mother: Eleanore Roseltha Lutz
9. State or Country of Mother's Birth: Smithfield, (Cache Co.) Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Andrea (Mrs R. E.) Whitney
11. Present Address of Registrant: 521-Third Ave. Salt Lake City Utah

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 13, 1962
12. Signature of Notary: Eileen F. Adkins
13. Notary Commission expires: June 16, 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	affidavit by aunt; 10 yrs. older	Mary Anderson Lindsay	Nov.13,1962	--
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.7,1909 / Fremont County Rexburg, Idaho	Rose Lutz	Byron M. Anderson	
SUPPORTING RECORD 2.	photo copy of application for insurance	Metropolitan Life Insurance Co.	---	Jan.20,1932
	Oct.7,1909 / Rexburg, Idaho	Rose Anderson	--	
SUPPORTING RECORD 3.	certified copy of own child's birth certificate	File #6662, Utah	Nov.17,1962	child born Dec. 28, 1945
	Age: 36 / Rexburg, Idaho	--	--	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: sm Shirley Miller
Date Filed: November 30, 1962

FORM BH 56067

11-28-62

NOV 30 1962

JAN 24 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRAR	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): OCT. 7 1909	
(Person whose Birth is being registered)	3. Color or Race, 4. Sex: [illegible]	5. Place of Birth, 6. County: Rexburg, Idaho	6. City or Town of Birth: Rexburg, Idaho
FATHER	5. Full Name of Father: Byron Morley Anderson	7. State or Country of Father's Birth: Manti, (Sanpete County), Utah	
MOTHER	6. Full Maiden Name of Mother: Eleanore Roselina Lutz	9. State or Country of Mother's Birth: Smithfield, (Cache Co.), Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: 521-Third Ave. Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary	13. Notary Commission Expires [illegible]

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: —
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: —	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: —	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: —	Name of Father: —	
QUALIFIED (PERMANENT)				

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar	Evidence Reviewed by	Date Filed
[signature]	[illegible]	[illegible]

295-107-014-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-888

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frederick John Brewer			2. Date Of Birth (month) 10 (day) 7 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nampa, Idaho	b. City or Town of Birth: Nampa, Idaho
FATHER	6. Full Name of Father: John Norman Brewer			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Florence Mae Brink			9. State or Country of Mother's Birth: Pennsulvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frederick John Brewer		11. Present Address of Registrant: 3305 8th Avenue Council Bluffs, Iowa
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 14 1962	12. Signature of Notary: Helen Rubin		13. Notary Commission expires: May 7 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for insurance	By whom issued and signed: John Hancock Mutual Life Insurance Co.	Date Issued: --	Date Orig. Entry: Feb. 1, 1954
	Date of Birth: Oct.7,1909 / Birth Place: Nampa, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, Age:63	By whom issued and signed: Hazel S. Herald	Date Issued: Oct.22,1962	Date Orig. Entry: ----
	Date of Birth: Oct.7,1909 / Birth Place: Nampa, Idaho	Full Name of Mother: Florence May Brink Brewer	Name of Father: John Norman Brewer	
SUPPORTING RECORD 3.	Type of Document: statement regarding medical records	By whom issued and signed: I. Sternhill, M.D.	Date Issued: Nov.29,1962	Date Orig. Entry: past 25 years
	Date of Birth: Age: 53 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	December 6, 1962

FORM BH 56067

8-31-62 1 copy paid

DEC 6 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

REGISTRANT	1. Registrant's Full Name at Birth: Frederick John Brewer	2. Date of Birth (month) 10 (day) 7 (year) 1909
	3. Sex: Male	4. Place of Birth: Nampa, Idaho
	5. Birth Place: Nampa, Idaho	6. Birth or Town of Birth: Nampa, Idaho
FATHER	6. Full Name of Father: John Norman Brewer	7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Florence Mae Brink	9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: 3305 8th Avenue, Council Bluffs, Iowa	
NOTARY	Subscribed and sworn to before me on: 19[illegible]	12. Signature of Notary: [illegible]
	13. Notary Commission Expires: 19[illegible]	

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]		
Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
Type of Document: [illegible]	By whom issued and signed: Hazel S. Herald	Date Issued: Oct. [illegible]	Date Orig. Entry: [illegible]
Date of Birth: [illegible]	Full Name of Mother: Florence May Brink Brewer	Name of Father: John Norman Brewer	
Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Nov. [illegible]	Date Orig. Entry: [illegible]
Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	

SUPPORTING RECORD 1.

SUPPORTING RECORD 2.

SUPPORTING RECORD 3.

Date of Birth: [illegible]	Birth Place: [illegible]	Date of Birth: [illegible]
Date of Birth: [illegible]	Birth Place: [illegible]	Date of Birth: [illegible]

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed

866-23-04-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-893

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Blanche Pauline Howard
2. Date Of Birth (month) (day) (year): 11 13 1909
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Caldwell, Idaho
b. City or Town of Birth: Caldwell, Idaho

FATHER

6. Full Name of Father: Clarence Thomas Howard
7. State or Country of Father's Birth: ~~Mo.~~ Mo.

MOTHER

8. Full Maiden Name of Mother: Maude Myrtle Chinn
9. State or Country of Mother's Birth: Mo.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Blanche Howard Mahe
11. Present Address of Registrant: Payette, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on December 4th 19 62

12. Signature of Notary: Ed. Wade

13. Notary Commission expires: MY COMMISSION EXPIRES MARCH 13, 1965 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own child's birth certificate	File # 366551, Idaho	---	child born Dec. 10, 1942
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 33 / Caldwell, Idaho	--	--	
SUPPORTING RECORD 2.	affidavit by brother, born/ 1896	Hugh Howard	July 5, 1962	---
	Nov.13,1909 / Canyon County Caldwell, Idaho	Maude Myrtle Howard	Clarence Thomas Howard	
SUPPORTING RECORD 3.	Certificate of Baptism	Rev. Wm. F. Ovaid, Pastor	July 23, 1962	baptized June 3, 1933
	Nov. 13,1909 / Caldwell, Idaho	Maud Chinn	Clarence Howard	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	December 10, 1962

FORM BH 56067

1 copy paid #15141 4-26-61

DEC 10 1962

719-226-026-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-027

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hazel Eloise Park
2. Date of Birth (month) (day) (year): November 26, 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Jefferson — b. City or Town of Birth: Annis

FATHER

6. Full Name of Father: Samuel Harvey Park
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Lucy Maude Hall
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hazel Eloise Butler
11. Present Address of Registrant: Basalt Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 1-8 1963
12. Signature of Notary: E. C. Gudinger
13. Notary Commission expires: March 20 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Lucy Maude Park	June 26, 1962	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.26,1909	Jefferson County Annis, Idaho	Lucy Maude Park	Samuel H. Park

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	File #242162, Idaho	---	child born April 2, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 26	Annis, Idaho	---	- -

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Thomas H. Clifford, Bishop	---	blessed July 4, 1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.26,1909	Annis, Idaho	Lucy Maud Hall	Samuel H. Park

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: sm Shirley Miller
Date Filed: January 11, 1963

FORM BH 56067

JAN 11 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Elaine Park	2. Date of Birth (month) (day) (year): November 26, 1909
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: a. County: Jefferson	b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: Samuel Harvey Park	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lucy Maude Hall	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: [illegible]
	12. Subscribed and sworn to before me on: [illegible]	13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit of Mother	By whom issued and signed: Lucy Maude Park	Date Issued: June 26, [illegible]	Date Orig. Entry: —
	Date of Birth: Nov. 26, 1909	Full Name of Mother: Lucy Maude Park	Name of Father: Samuel H. Park	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: —	Date Orig. Entry: [illegible]
	Date of Birth: Nov. 26, 1909	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: —	Date Orig. Entry: [illegible]
	Date of Birth: Nov. 26, 1909	Full Name of Mother: Lucy Maude Hall	Name of Father: Samuel H. Park	

Hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, with substantiation as the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	January 11, 1963

FORM [illegible]

389-22-003-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-045

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cora Plet ~~Parker~~ Thirkill			2. Date Of Birth (month) July (day) 29 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Soda Springs	
FATHER	6. Full Name of Father: Frank Edgar Thirkill			7. State or Country of Father's Birth: Salt Lake City, Utah	
MOTHER	8. Full Maiden Name of Mother: Lula Thatcher			9. State or Country of Mother's Birth: Logan, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Plet Smith		11. Present Address of Registrant: Grace, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on JAN 15 1963 19___	12. Signature of Notary: [illegible]		13. Notary Commission expires: Sept. 22 19 67	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: John Jr. Thomas, Bishop		Date Issued: Feb.28,1961	Date Orig. Entry: baptized Aug. 20, 1917
	Date of Birth: July 29, 1909	Birth Place: Soda Springs, Idaho	Full Name of Mother: Lula Thatcher	Name of Father: Frank Thirkill	
SUPPORTING RECORD 2.	Type of Document: photo copy of application for insurance	By whom issued and signed: Idaho Mutual Benefit Assoc.		Date Issued: ---	Date Orig. Entry: April 2, 1947
	Date of Birth: July 29, 1909	Birth Place: Soda, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: State File No. 193938, Idaho		Date Issued: April 11, 1944	Date Orig. Entry: child born Aug. 31, 1931
	Date of Birth: Age: 22	Birth Place: Soda Springs, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	sm Shirley Miller	January 17, 1963

FORM BH 56067

JAN 17 1963

Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Smith

REGISTRAR	1. Registrant's Full Name at Birth: Cora Pilot [illegible]	2. Date of Birth (month) July (day) 29 (year) 1909	
Person under Birth in being registered	3. Color or Race: White	4. Sex: Female	5. Place of Birth: County Bartlett; City or Town of Birth: Soda Springs
FATHER	6. Full Name of Father: Frank Edgar Thirkill	7. State or Country of Father's Birth: [illegible]	
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission Expires: Sept. 22 [illegible]

APPLICATION TO NOTARIZE SHOWN THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible] of Baptism [illegible]	By whom issued and signed: John [illegible] Thomas, [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: Frank Thirkill	
	Place of Birth: [illegible]			
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: ---	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: State File No. [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Soda Springs, [illegible]	Full Name of Mother: ---	Name of Father: ---

COMMENTS

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	January 17, 1963

FORM NO. [illegible]

391-122-003-891

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De-63-078

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melvin Royal Crane			2. Date Of Birth (month) March (day) 22nd. (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Soda Springs Bannock	b. City or Town of Birth: Soda Springs, Idaho	
FATHER	6. Full Name of Father: Walter Standard Crane			7. State or Country of Father's Birth: State of Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Jane Hiatt			9. State or Country of Mother's Birth: State of Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Melvin Royal Crane	11. Present Address of Registrant: RFD #1, So. Pocatello, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: December 15th. 1962		12. Signature of Notary: Theodore N. Gathe Jr	13. Notary Commission expires: April 19th. 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother		By whom issued and signed: Mary J. Hiatt Crane	Date Issued: Aug.20, 1962	Date Orig. Entry: ---
	Date of Birth: Mar.22,1909	Birth Place: Soda Springs, Idaho	Full Name of Mother: Mary J. Hiatt Crane	Name of Father: Walter S. Crane	
SUPPORTING RECORD 2.	Type of Document: Employment Record; Tacoma, Washington		By whom issued and signed: Todd Pacific Shipyards, Inc.	Date Issued: ---	Date Orig. Entry: Mar. 27, 1943
	Date of Birth: Mar. 22,1909	Birth Place: Soda Springs, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photo copy of hospital record		By whom issued and signed: St. Anthony Mercy Hospital Pocatello, Idaho	Date Issued: -----	Date Orig. Entry: July 31, 1951
	Date of Birth: Mar.22,1909	Birth Place: Soda Springs, Idaho	Full Name of Mother: Mary J. Crane	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	sm Shirley Miller	January 31, 1963

FORM BH 56067

1-2-62

JAN 31 1963

Crane

391-115-037-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-081

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Lauds Crabb			2. Date Of Birth (month) (day) (year): Jan 15th 1909	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Bruneau, Owyhee	b. City or Town of Birth: Bruneau	
FATHER	6. Full Name of Father: Ben Crabb			7. State or Country of Father's Birth: Owyhee Idaho	
MOTHER	8. Full Maiden Name of Mother: Candis Elizabeth Crabb			9. State or Country of Mother's Birth: Fremont Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles L Crabb		11. Present Address of Registrant: 9507 N 4th East Mountain Home	
NOTARY (Seal)	Subscribed and sworn to before me on: January 19, 1963	12. Signature of Notary: Sam D. Hale		13. Notary Commission expires: Jan 9, 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho File #53-12176		Date Issued: ------	Date Orig. Entry: Child born Sept. 28, 1953
	Date of Birth: Age 44	Birth Place: Bruneau, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Notorized Photo copy of Family Register	By whom issued and signed: W. H. Trail, County Auditor		Date Issued: -----	Date Orig. Entry: Obviously Old
	Date of Birth: January 15, 1909	Birth Place: Bruneau, Idaho	Full Name of Mother: Candis (Loosli) Crabb	Name of Father: Ben Crabb	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: The Security Mutual Life Ins. Co. of Lincoln, Nebraska		Date Issued: January 15, 1956	Date Orig. Entry: December 19, 1955
	Date of Birth: January 15, 1909	Birth Place: -----	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Morris	February 1, 1963

FORM BH 56067 C 8-9-61. 1 Copy paid Rec # 19642

FEB 1 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. Dec3-081

REGISTRAR	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
Person whose birth is being registered	3. Color or Race 4. Sex 5. Place of Birth 6. County	6. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	10. Name of Registrant	11. Present Address of Registrant
	12. Signature of Affiant	13. Notary Commission expires

APPLICANT — [illegible]

Type of Document: Non-child's birth certificate	By whom issued and signed: Ole Idaho File #53-12175	Date Issued: ------	Date Orig. Entry: Child born Sept. 28, 1953
Date of Birth: Age 44	Birth Place: Bruneau, Idaho	Full Name of Father: ------	Name of Father: ------
Type of Document: Motorized Photo copy of Family Register	By whom issued and signed: W. H. Trail, County Auditor	Date Issued: ------	Date Orig. Entry: Obviously Old
Date of Birth: January 15, 1909	Birth Place: Bruneau, Idaho	Full Name of Mother: Candis (Lovell) Grabb	Name of Father: Ben Grabb
Type of Document: Insurance Policy	By whom issued and signed: The Security Mutual Life Ins. Co. of Lincoln, Nebraska	Date Issued: January 15, 1956	Date Orig. Entry: December 19, 1955
Date of Birth: January 15, 1909	Birth Place: ------	Full Name of Father: ------	Name of Father: ------

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that accompanying evidence has been reviewed, which substantiates the facts as set forth in the following statement.

State Registrar: W. W. Benson	Evidence reviewed by: Betty Morris	Date Filed: February 1, 1963

795-230-022-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-114

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Inez Greenhalgh			2. Date of Birth (month) (day) (year): October 30, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Wilford
FATHER	6. Full Name of Father: Leonard Greenhalgh			7. State or Country of Father's Birth: Bloomington, Idaho
MOTHER	8. Full Maiden Name of Mother: Annie Martha Allen			9. State or Country of Mother's Birth: Coalville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Inez Greenhalgh Rice		11. Present Address of Registrant: 832 N E 13, Portland Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Febr. 9 1963	12. Signature of Notary: James L Collins		13. Notary Commission expires: Dec 18 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Annie Martha Greenhalgh	Date Issued: Oct.24,1942	Date Orig. Entry: --
	Date of Birth: Oct.30,1909 / Birth Place: Fremont County Wilford, Idaho	Full Name of Mother: Annie Martha Allen	Name of Father: Lennard Greenhalgh	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: File No. 173147, Idaho	Date Issued: -----	Date Orig. Entry: child born May 18, 1929
	Date of Birth: Age: 19 / Birth Place: Wilford, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: photo copy of application for social security account no.	By whom issued and signed: U. S. Treasury Department	Date Issued: ---	Date Orig. Entry: Dec. 11, 1936
	Date of Birth: Oct.30,1909 / Birth Place: Wilford, Idaho	Full Name of Mother: Martha Annie Allen	Name of Father: Leonard Greenhalgh	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: February 12, 1963

FORM BH 56067

FEB 12 1963

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

Bice

REGISTRANT (Former Name Birth is being registered)	1. Registrant's Full Name of Birth: Sarah Inez Greenhalgh	2. Date of Birth (month) (day) (year): October 30, 1902
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Wilford; 6. County: Fremont	7. City or Town of Birth: Wilford
FATHER	8. Full Name of Father: Leonard Greenhalgh	9. State or Country of Father's Birth: Bloomington, Idaho
MOTHER	10. Full Maiden Name of Mother: Annie Martha Allen	11. Place or Country of Mother's Birth: Scalville, Utah
APPROVAL	12. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	13. Signature of Registrant:
	14. Signature of Notary:	15. Notary Commission expires:

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by mother	By whom issued and signed: Annie Martha Greenhalgh	Date Issued: Oct. 1, 1962; Date Orig. Entry: —
	Date of Birth: Oct. 30, 1902; Birth Place: Wilford, Idaho	Full Name of Mother: Annie Martha Allen	Name of Father: Leonard Greenhalgh
SUPPORTING RECORD 2	Type of Document: Commissioner's Birth Certificate	By whom issued and signed: File No. 173147, Idaho	Date Issued: ----; Date Orig. Entry: [illegible]
	Date of Birth: Oct. 1[illegible]; Birth Place: Wilford, Idaho	Full Name of Mother: -----	Name of Father: ------
SUPPORTING RECORD 3	Type of Document: Proof of application for Social Security Account No.	By whom issued and signed: U. S. Treasury Department	Date Issued: ---; Date Orig. Entry: Dec. 1[illegible], 1936
	Date of Birth: Oct. 30, 1902; Birth Place: Wilford, Idaho	Full Name of Mother: Martha Annie Allen	Name of Father: Leonard Greenhalgh

CHANGE OF NAME

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by: [illegible]	Date Filed: February 12, 1963

FORM NO. 26062

793-117-014-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-119

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLINTON STRAM GILLMORE		2. Date Of Birth (month) FEB. (day) 17 (year) 1909
	3. Color or Race: AMERISAM	4. Sex: MALE	5. Place of Birth a. County: IDAHO CANYON; b. City or Town of Birth: NAMPA
FATHER	6. Full Name of Father: GEORGE HENRY GILLMORE		7. State or Country of Father's Birth: IOWA
MOTHER	8. Full Maiden Name of Mother: CLARA ESTHER STRAM		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clinton S. Gillmore	11. Present Address of Registrant: 42 Calhoun St. Apts Hts. Navy 926-FPO San Francisco Cal.
NOTARY (Seal)	Subscribed and sworn to before me on: January 30, 1963	12. Signature of Notary: Arthur B. Toves	13. Notary Commission expires: February 15, 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding employment record; Officer-U.S. Navy Public Works Center, Guam, M.I.	By whom issued and signed: A. Jeanne Sellers, Employment	Date issued: Jan.24,1963	Date Orig. Entry: June 30, 1941
	Date of Birth: Feb.17,1909	Birth Place: Nampa, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: statement regarding church record; branch of L.D.S. Church.	By whom issued and signed: Charles W. Hurst, Clerk, Guam	Date issued: Jan.28,1963	Date Orig. Entry: Sept. 7, 1941
	Date of Birth: Feb.17,1909	Birth Place: Nampa, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Clara McIlrath	Date issued: Feb. 11, 1963	Date Orig. Entry: --
	Date of Birth: Feb.17,1909	Birth Place: Canyon, County Nampa, Idaho	Full Name of Mother: Clara Esther Stram McIlrath	Name of Father: George Henry Gillmore
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sm Shirley Miller	Feburary 14, 1963

FORM BH 56067

FEB 14 1963

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

McCoach

893-111-029-731

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-121

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marvin Platt Hickman			2. Date Of Birth (month) (day) (year): February 11, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Genesee
FATHER	6. Full Name of Father: W. R. Hickman			7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Susie Platt			9. State or Country of Mother's Birth: South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marvin P. Hickman		11. Present Address of Registrant: 159 Beacon Hill Dr. Longview Washington
NOTARY (Seal)	Subscribed and sworn to before me on: February 14 1963	12. Signature of Notary		13. Notary Commission expires: November 9 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by family friend at time of birth Age-82	By whom issued and signed: W. M. Herman		Date Issued: Nov. 24, 1961	Date Orig. Entry: —
	Date of Birth: Feb.11,1909	Birth Place: Genesee, Idaho	Full Name of Mother: Susie Platt	Name of Father: W. R. Hickman	
SUPPORTING RECORD 2.	Type of Document: certified copy of Register of Births in Latah County, Idaho	By whom issued and signed: Hazel Turnicliff, Deputy Clerk		Date Issued: Aug. 31, 1961	Date Orig. Entry: Feb.11,1909
	Date of Birth: Feb.11,1909	Birth Place: Genesee,-----	Full Name of Mother: Susie Platt	Name of Father: W. R. Hickman	
SUPPORTING RECORD 3.	Type of Document: photo copy of application for insurance	By whom issued and signed: Occidental Life Insurance Co.		Date Issued: ----	Date Orig. Entry: July 28, 1939
	Date of Birth: Feb.11,1909	Birth Place: Benesee, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Beeson	sm Shirley Miller	February 14, 1963

FORM BH 56067

FEB 14 1969

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Huffman

546-118 003-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-137

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRANKLIN CHARLES EDWARDS			2. Date Of Birth (month) (day) (year): November 18, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Pocatello, Bannock	b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: Charles Edwards			7. State or Country of Father's Birth: Melbourne, Australia
MOTHER	8. Full Maiden Name of Mother: Laura Pearl Lockyer			9. State or Country of Mother's Birth: Lost River, Idaho
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Franklin Charles Edwards		11. Present Address of Registrant: Enterprise, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: January 23 19 63	12. Signature of Notary: William R. Kirby		13. Notary Commission expires: July 2, 19 66

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of school record; LeGrande Senior High, LeGrande, Oregon	By whom issued and signed: Jack K. Bech, Principal,		Date Issued: Feb. 13, 1963	Date Orig. Entry: May 31, 1929
	Date of Birth: Nov. 18, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Laura P. Edwards		Name of Father: Charles Edwards
SUPPORTING RECORD 2.	Type of Document: notarized photo copy of page from family Bible	By whom issued and signed: William R. Kirby, Notary Public		Date Issued: obviously old	Date Orig. Entry:
	Date of Birth: Nov. 18, 1909	Birth Place: -----	Full Name of Mother: Laura Pearl Lockyer		Name of Father: Charles Edwards
SUPPORTING RECORD 3.	Type of Document: photo copy of application for insurance	By whom issued and signed: New York Life Insurance Co.		Date Issued: ---	Date Orig. Entry: Mar. 12, 1930
	Date of Birth: Nov. 18, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: -----		Name of Father: -----
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Shirley Miller	February 26, 1963

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

FEB 26 1963

316-210-028-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-152

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie Wilma LAFFERTY		2. Date Of Birth (month) (day) (year): Nov. 10 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Benjamin Sylvester Lafferty		7. State or Country of Father's Birth: Shawneetown, Illinois
MOTHER	8. Full Maiden Name of Mother: Wilhelmina Schwegmann		9. State or Country of Mother's Birth: County Hanover, Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elsie Limacher	11. Present Address of Registrant: 2922 Verde Vista Drive Santa Barbara, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 27, 1962	12. Signature of Notary: Morris Willis	13. Notary Commission expires: My Commission Expires February 25, 1963 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by neighbor at time of birth, Age: 75	By whom issued and signed: Edward Peter Morin	Date Issued: Nov. 27, 1962	Date Orig. Entry: ----
	Date of Birth: Nov.10,1909 / Birth Place: Kootenai County Coeur d'Alene, Idaho	Full Name of Mother: Wilhelmina Schwegmann	Name of Father: Benjamin Sylvester Lafferty	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File #47, Washington	Date Issued: Oct.1,1942	Date Orig. Entry: child born Feb. 9, 1942
	Date of Birth: Age: 32 / Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photo copy of application for insurance	By whom issued and signed: The John Hancock Mutual Life Insurance Company	Date Issued: ----	Date Orig. Entry: Feb. 3, 1941
	Date of Birth: Nov.10,1909 / Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	March 1, 1963

FORM BH 56067

MAR 1 1963

Limacher

293-129-042-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-159

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harvey Edwin Bickelhaupt		2. Date of Birth (month) 9 (day) 29 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Buhl
FATHER	6. Full Name of Father: George Bickelhaupt		7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Flavia Selina LaBrie		9. State or Country of Mother's Birth: Washington Territory U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edwin Harvey Bickelhaupt	11. Present Address of Registrant: Rte 2 Buhl, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 25 1963	12. Signature of Notary: [signature]	13. Notary Commission expires: January 1 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Life Insurance Application	By whom issued and signed: Lincoln Liberty Life Ins. Co. by Chas. Sauders	Date Issued: Aug. 21, 1940	Date Orig. Entry
	Date of Birth: Sept. 29, 1909 / Birth Place: Buhl, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: affidavit by parents	By whom issued and signed: George Bickelhaupt and Flavia S. Bickelhaupt	Date Issued: November 5, 1941	Date Orig. Entry
	Date of Birth: Sept. 9, 1909 / Birth Place: Twin Falls County Buhl, Idaho	Full Name of Mother: Flavia S. Bickelhaupt	Name of Father: George Bickelhaupt	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: File #52-02256	Date Issued: -----	Date Orig. Entry: child born Jan. 24, 1952
	Date of Birth: Age: 42 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	March 4, 1963

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

MAR 4 1963

Lake Pend Oreille

815-108-041-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-173

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Seth LaRue Hansen			2. Date Of Birth (month) May (day) 8 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County Teton; b. City or Town of Birth (Haden) Tetonia	(Mailing Address) Tetonia Idaho	
FATHER	6. Full Name of Father: James Rudolph Hansen			7. State or Country of Father's Birth: Idaho Weston	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Tryphenia Gregory			9. State or Country of Mother's Birth: Cove Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Seth L. Hansen		11. Present Address of Registrant: Tetonia Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 7 1963	12. Signature of Notary: D. F. McStrong		13. Notary Commission expires: March 7 1966	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: State File No. 267455, Idaho		Date Issued: ----	Date Orig. Entry: child born May 27, 1938
	Date of Birth: Age: 29	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Record of Blessing or Baptism	By whom issued and signed: Adrian H. Cook, Ward Clerk		Date Issued: Jan. 14, 1963	Date Orig. Entry: blessed May 23, 1909
	Date of Birth: May 8, 1909	Birth Place: Haden, Idaho	Full Name of Mother: Elizabeth Tryphenia Gregory	Name of Father: James Rudolph Hansen	
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt, age-74	By whom issued and signed: Sovonia G. Christofferson		Date Issued: January 21, 1963	Date Orig. Entry:
	Date of Birth: May 8, 1909	Birth Place: Haden, Idaho	Full Name of Mother: Elizabeth Tryphenia Gregory	Name of Father: James Rudolph Hansen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Miller	March 6, 1963

FORM BH 56067

MAR 6 1963

SEP 10 1971

418-201-038-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-223

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Dorothy Mayes		2. Date Of Birth (month) (day) (year): July 1 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a) County: Payette b) City or Town of Birth: Payette
FATHER	6. Full Name of Father: Perry Wright Mayes		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Sarah Ella Barker		9. State or Country of Mother's Birth: West Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Dorothy Yergen	11. Present Address of Registrant: Aurora, Ore
NOTARY (Seal)	Subscribed and sworn to before me on: February 26 1963	12. Signature of Notary: Gene Hastie	13. Notary Commission expires: May 8 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding school record; County of Clakamas; School District #55		By whom issued and signed: Cecile Rhodes, Secretary-Clerk	Date Issued: Feb.20,1963	Date Orig. Entry: Nov. 6, 1926
	Date of Birth: Age: 17	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage return		By whom issued and signed: Lucile Willis, Deputy	Date Issued: Feb.20,1963	Date Orig. Entry: Nov. 4, 1929
	Date of Birth: Age: 20	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle; Age-83		By whom issued and signed: Harry B. Barker	Date Issued: March	Date Orig. Entry: 8, 1963
	Date of Birth: July 1, 1909	Birth Place: Payette, Idaho	Full Name of Mother: Sarah Ella Barker	Name of Father: Perry Wright Mayes	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: March 22, 1963

FORM BH 56067

MAR 22 1963

236-109-033-257

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-232

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Howard Stout			2. Date Of Birth (month) (day) (year): January 9th 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho — Madison	b. City or Town of Birth: Rexborg	
FATHER	6. Full Name of Father: James Stout			7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: May Keppner			9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard Stout (Clark)		11. Present Address of Registrant: Portland, Oregon 13743 SE Center St	
NOTARY (Seal)	Subscribed and sworn to before me on: March 19 1963	12. Signature of Notary: [signature]		13. Notary Commission expires: 6-28- 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by brother, Age: 67	By whom issued and signed: James William Stout		Date Issued: February 1, 1963	Date Orig. Entry
	Date of Birth: July 9, 1909	Birth Place: Rexborg, Idaho	Full Name of Mother: May Keppner Stout	Name of Father: James Stout	
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: Rev. Paul L. Kunzman		Date Issued: —	Date Orig. Entry: September 1,1953
	Date of Birth: July 9, 1909	Birth Place: —	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: Oregon State File #160		Date Issued: Sept. 27, 1962	Date Orig. Entry: child born Jan. 16, 1935
	Date of Birth: Age: 25	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Benson	Evidence reviewed by: Shirley Miller		Date Filed: March 25, 1963	

FORM BH 56067

MAR 25 1963

Alberta

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRARY (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Edward Stout	2. Date of Birth: Month July Day 9th Year 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho, Madison
	6. Birth Place of Father: Idaho	7. Place of Birth: Hexboro	
FATHER	8. Full Name of Father: James Stout	9. State or Country of Father's Birth	
MOTHER	10. Full Maiden Name of Mother: May Kepner	11. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare and certify that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant	13. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	14. Signature of Notary	15. Notary Commissioner's Seal

APPLICANT: DO NOT WRITE WITHIN THIS LINE

SUPPORTING RECORD 1	Type of Document: affidavit by brother, Age: 47	By whom Issued and Signed: James Willard Stout	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Birth Place: Idaho	Full Name of Mother: May Kepner Stout	Date of Father: James Stout	
SUPPORTING RECORD 2	Type of Document: Marriage License	By whom Issued and Signed: [illegible]	Date Issued: —	Date Orig. Entry: November [illegible]
	Date of Birth: July 9, 1909	Birth Place: —	Full Name of Mother: —	Date of Father: —
SUPPORTING RECORD 3	Type of Document: certified copy of own child's birth certificate	By whom Issued and Signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Aug. 25	Birth Place: Idaho	Full Name of Mother: —	Date of Father: —

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	March [illegible]

FORM [illegible]

693-215-004-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-237

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DORIS LOUISE WILCOX			2. Date Of Birth (month) SEPT. (day) 15 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Paris, Idaho.	
FATHER	6. Full Name of Father: Miner Wilcox			7. State or Country of Father's Birth: Paris, Bear Lake County, Idaho.	
MOTHER	8. Full Maiden Name of Mother: Olga Peterson Wilcox			9. State or Country of Mother's Birth: Huntsville, Weber County, Utah.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Doris M Needham	11. Present Address of Registrant: 1625 Sunset Dr. Logan, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: 15 March 1963		12. Signature of Notary: Helen C. Lamb	13. Notary Commission expires: 5 June 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement by attending physician		By whom issued and signed: Joseph William Hayward, M.D.	Date Issued: March 15, 1963	Date Orig. Entry
	Date of Birth: Sept. 15, 1909	Birth Place: Paris, Idaho	Full Name of Mother: Olga Peterson Wilcox	Name of Father: Miner Wilcox	
SUPPORTING RECORD 2.	Type of Document: photo copy of application for insurance		By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: ---	Date Orig. Entry: May 29, 1933
	Date of Birth: Sept. 15, 1909	Birth Place: Paris, Idaho	Full Name of Mother: Olga Louise Wilcox	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photo copy of school record		By whom issued and signed: Ogden High School, Ogden, Utah	Date Issued: -----	Date Orig. Entry: Aug. 26, 1927
	Date of Birth: Sept. 15, 1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sm Shirley Miller	March 26, 1963

FORM BH 56067 3-12-63. one copy pd. rec. #01190.

MAR 26 1963

DELAYED CERTIFICATE OF BIRTH

Florida

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-250

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Lucille Hardy
2. Date Of Birth: June 17 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: ~~Teton~~ Fremont Idaho; b. City or Town of Birth: Haden, Idaho

FATHER

6. Full Name of Father: Joseph Smith Hardy
7. State or Country of Father's Birth: Hooper Uber, Utah

MOTHER

8. Full Maiden Name of Mother: Lillian Moffatt ~~Hardy~~ Higley
9. State or Country of Mother's Birth: Bluffdale Salt Lake Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucile Hardy Nelson
11. Present Address of Registrant: 537 - 15th Burley

NOTARY (Seal)

Subscribed and sworn to before me on: March 25th 1963

12. Signature of Notary: Robert C Miller

13. Notary Commission expires: MY COMMISSION EXP[illegible] NOTARY PUBLIC [illegible] RESIDING AT [illegible] 19[illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	Haden Ward, Haden, Idaho.	7/4-09	7/4-09
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	6/17-1909 / Haden, Idaho	Lilliam M. Higley (Hardy)	Joseph S. Hardy	
SUPPORTING RECORD 2.	Type of Document: Confirmation Certificate of Baptism &	By whom issued and signed: Bishop Lorenzo E. Olsen	Date Issued: 7/1-1917	Date Orig. Entry: 7/1-1917
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	6/17-1909 / Haden, Idaho	Lillian M. Higley (Hardy)	Joseph S. Hardy	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho State File #215452	Date Issued: ---	Date Orig. Entry: child born Sept. 3, 1933
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 28 / Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Shirley Miller	March 29, 1963

FORM BH 56067 1 Copy Mailed

APR 3 1963

[redacted]

653-222-038-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-252

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fern Ramona Wells		2. Date Of Birth (month) Dec (day) 22 (year) 1909
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Payette; b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Will Wells		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Ella Conyers		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fern Ramona Wells	11. Present Address of Registrant: 363 Fairmount Santa Cruz Calif
NOTARY (Seal)	Subscribed and sworn to before me on: March 26, 1963	12. Signature of Notary: [signature]	13. Notary Commission expires: Jan 19, 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of application for social security account no.	By whom issued and signed: U.S. Treasury Department	Date issued: -----	Date Orig. Entry: Sept. 30, 1946
	Date of Birth: Dec.22,1909 / Birth Place: Payette County Payette, Idaho	Full Name of Mother: Ella Conyers	Name of Father: Will Wells	
SUPPORTING RECORD 2.	Type of Document: Age--65 Affidavit by half-brother	By whom issued and signed: Leo K. Ballenger	Date issued: April 4,	Date Orig. Entry: 1961
	Date of Birth: Dec.22,1909 / Birth Place: Payette, Idaho	Full Name of Mother: Ella Conyers	Name of Father: Will Wells	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D. C.	Date issued: Nov.8,1960	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 10 / Birth Place: Idaho	Full Name of Mother: Ella Wells	Name of Father: William Wells	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Shirley Miller	Date Filed: April 1, 1963	

FORM BH 56067

1 copy paid #7959 10-3-60

APR 1 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State Registration No. [illegible]

REGISTRANT Person whose birth is being registered	1. Registration Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. Date of Birth (day) (year) 4. Sex 5. Place of Birth (county)	Ability of Sex of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth

[illegible]	Whereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
	Subscribed and sworn to before me as	12. Signature of Quarry
		13. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

[illegible]	Type of Document [illegible]	By whom issued and signed U.S. Treasury Department	Date Issued / Date Orig. Entry Sept. 30, 1964
	Dec. [illegible] Fayette County Fayette, Idaho	Ella Conyers	Will Wells
SUPPORTING RECORD 2	Type of Document Affidavit by half-brother	By whom issued and signed Leo K. Ballenger	Date Issued / Date Orig. Entry April 4, 1963
	Date of Birth / Birth Place Dec. 22, 1900 Fayette, Idaho	Full Name of Mother Ella Conyers	Name of Father Will Wells
SUPPORTING RECORD 3	Type of Document Census Record	By whom issued and signed U.S. Bureau of the Census Washington, D. C.	Date Issued / Date Orig. Entry Nov. 5, 1960 / Jan. 1, 1920
	Date of Birth / Birth Place Age: 22 Idaho	Full Name of Mother Ella Wells	Name of Father William Wells

[illegible]

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been [illegible] the facts as set forth in the foregoing abstract.

Date Registered	Evidence reviewed by Shirley Miller	Date Filed April 1, 1963

I copy paid #7959 10-3-60

349-110-032-289

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Dec-63-261

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gerald Emmett Turner
2. Date of Birth (month) (day) (year): 6-10-1909
3. Color or Race: Caucasian
4. Sex: M
5. Place of Birth a. County: Lincoln County
b. City or Town of Birth: Richfield, Idaho

FATHER

6. Full Name of Father: John G. Turner
7. State or Country of Father's Birth: Co. Roscommon, Ireland

MOTHER

8. Full Maiden Name of Mother: Ella EElena Byrne
9. State or Country of Mother's Birth: Co. Roscommon, Ireland.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gerald E Turner
11. Present Address of Registrant: 1102 Legion Way

NOTARY (Seal)

Subscribed and sworn to before me on: March 28, 1963
12. Signature of Notary: Madonna J. Wintzelmen
13. Notary Commission expires: July 4, 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of own child's birth certificate	California State File#069668	Feb.15,1963	child born Oct. 9, 1931
	Date of Birth / Birth Place: Age: 22 / Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Certificate of Ordination to the Holy Priesthood	Henry Horsfield, Ward Clerk	----	ordained June 14, 1931
	Date of Birth / Birth Place: June 10, 1909 / Richfield, Idaho	Full Name of Mother: Ella E. Byrne	Name of Father: John G. Turner	
SUPPORTING RECORD 3.	Statement regarding voting register	Eva Mae King, Registration Officer	Jan.28,1963	April 29, 1952
	Date of Birth / Birth Place: June 10, 1909 / Richfield, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Miller	April 2, 1963

FORM BH 56067

APR 2 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Burner

REGISTRANT	1. Registrant's Full Name of Birth: Gerald Emmett Turner	2. Date of Birth: 6-10-1905	
	3. Color or Race: Caucasian	4. Sex: M	5. Place of Birth: Lincoln County, Wichfield, Idaho
FATHER	6. Full Name of Father: John G. Turner	7. State or Country of Father's Birth: Co. Roscommon, Ireland	
MOTHER	8. Full Maiden Name of Mother: Ella Elena Byrne	9. State or Country of Mother's Birth: Co. Roscommon, Ireland.	
AFFIDAVIT	10. Affidavit declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY	12. Subscribed and Sworn to before me on 19	13. Signature of Notary	14. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certified copy of [illegible]	By whom issued and signed: California [illegible]	Date Issued: Feb. 15, 1963	Date of Entry: [illegible]
	[illegible]	Full Name of Mother	Date of Entry	
	[illegible]			
SUPPORTING RECORD 2	Type of Document: Certificate of Ordination to the Holy Priesthood	By whom issued and signed: Henry [illegible], Ward Clark	Date Issued: —	Date of Entry: June 11, 1961
	Date of Birth: June 10, 1906	Birth Place: Wichfield, Idaho	Full Name of Mother: Ella E. Byrne	Name of Father: John G. Turner
SUPPORTING RECORD 3	Type of Document: Statement [illegible]	By whom issued and signed: [illegible]	Date Issued: Jan. 26, 1963	Date Dep. Entry: April 29, 1962
	Date of Birth: June 10, 1906	Birth Place: Wichfield, Idaho	Full Name of Mother: —	Name of Father: —

SUBJECT TO CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] abstract.

Date Registered: [signature]	Division reviewed by: [illegible]	Date Filed: April 4, 1963

FORM NO. [illegible]

239-201-029-961

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DB-63-273
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Irene Stith	2. Date Of Birth (month) (day) (year): Jan 1 1909
	3. Color or Race: White; 4. Sex: female; 5. Place of Birth a. County: Potlatch, Ida, Latah	b. City or Town of Birth
FATHER	6. Full Name of Father: John C. Stith	7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Lucinda Roach	9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Irene Stith; 11. Present Address of Registrant: Saltese, Mont.
NOTARY (Seal)	Subscribed and sworn to before me on: 27 March 1963	12. Signature of Notary: Ona Lee Garter, Saltese, Montana; 13. Notary Commission expires: April 10 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of application for life insurance		By whom issued and signed: World Life Insurance Company	Date issued: ---	Date Orig. Entry: Aug. 15, 1952
Class*	Date of Birth: Jan.1,1909	Birth Place: Potlatch, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: statement regarding school records; Spirit Lake High School, Spirit Lake, Idaho		By whom issued and signed: Arthur P. Herlick, Principal	Date issued: Jan.31,1956	Date Orig. Entry: Spet. 2, 1924
Class	Date of Birth: Age: 15	Birth Place: ----	Full Name of Mother: ------	Name of Father: J. C. Stith	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, born; April 11, 1898		By whom issued and signed: Sarah F. Berry	Date issued: April 3, 1963	Date Orig. Entry:
Class	Date of Birth: Jan.1,1909	Birth Place: Potlatch, Idaho	Full Name of Mother: Lucinda Roach	Name of Father: John C. Stith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	April 8, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067 1 [illegible]

4-1-63

DELAYED CERTIFICATE OF BIRTH

753-226-038-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-283

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GLADYS ELIZABETH PETERSON — LEGALLY ADOPTED NAME CHANGED 1935 Gladys Elizabeth Blakesley
2. Date of Birth (month) APRIL (day) 26 (year) 1909
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: FAYETTE COUNTY, IDAHO
b. City or Town of Birth: NEAR FRUITLAND, IDAHO

FATHER

6. Full Name of Father: CHARLES PETERSON
7. State or Country of Father's Birth: MINNESOTA, U.S.A.

MOTHER

8. Full Maiden Name of Mother: PEARL ANN LEWIS
9. State or Country of Mother's Birth: INDIANA, USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys Elizabeth Blakesley
11. Present Address of Registrant: 338 Parkman Ave Los Angeles, California

NOTARY (Seal)

STATE OF CALIFORNIA
CO. OF LOS ANGELES

Subscribed and sworn to before me on January 25 19 63

12. Signature of Notary: Nona Zimmerman
Nona Zimmerman NOTARY in and for the County of Los Angeles, State of California

13. Notary Commission expires July 24 19 65

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	certified copy of Court Order of Adoption	Probate Court, Malheur County Oregon	Dec. 19, 1962	July 31, 1935
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Age: 26 / ---	Pearl N. Blakesley	Chas. A. Peterson	
SUPPORTING RECORD 2.	photo copy of application for insurance	New York Life Insurance Co.	---	Oct. 4, 1935
	April 26, 1909 / Fruitland, Idaho	Pearl L. Blakesley	------	
SUPPORTING RECORD 3.	#71540 -221 Certificate of Registrar USA War Ration Book One	K. Ackerson, Registrar	---	May 6, 1942
	Age: 33 / ---	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

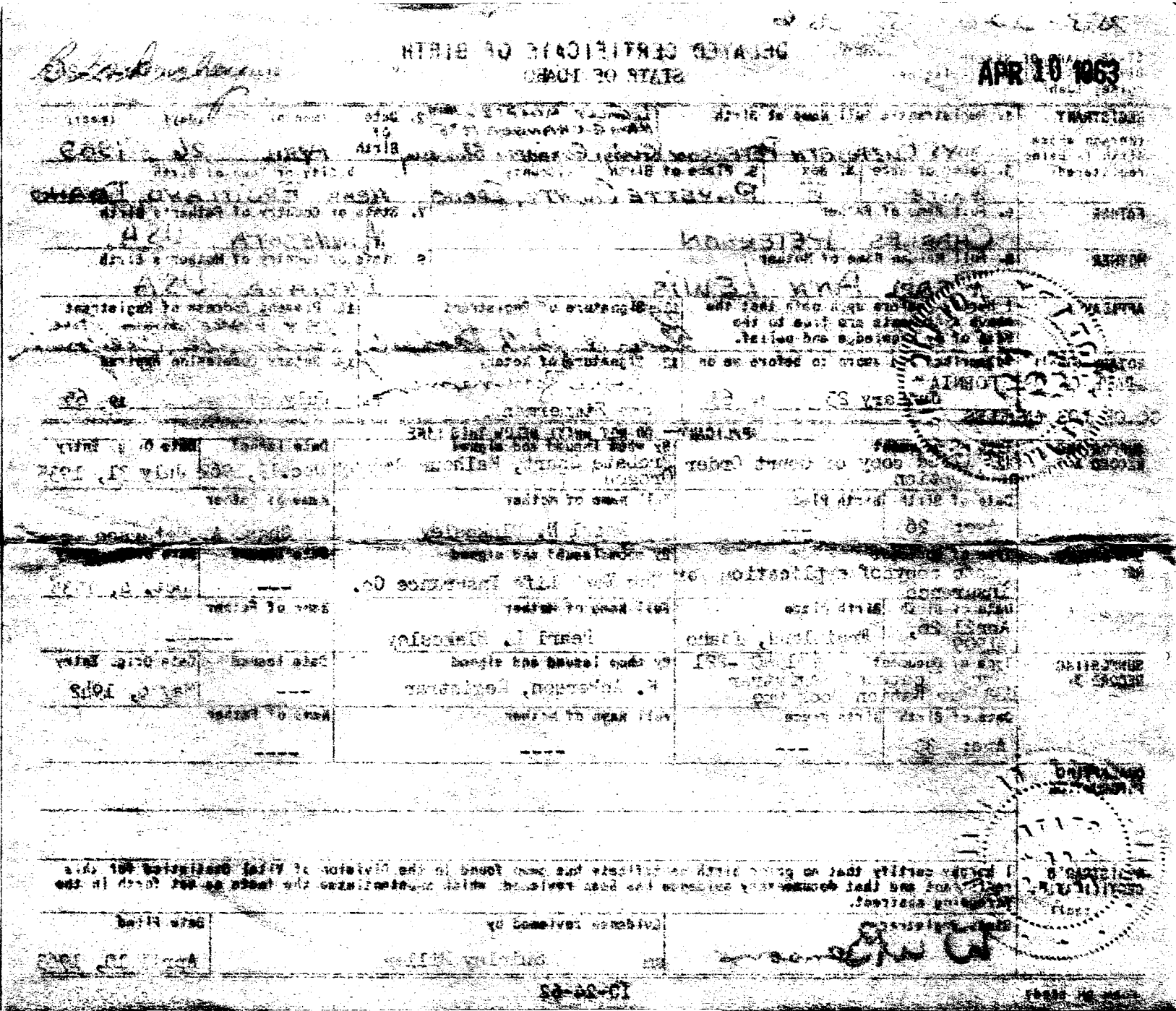
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Barron
Evidence reviewed by: sm Shirley Miller
Date Filed: April 10, 1963

FORM BH 56067 10-24-62

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

APR 10 1963



445-201-006-543

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-292

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Letitia Jane Dunn			2. Date Of Birth (month) (day) (year): Nov. 1 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Goshen
FATHER	6. Full Name of Father: Oscar Smith Dunn			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Meda Elizabeth Nuttall			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jane D. Ashbaker		11. Present Address of Registrant: Grace, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on APR 9 - 1963 19___	12. Signature of Notary: Alvin R. Whitehead		13. Notary Commission expires: 6-19-66 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Gail M. Ray, Bishop, Branch President		Date Issued: April 9,1963	Date Orig. Entry: baptized Nov. 3, 1917
	Date of Birth: Nov.1,1909	Birth Place: Goshen, Idaho	Full Name of Mother: Media Nuttall	Name of Father: Oscar S. Dunn	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own marriage license	By whom issued and signed: Iver L. Larsen, Clerk		Date Issued: April 11, 1963	Date Orig. Entry: Dec. 10, 1931
	Date of Birth: Nov.1,1909	Birth Place: Goshen, Idaho	Full Name of Mother: Meda Elizabeth Nuttal	Name of Father: O. S. Dunn	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File #209206		Date Issued: -----	Date Orig. Entry: child born Jan. 1, 1933
	Date of Birth: Age: 23	Birth Place: Goshen, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: D W Benson	Evidence reviewed by: Shirley Miller		Date Filed: April 18, 1963	

FORM BH 56067

APR 18 1963

242-01-036-267

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-307

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RALPH JOHN KUBBERNUS			2. Date Of Birth (month) (day) (year): September 1, 1909
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Oneida (now Power)	b. City or Town of Birth: Rockland, Idaho
FATHER	6. Full Name of Father: FREDERICK KUBBERNUS			7. State or Country of Father's Birth: New York
MOTHER	8. Full Maiden Name of Mother: MINNIE KOPKE			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ralph John Kubbernus		11. Present Address of Registrant: 860 Bates Ave., Reno, Nev.
NOTARY (Seal)	Subscribed and sworn to before me on: June 5, 1962	12. Signature of Notary: Joan Mariani		13. Notary Commission expires: February 3, 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister, age: 67	By whom issued and signed: Eva Robinson	Date Issued: Dec. 27, 1960	Date Orig. Entry: -------
	Date of Birth: Sept. 1, 1909	Birth Place: Rockland, Idaho Oneida (Power) County	Full Name of Mother: Minnie Kopke	Name of Father: Frederick Kubbernus
SUPPORTING RECORD 2.	Type of Document: Certificate of Identity and Registration	By whom issued and signed: American Consular Service Calgary, Alberta, Canada	Date Issued: ----	Date Orig. Entry: July 30, 1931
	Date of Birth: Age: 21	Birth Place: --	Full Name of Mother: --	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Certificate of Naturalization	By whom issued and signed: Paul Bulfinch, Clerk of the District Court	Date Issued: -----	Date Orig. Entry: June 14, 1915
	Date of Birth: Age: 5	Birth Place: Rockland, Idaho	Full Name of Mother: Minnie Kubbernus	Name of Father: Fred Kubbernus
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Barsom	Evidence reviewed by: sm Shirley Miller	Date Filed: April 24, 1963

FORM BH 56067 4-6-61

APR 24 1963

719-216-006-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-308

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUBY PARRISH			2. Date Of Birth (month) (day) (year): JUNE 16 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: BINGHAM	b. City or Town of Birth: BLACKFOOT
FATHER	6. Full Name of Father: GEORGE WASHINGTON PARRISH			7. State or Country of Father's Birth: WOODRUFF, RICH COUNTY, UTAH
MOTHER	8. Full Maiden Name of Mother: ELIZABETH MAY WOOD			9. State or Country of Mother's Birth: BOUNTIFUL, DAVIS COUNTY, UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby Jensen		11. Present Address of Registrant: PINGREE, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: March 27 1963	12. Signature of Notary: Mary F. Parrish		13. Notary Commission expires: September 15 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of application for insurance		By whom issued and signed: American National Insurance Company	Date Issued: November 20, 1936	Date Orig. Entry
	Date of Birth: June 16, 1909	Birth Place: Blackfoot, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Application for membership		By whom issued and signed: The Society of Daughters of the Utah Pioneers	Date Issued: October 4, 1943	Date Orig. Entry
	Date of Birth: June 16, 1909	Birth Place: -----	Full Name of Mother: Elizabeth May Wood	Name of Father: Geo. W. Parrish	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: Idaho State file #383543	Date Issued: -----	Date Orig. Entry: child born Dec. 6, 1943
	Date of Birth: Age: 34	Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Shirley Miller	April 24, 1963

FORM BH 56067

11-20-61

APR 24 1963

217-22-029-254

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-313

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CLETUS S.K. BAGLEY
2. Date Of Birth: (month) 7 (day) 22 (year) 1909
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County: LATAH; b. City or Town of Birth: POTLATCH

FATHER

6. Full Name of Father: FRANK WILLIAM BAGLEY
7. State or Country of Father's Birth: MINNESOTA

MOTHER

8. Full Maiden Name of Mother: HARRIETTE LENORE BEULEN
9. State or Country of Mother's Birth: WISCONSIN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cletus S.K. Bagley
11. Present Address of Registrant: Burns, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: April 15 19 63

12. Signature of Notary: [signature]
13. Notary Commission expires: May 28, 1966 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage record	By whom issued and signed: Colean Sunderlin, Deputy Clerk	Date Issued: Mar. 28, 1963	Date Orig. Entry: Aug. 17, 1934	
	Date of Birth: Age: 25	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Harriett L. Woomer	Date Issued: April 6, 1963	Date Orig. Entry:	
	Date of Birth: July 22, 1909	Birth Place: Latah County Potlatch, Idaho	Full Name of Mother: Harriette Lenore Beulen	Name of Father: Frank William Bagley	
SUPPORTING RECORD 3.	Type of Document: Notarized photo copy of page from Family Bible	By whom issued and signed: Leonard H. Waterman, Notary Public	Date Issued: Mar. 28, 1963	Date Orig. Entry: obviously old	
	Date of Birth: July 22, 1963	Birth Place: Latah County Potlatch, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.M. Beeson	Shirley Miller	April 26, 1963

FORM BH 56067

APR 26 1963

653-206-037-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-314

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Alphretta Wetmore			2. Date of Birth (month) (day) (year): February 6, 1909	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Silver City	
FATHER	6. Full Name of Father: Alvin Alonzo Wetmore			7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Laura Frankie Morgan			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances A White		11. Present Address of Registrant: 2137 6th St., Oroville, California.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 17 19 63	12. Signature of Notary: Lenice Doconer		13. Notary Commission expires: November 26 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of application for life insurance	By whom issued and signed: Reserve Life Insurance Co.		Date Issued: -----	Date Orig. Entry: Dec. 5, 1955
	Date of Birth: Feb.6,1909	Birth Place: ----	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Rev. Mc. Mroz, Rector		Date Issued: May 29,1943	Date Orig. Entry: baptized Aug. 27, 1916
	Date of Birth: Feb.6,1909	Birth Place: Idaho	Full Name of Mother: Laura Morgan	Name of Father: Alvin A. Wetmore	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Alvin Alonzo Wetmore		Date Issued: April 17, 1963	Date Orig. Entry:
	Date of Birth: Feb.6,1909	Birth Place: Owyhee, County Silver City, Idaho	Full Name of Mother: ------	Name of Father: Alvin Alonzo Wetmore	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Bowman	Shirley Miller	April 26, 1963

FORM BH 56067

APR 26 1963

MAR 31 1966

White

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. Name of Birth	2. Date of Birth	
Frances Alphretta Metmore	February 6, 1909	
3. Color or Race	4. Sex	5. Place of Birth
White F. Owyhee	Silver City	
6. Full name of Father	7. State or Country of Father's Birth	
Alvin Alonzo Metmore	Wisconsin	
8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
Laura Franklin Morgan	Idaho	
10. Signature of Registrant	11. Present Address of Registrant	
[signature]	2137 6th St. Oroville Calif.	
12. Signature of Notary	13. Notary Commission expires	
April 17 1963	November 26 1963	

SUPPORTING RECORD 1	Type of Document	By whom issued and signature	Date issued / Date Orig. Entry
	Photo copy of application for Reserve Life Insurance No.		Dec. 5, 1958
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	[illegible]		
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date issued / Date Orig. Entry
	Certificate of Marriage	[illegible]	May 29, 1963 / Aug. 8, 1914
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	[illegible]	Laura Morgan	Alvin A. Metmore
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date issued / Date Orig. Entry
	[illegible]	Alvin Alonzo Metmore	April 17, 1963
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	[illegible]		Alvin Alonzo Metmore

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Shirley Miller	April 26, 1963

884-120-003-592

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-327

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Hyde			2. Date of Birth (month) August (day) 20, (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Downey	
FATHER	6. Full Name of Father: George T. Hyde			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Emma Nibley			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donald Hyde		11. Present Address of Registrant: 2709 McKinley Street N. W. Washington 15, D. C.	
NOTARY (Seal)	Subscribed and sworn to before me on: 26th day of April 1963	12. Signature of Notary: Stella M. Waeker		13. Notary Commission expires: February 28 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Book 1, Page 20 Certified copy of County Record of Birth #9	By whom issued and signed: Sarah Devaney, County Recorder Bannock Co., Pocatello, Idaho		Date Issued: Oct 3, 1961	Date Orig. Entry: 8-20-1909
	Date of Birth: Aug. 20, 1909	Birth Place: Downey, Idaho	Full Name of Mother: Emma Nibley	Name of Father: George T. Hyde	
SUPPORTING RECORD 2.	Type of Document: Notarized copy of Church Record-Downey Ward	By whom issued and signed: L. M. Jones, Bishop Guy Curtis, Clerk. LDS Church		Date Issued: Dec 11, 1942	Date Orig. Entry: Blessed Jan 2, 1910
	Date of Birth: Aug 20, 1909	Birth Place: Downey, Idaho Bannock co.	Full Name of Mother: Emma Nibley	Name of Father: George T. Hyde	
SUPPORTING RECORD 3.	Type of Document: Copy of College Transcrip	By whom issued and signed: Ricks College, Rexburg, Idaho Eldred C. Stephenson, Registrar		Date Issued: Sept 23, 1939	Date Orig. Entry: Graduated May 31, 1929
	Date of Birth: Aug. 20, 1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Joyce B. Foltz	April 30, 1963

FORM BH 56067

MAY 1 1963

Hyde

386-109-032-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-330

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Leslie Thompson		2. Date of Birth (month) (day) (year): March 9, 1909	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Hagerman, Lincoln	b. City or Town of Birth: Hagerman
FATHER	6. Full Name of Father: Frederick Leslie Thompson		7. State or Country of Father's Birth: Idaho U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Mable Ann Green		9. State or Country of Mother's Birth: Utah U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Leslie Thompson	11. Present Address of Registrant: Hagerman Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 4 day April 1963	12. Signature of Notary: Emmon Sugmire	13. Notary Commission expires: 12-20 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's hospital birth certificate	By whom issued and signed: St. Valentine's Hospital, Wendell, Idaho	Date Issued: -----	Date Orig. Entry: child born Feb. 18, 1946	
	Date of Birth: Mar.9,1909	Birth Place: Hagerman, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination to the Holy Priesthood	By whom issued and signed: James H. Allen, Ward Clerk	Date Issued: -----	Date Orig. Entry: ordained Oct. 2, 1921	
	Date of Birth: Mar.9,1909	Birth Place: Hagerman, Idaho	Full Name of Mother: Mable Ann Green	Name of Father: Frederick L. Thompson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mable Ann Green Thompson	Date Issued: April	Date Orig. Entry: 25, 1963	
	Date of Birth: Mar.9,1909	Birth Place: Hagerman,--------	Full Name of Mother: Mabel Ann Green	Name of Father: Frederick Leslie Thompson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	sm Shirley Miller	May 1, 1963

FORM BH 56067

MAY 1 1963

666-114-001-436

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-357

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Howard Thomas Woods			2. Date Of Birth (month) (day) (year): September 14, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Thomas Larmie Woods			7. State or Country of Father's Birth: Wyoming
MOTHER	8. Full Maiden Name of Mother: Ethel J. McFarland			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard Thomas Woods		11. Present Address of Registrant: Horseshoe Bend, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 9 1963	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Ethel J. Woods	Date Issued: ----	Date Orig. Entry: May 1, 1963
	Date of Birth: September 14, 1909	Birth Place: Boise, Idaho	Full Name of Mother: Ethel J. Woods	Name of Father: Thomas Larmie Woods
SUPPORTING RECORD 2.	Type of Document: App. for Hospital Ins. Policy	By whom issued and signed: National Casualty Company of Detroit, Michigan	Date Issued: January 21, 1955	Date Orig. Entry: January 10, 1955
	Date of Birth: September 14, 1909	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #1320796	By whom issued and signed: Sun-Life Assurance Co. of Canada	Date Issued: Sept 28, 1931	Date Orig. Entry: Sept 18, 1931
	Date of Birth: Sept 14, 1909	Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bm Joyce B. Foltz	Date Filed: May 13, 1963

FORM BH 56067

MAY 13 1963

MAR 19 2006 X2

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

415-113-036-356

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-359
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Delivery
(e) Mother's stay BEFORE delivery: Permanent Res. years months days IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Ray L. (Lewis) Davis

5. Date of Birth of Child (Month, day, year) 10/13/09

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Titus David Davis
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Willard, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Lewis Davis
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1 % Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 10:30 P.M. on the date (Born alive or Stillborn) and at the place stated above, and that personal particulars were furnished by Catherine Davis (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature D C Ray M.D. Address 619 No. Arthur, Pocatello, Idaho Date 6-12-1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.)

Received for filing on by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing PENALTY-FREE CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 188, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

965-205-028-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-363

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Mae Roe			2. Date Of Birth (month) Feb. (day) 5 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: ~~Harrison~~	b. City or Town of Birth: Harrison, Idaho
FATHER	6. Full Name of Father: Ernest B. Roe			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Katherine Veronica Morrison			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ann M. Roe Lange		11. Present Address of Registrant: 321 Kinnear Place Seattle, 99, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: May 10th 1963	12. Signature of Notary: Frances Davis		13. Notary Commission expires: June 3 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

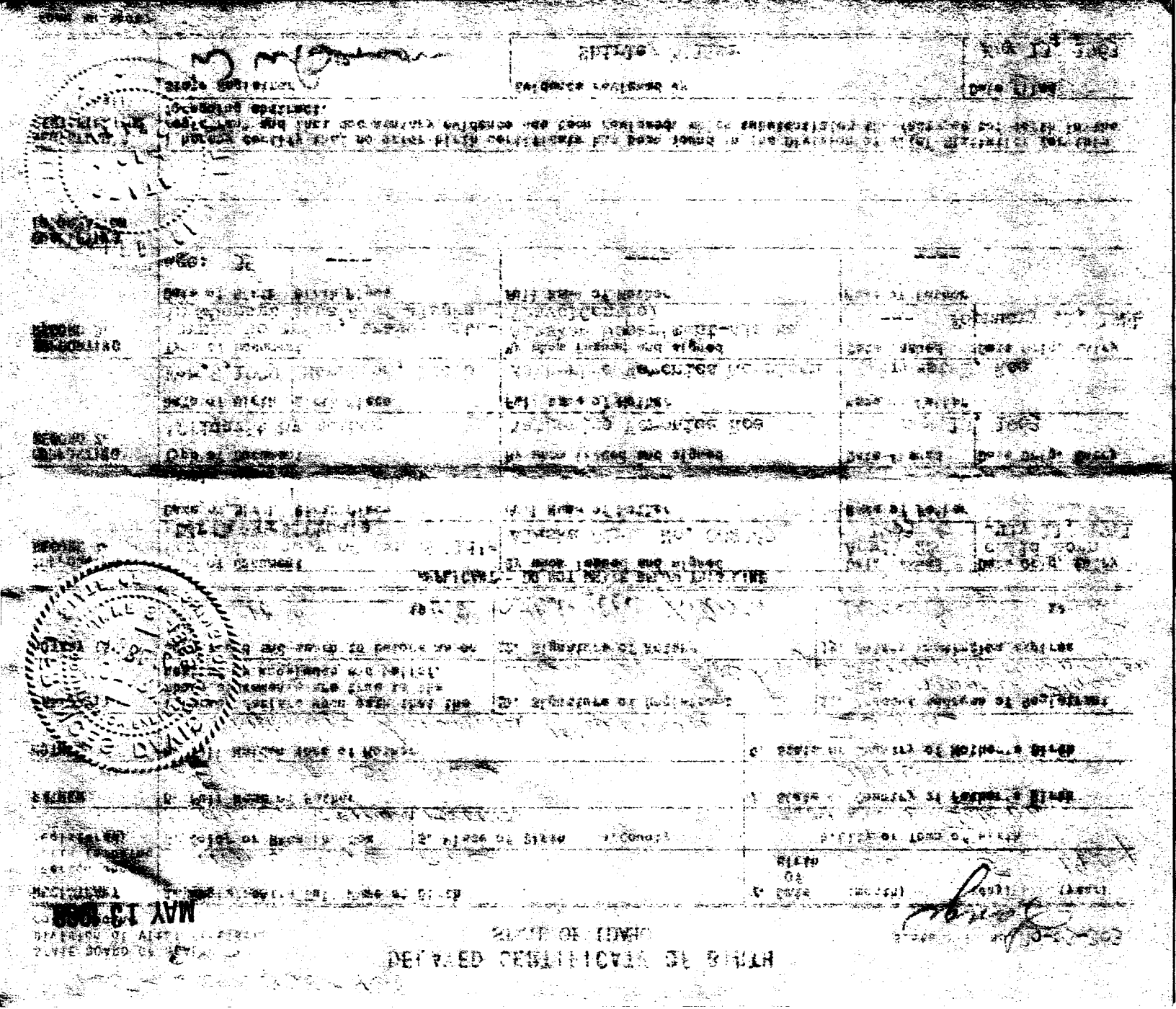
SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Alaska Birth No. 002269	Date Issued: April 26, 1963	Date Orig. Entry: child born July 11, 1951
	Date of Birth: Age: 42 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Katherine Veronica Roe	Date Issued: May 10, 1963	Date Orig. Entry:
	Date of Birth: Feb.5,1909 / Birth Place: Harrison, Idaho	Full Name of Mother: Katherine Veronica Morrison	Name of Father: Ernest B. Roe	
SUPPORTING RECORD 3.	Type of Document: Permit to enter, travel within &Depart Zone A of Alaska	By whom issued and signed: Alaskan Department-Alaska TravelControl	Date Issued: ---	Date Orig. Entry: February 21, 1944
	Date of Birth: Age: 35 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Beamon	Shirley Miller	May 13, 1963

FORM BH 56067



699-213-033-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-377

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alice Wright
2. Date Of Birth (month) June (day) 13 (year) 1909
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: Idaho Gem
b. City or Town of Birth: Emmett

FATHER

6. Full Name of Father: Berthere Stilman Wright
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Minnie Eleanor Cadwallader
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice Matthiesen
11. Present Address of Registrant: Emmett, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 16 1963
12. Signature of Notary: Dale E. Cooper
13. Notary Commission expires: 4-29 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family Book	----	---	obviously old
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 13, 1909 / Emmett, Idaho	Minnie Eleanor Cadwallader	Berthere Stilman Wright	
SUPPORTING RECORD 2.	Cradle Roll Record	Methodist Episcopal Sunday School	----	enrolled Aug 1909
	June 13, 1909 / -----	----	----	
SUPPORTING RECORD 3.	Own child's birth certificate	on file Idaho #194025	---	child born Aug 20, 1931
	age 22 / Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	May 17, 1963

FORM BH 56067

MAY 17 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Name at Birth	2. Date of Birth (month) (day) (year)
	3. Sex	4. Color or Race	5. Place of Birth (city) (county)	6. Duty or Town of Birth
FATHER	5. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
APPLICANT	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	12. Signature of Notary	13. Notary Commission Expires

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Family Book	By whom issued and signed: ----	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: June 13, 1900	Birth Place: Emmett, Idaho	Full Name of Mother: Minnie Eleanor Cadwallader	Name of Father: Barthere Stilman Wright
SUPPORTING RECORD 2	Type of Document: Cradle Roll Record	By whom issued and signed: Methodist Episcopal Sunday School	Date Issued: ----	Date Orig. Entry: enrolled Aug 1903
	Date of Birth: June 13, 1900	Birth Place: -----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3	Type of Document: Own child's birth certificate on file Idaho [illegible]	By whom issued and signed:	Date Issued: ---	Date Orig. Entry: child born Aug 20, 1931
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible] Hanson	Joyce B. Foltz	May 17, 1963

299216-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-380

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elda Susannah Briggs			2. Date of Birth (month) Oct. (day) 16 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Fremont (now Madison)	b. City or Town of Birth: Archer
FATHER	6. Full Name of Father: George Briggs Jr.			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Martha Burns			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elda Susannah Briggs (Butler)		11. Present Address of Registrant: Thornton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 5-13 19 63	12. Signature of Notary: Lyle Whiting		13. Notary Commission expires: 6-28 19 64

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photo copy of Certificate of Blessing	By whom issued and signed: Lyle Whiting, Notary Public	Date Issued: -----	Date Orig. Entry: blessed Nov. 7, 1909
	Date of Birth: Oct. 16, 1909 / Birth Place: Fremont County Archer, Idaho	Full Name of Mother: Martha Burns		Name of Father: George Briggs, Jr.
SUPPORTING RECORD 2.	Type of Document: Photocopy of application for insurance	By whom issued and signed: The Equitable Life Assurance Society of the United States	Date Issued: ------	Date Orig. Entry: June 20, 1956
	Date of Birth: Oct. 16, 1909 / Birth Place: Idaho	Full Name of Mother: ------		Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Ricks College, Rexburg Idaho College Transcript	By whom issued and signed: Eldon C. Hart, Registrar	Date Issued: Feb. 25, 1944	Date Orig. Entry: entered 1939
	Date of Birth: Oct. 16, 1909 / Birth Place: -----	Full Name of Mother: -----		Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Shirley Miller	Date Filed: May 21, 1963

FORM BH 56067

MAY 21 1963

NOV 14 1963

299-206-022-665

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-388

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Marie Bird			2. Date Of Birth (month) (day) (year): December 6, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho — Fremont	b. City or Town of Birth: Teton
FATHER	6. Full Name of Father: Alfred James Bird			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Elizabeth Maud Janes Owen			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Marie Bird Bagley		11. Present Address of Registrant: 1680 Bannock Ave Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 17, 1963	12. Signature of Notary: Earl E. Bagley		13. Notary Commission expires: July 27, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Jacob Johnston, Bishop		Date Issued: Feb. 6, 1910	Date Orig. Entry: blessed Feb. 6, 1910
	Date of Birth: Dec. 6, 1909	Birth Place: Fremont County Teton, Idaho	Full Name of Mother: E. Maud Owen	Name of Father: Alfred J. Bird	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho State File #51-02770		Date Issued: -----	Date Orig. Entry: child born Mar. 21, 1951
	Date of Birth: Age: 41	Birth Place: Teton, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: W. W. Spiers, Bishop		Date Issued: ----	Date Orig. Entry: baptized July 6, 1918
	Date of Birth: Dec. 6, 1909	Birth Place: Teton, Idaho	Full Name of Mother: Eliza M. Owen	Name of Father: A. J. Bird	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	May 27, 1963

FORM BH 56067 (Revised 6-62)

MAY 28 1963

State Board of Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

Bagley

REGISTRANT (Person whose birth is being registered)	1. Regist. Full Name of Birth: Alice Marie Bird	2. Date of Birth (month) (day) (year): December 6, 1909
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Idaho; County: Fremont	Facility or Place of Birth: Teton
FATHER	6. Full Name of Father: Alfred James Bird	7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Elizabeth Hand James Owen	9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	12. Sworn and sworn to before me on [illegible]	13. Signature of Notary: [illegible]
		14. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Mission	By whom issued and signed: Jacob John [illegible], Idaho	Date Issued: Feb. 6, 1910	Date Orig. Entry: Planned [illegible]
	Date of Birth: [illegible], 1909	Birth Place: Teton, Idaho	Full Name of Father: E. Hand Owen	Name of Father: Alfred J. Bird
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: Idaho [illegible]	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: Baptized [illegible]
	Date of Birth: Dec. 6, 1909	Birth Place: Teton, Idaho	Full Name of Mother: Elizabeth A. Owen	Name of Father: A. J. Bird

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible] Shirley Miller	Feb 27, 1963

493-201-014-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-400

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Louise Miller			2. Date Of Birth (month) October (day) 1 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: John Artimous Miller			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Amelia Gay Pritchard			9. State or Country of Mother's Birth: West Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Miller Norton		11. Present Address of Registrant: 907 East King Tacoma Wash
NOTARY (Seal)	Subscribed and sworn to before me on: May 31 1963	12. Signature of Notary: Nina R. Carroll		13. Notary Commission expires: apr. 5 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: L. D. S. Church	Date Issued: ----	Date Orig. Entry: Baptized Dec. 31, 1955
	Date of Birth: October 1, 1909 / Birth Place: Caldwell, Idaho Canyon County	Full Name of Mother: Amelia Gay Pritchard	Name of Father: John Artimous Miller	
SUPPORTING RECORD 2.	Type of Document: Photo Copy of App. for Social Security Account Number	By whom issued and signed: Treasury Deptartment Internal Revenue Service	Date Issued: ----	Date Orig. Entry: May 27, 1948
	Date of Birth: October 1, 1909 / Birth Place: Caldwell, Idaho Canyon County	Full Name of Mother: Amelia Gay Pritchard	Name of Father: John Artimous Miller	
SUPPORTING RECORD 3.	Type of Document: On child's birth certificate	By whom issued and signed: On file Idaho, File #258942	Date Issued: ---	Date Orig. Entry: Child born Sept. 13, 1937
	Date of Birth: Age 27 / Birth Place: Caldwell, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bm Betty Morris	May 31, 1963

FORM BH 56067

MAY 31

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 3663-600

1. Name of child (First, middle, last)		2. Date of birth (month, day, year)	
		October 1, 1905	
3. Color or race	4. Sex	5. Place of birth	
White	Female	Benson	
		6. City or Town of birth	
		Caldwell	
MAIL TO: 7. Full name of father		8. State or Country of Father's Birth	
John Jennings Miller		Pennsylvania	
MOTHER: 9. Full maiden name of mother		10. State or Country of mother's birth	
		West Virginia	
AFFIDAVIT: I hereby swear that the above statements are true to the best of my knowledge and belief.		11. Signature of Registrant	
NOTARY: Subscribed and sworn to before me on		12. Signature of Notary	13. My Commission expires

FOR USE OF DEPARTMENT — DO NOT WRITE BELOW THIS LINE

Amended: Item Number	Date of Amendment	Date Received by Bureau	Date Issued
	Certificate of Registration		----
			Registered Dec. 31, 1955
Date of Filing	Delayed Filing Evidence		
October 1, 1905 Caldwell, Idaho			
Benson County			
Affidavit Sworn To Before Me		Full Name of Father	Name of Mother
Clerk of Court, Benson County		Amelia Gay Pritchard	John Jennings Miller
Secretary Accepted Number		Treasury Department	Date Issued
Date of Issue of This Copy		Internal Revenue Service	----
October 1, Caldwell, Idaho		Name of Mother	Name of Father
Benson County		Amelia Gay Pritchard	John Jennings Miller
Date of Issue of This Copy		Full Name of Mother	Maiden Name
October 1, Caldwell, Idaho		On file Idaho, File Records	Date Issued
Benson County			----
Date of Issue of This Copy		Full Name of Father	Name of Father
October 1, Caldwell, Idaho		----	----
Benson County			
Age 27 Caldwell, Idaho			

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been returned, noted substantiates the items as set forth in the foregoing statement.

State Registrar	Evidence Received	Date Filed
E. J. Benson	Policy Records	May 31, 1962

415- 208-042-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-402

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALICE MURIEL DAVIS			2. Date of Birth (month) April (day) 8, (year) 1909	
	3. Color or Race: WHITE	4. Sex: Female	5. Place of Birth a. County: Buhl / Twin Falls	b. City or Town of Birth: Buhl	
FATHER	6. Full Name of Father: Ross Blaine Davis			7. State or Country of Father's Birth: Ohio	
MOTHER	8. Full Maiden Name of Mother: Vira Reed			9. State or Country of Mother's Birth: Washington State	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. x	10. Signature of Registrant: Alice M. S. Tricklan		11. Present Address of Registrant: RFD # 3 Buhl, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 28, 1961 19	12. Signature of Notary: [signature]		13. Notary Commission expires: Feb. 4, 1965 19	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle, Age: 76	By whom issued and signed: Grover C. Davis		Date Issued: Nov. 1, 1961	Date Orig. Entry
	Date of Birth: April 8, 1909	Birth Place: Buhl, Idaho	Full Name of Mother: Vira Reed	Name of Father: Ross B. Davis	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records; Buhl Public Schools,	By whom issued and signed: Lois J. Rudy, Registrar Buhl, Idaho		Date Issued: Nov.3,1961	Date Orig. Entry: Sept. 5, 1922
	Date of Birth: April 8, 1909	Birth Place: Buhl, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photo copy of application for social security account no.	By whom issued and signed: U. S. Treasury Department		Date Issued: January 10, 1953	Date Orig. Entry
	Date of Birth: April 8, 1909	Birth Place: Twin Falls County Buhl, Idaho	Full Name of Mother: Vira Reed	Name of Father: Ross Blaine Davis	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	May 31, 1963

FORM BH 56067

11-6-61

MAY 31 1963

MAY 13 1976

REGISTRANT	1. Registrant's full name at birth: ALICE MURIEL DAVIS	2. Date of birth (month) April (day) 8, (year) 1963	
	3. Sex: Female	4. Place of birth: Twin Falls	Bulk
FATHER	5. Full name of father: Ross Elaine Davis	6. State or Country of Father's Birth: Ohio	
MOTHER	7. Full Maiden Name of Mother: Vira Reed	8. State or Country of Mother's Birth: Washington State	
AFFIDAVIT	9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: RFD # 3 Buhl, Idaho
NOTARY SEAL	12. Subscribed and sworn to before me on: Oct. 22, 1961	13. Signature of Notary	14. Notary Commission expires: Feb. 4, 1965

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD	Type of Document: Affidavit by male, Age: 16	By whom issued and signed: Grover C. Davis	Date Issued: Oct. 1, 1963
	Birth Place: Buhl, Idaho	Full Name of Mother: Vira Reed	Name of Father: Ross E. Davis
SUPPORTING RECORD	Type of Document: Statement regarding school records; Buhl Public Schools	By whom issued and signed: Lois E. Ruby, Registrar, Buhl, Idaho	Date Issued: Nov. 2, 1961
	Date of Birth: April 8, 1963	Birth Place: Buhl, Idaho	Full Name of Mother: ----
			Name of Father: ----
SUPPORTING RECORD	Type of Document: Statement of application for social security account no.	By whom issued and signed: U. S. Treasury Department	Date Issued: January 10, 1963
	Date of Birth: April 8, 1963	Birth Place: Twin Falls County, Buhl, Idaho	Full Name of Mother: Vira Reed
			Name of Father: Ross Elaine Davis

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the fence as set forth in the foregoing abstract.

Date Registrar	Evidence Reviewed by	Date Filed
	Shirley Miller	May 31, 1963

II-6-61

789-24-603-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-407

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mercedes Cleda Phillips			2. Date Of Birth (month) November (day) 24 (year) 1909
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello Idaho
FATHER	6. Full Name of Father: John Franklin Phillips			7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Genevieve Green			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mercedes C. Olsen		11. Present Address of Registrant: 542 Jefferson Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 13th 1963	12. Signature of Notary: Mildred E. Lindquist		13. Notary Commission expires: Oct 25 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Idaho State File # 180199	Date Issued: April 3, 1962	Date Orig. Entry: child born April 8, 1930
	Date of Birth: Age: 20	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Photo copy of app. for Social Security Account Number	By whom issued and signed: U. S. Treasury Department	Date Issued: June 13, 1947	Date Orig. Entry:
	Date of Birth: Nov. 24, 1909	Birth Place: Bannock County Pocatello, Idaho	Full Name of Mother: Genewieve Green	Name of Father: John F. Phillips
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle; age: 71	By whom issued and signed: Ray A. Green	Date Issued: March 3, 1963	Date Orig. Entry:
	Date of Birth: Nov. 24, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Genevieve Green Phillips	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: June 4, 1963

FORM BH 56067

10-21-60

JUN 4 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) [illegible]
Person's name, birth in hole registered	3. Color of Race, or Sex: [illegible]	4. Place of Birth, Place of Birth, County: [illegible]
		5. Ability of Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]

[illegible]	9. Hereby declare upon each that the above statements are true to the [illegible] of my knowledge and belief.	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: [illegible]	
[illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]	[illegible]
	Date of Birth, Birth Place	Full Name of Mother	Name of Father

[illegible]	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth, Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
[illegible]	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth, Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]

[illegible]		

[illegible]	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which [illegible] the facts as set forth in the following abstract.	
	State Registrar: [illegible]	Evidence reviewed by: [illegible]
		Date Filed: June 4, 1963

155-127-022-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-427

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOSEPH LAVIER JENSEN			2. Date of Birth (month) (day) (year): FEBRUARY 27 1909	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: FREMONT (IDAHO)	b. City or Town of Birth: HIBBARD	
FATHER	6. Full Name of Father: JOSEPH WILLIAM JENSEN			7. State or Country of Father's Birth: U.S.A. (UTAH)	
MOTHER	8. Full Maiden Name of Mother: MARGARET BLANCHARD			9. State or Country of Mother's Birth: U.S.A. (UTAH)	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph L Jensen		11. Present Address of Registrant: 1322-105 AVENUE DAWSON CREEK, B.C.	
NOTARY (Seal)	Subscribed and sworn to before me on: FEBRUARY 6 1963	12. Signature of Notary: Samuel Side (SAMUEL SIDE)		13. Notary Commission expires (LIFE) Notary Public in and for the Province of British Columbia.	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of Marriage Record; Vital Statistics, British Columbia, Canada	By whom issued and signed: J.W. Doughty, Director of		Date Issued: Feb.15,1963	Date Orig. Entry: May 30, 1946
	Date of Birth: Age: 37	Birth Place: ---	Full Name of Mother: Margaret, Blanchard		Name of Father: Joseph W. Jensen
SUPPORTING RECORD 2.	Type of Document: certified copy of hospital record; St. Joseph Gen. Hosp.	By whom issued and signed: J.W. West, Accountant Dawson Creek, B. C.		Date Issued: ---	Date Orig. Entry: Aug. 17, 1952
	Date of Birth: Feb.27,1909	Birth Place: Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Statement regarding Registration;	By whom issued and signed: Dominion Bureau of Statistics Ottawa-Canada		Date Issued: May 31,1963	Date Orig. Entry: Aug. 19, 1940
	Date of Birth: Feb.27,1909	Birth Place: Hibbard, Idaho	Full Name of Mother: ----		Name of Father: ----
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Bergon	sm Shirley Miller	June 6, 1963

FORM BH 56067

JUN 7 1963

DELAYED CERTIFICATE OF BIRTH

DATE OF FILING

PERSON (Name of Birth)	1. Name of Birth	2. Date (month) (day) (year)
	3. Sex	4. Place of Birth
	5. Color or Race	6. Place of Birth
	7. Name of Father	8. Place of Birth
	9. Name of Father	10. Place of Birth
	11. Name of Mother	12. Place of Birth
	13. Signature of Registrant	14. Present Address of Registrant
	15. Signature of Notary	16. Notary Commission Expires

SUPPORTING RECORD 1	Type of Document	Date Issued	Date Orig. Entry	
	Date of Birth	Date of Birth		
SUPPORTING RECORD 2	Type of Document	Date Issued	Date Orig. Entry	
	Date of Birth	Date of Birth		
SUPPORTING RECORD 3	Type of Document	Date Issued	Date Orig. Entry	
	Date of Birth	Date of Birth		
SUPPORTING RECORD 4	Type of Document	Date Issued	Date Orig. Entry	
	Date of Birth	Date of Birth		

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed

28L228-003-271

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-429

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Delta Rose Shandrew
2. Date of Birth (month) (day) (year): November 28, 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Arbon

FATHER

6. Full Name of Father: Henry Edward Shandrew
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: May Leona Sparks
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Delta Rose Shandrew
11. Present Address of Registrant: 126 Nueva ave San Franc 24

NOTARY (Seal)

Subscribed and sworn to before me on 17th Day of May 1963

12. Signature of Notary: Geo W Abbott
13. Notary Commission expires: _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	May L. Shandrew	June 4, 1957	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.28,1909 / Bannock County Arbon, Idaho	May Leona Sparks	Henry Edward Shandrew	
SUPPORTING RECORD 2.	Statement regarding hospital record; St. Josephs Hopsital	By whom issued and signed: Linda M. Marchioni, RRL San Francisco, California	Date Issued: June 3, 1963	Date Orig. Entry: Aug. 20, 1954
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.28,1909 / Idaho	----	----	
SUPPORTING RECORD 3.	notarized photo copy of application for insurance	By whom issued and signed: California Physicians' Service	Date Issued: June 3, 1963	Date Orig. Entry: June 1, 1944
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.28,1909 / ----	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	sm Shirley Miller	June 11, 1963

FORM BH 56067

JUN 11 1963

693-216-006-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-437
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Williams			2. Date Of Birth (month) (day) (year): June 11, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shelley, Idaho, (Bingham)	b. City or Town of Birth: Shelley, Idaho
FATHER	6. Full Name of Father: Henry Kirk Williams			7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Margaret Mary Burrell			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret W. Judd		11. Present Address of Registrant: 726 E. 4th St. Meridian, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 1963	12. Signature of Notary: [illegible]		13. Notary Commission expires: 1-16 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother, Age 79	By whom issued and signed: Margaret Burrell Williams		Date Issued: ---	Date Orig. Entry: June 13, 1963
Class*	Date of Birth: June 11, 1909	Birth Place: Shelley, Idaho Bingham County	Full Name of Mother: Margaret Burrell	Name of Father: Henry Kirk Williams	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho, File #247024		Date Issued: ---	Date Orig. Entry: Child born Sept. 16, 1936
Class	Date of Birth: Age 27	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Marriage License Affidavit	By whom issued and signed: W. L. Brewrink, Recorder Bonneville County, Idaho		Date Issued: June 30, 1935	Date Orig. Entry: June 29, 1935
Class	Date of Birth: Age 26	Birth Place: -----	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Morris	June 17, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 17 1963

AUG 12

JUN 9 1972

1. Name of child (first, middle, last)	Margaret Williams
2. Date of birth (month, day, year)	June 11, 1909
3. Sex	Female
4. Place of birth (county)	Shelley, Idaho (Bingham)
5. City or Town of birth	Shelley, Idaho
6. Name of father	Henry Kirk Williams
7. State or Country of father's birth	California
8. Full maiden name of mother	Margaret Mary Burgess
9. State or Country of mother's birth	Idaho
10. Signature of Registrant	
11. Present Address of Registrant	Rt. 3, 11th St. Gerald, Idaho
12. Signature of Notary	
13. Notary Commission expires	

Sworn to before me this ____ day of ____, 19__

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Affidavit by Father, Age 79	Margaret Burrell Williams	---	June 13, 1963
Date of Birth Birth Place	Full Name of Mother	Name of Father	
June 11, Shelley, Ida.			
Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Own obtain birth certificate on file Idaho, File #52A024		---	Sept. 18, 1935
Date of Birth Birth Place	Full Name of Mother	Name of Father	
Age 27 Idaho	-----	-----	
Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Reprint Birth Certificate	E. L. Brewink, Recorder Pomeroyville County, Idaho	June 29, 1939	June 29, 1939
Date of Birth Birth Place	Full Name of Mother	Name of Father	
Age 29	-----	-----	

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence was (was not) submitted, which substantiates the facts set forth in the foregoing statement.

Date Signed	Signature of Registrar	Date Filed
June 11, 1909	W. W. Berman	June 17, 1963

Delayed birth certificate registered by Betty Merrile

Clerk's Remarks: There was used and noted before the Registrar's Journal Entry
Clerk's Remarks: Name made after the birth filed by me at this time

144-129-014-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-438
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Martin Judd
2. Date of Birth (month) (day) (year): Sept. 29, 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Caldwell, Canyon Co.
b. City or Town of Birth: Caldwell, Idaho

FATHER

6. Full Name of Father: Stoddard Judd
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Edna Elizabeth Stephenson
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George M. Judd
11. Present Address of Registrant: 726 E. 4th St. Meridian, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: June 3 1963
12. Signature of Notary: N M Edmiston
13. Notary Commission expires: 1-16 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by Father, Age 83
By whom issued and signed: Stoddard Judd
Date Issued: ----
Date Orig. Entry: June 17, 1963
Date of Birth: September 29, 1909
Birth Place: Caldwell, Idaho Canyon County
Full Name of Mother: Edna Elizabeth Stephenson
Name of Father: Stoddard Judd
Class*

SUPPORTING RECORD 2.

Type of Document: Own child's birth certificate
By whom issued and signed: On file Idaho, File #247024
Date Issued: ----
Date Orig. Entry: Child born Sept. 16, 1936
Date of Birth: Age 26
Birth Place: Idaho
Full Name of Mother: ----
Name of Father: -----
Class

SUPPORTING RECORD 3.

Type of Document: Marriage License Affidavit
By whom issued and signed: W. L. Brewrink, Recorder Bonneville County, Idaho
Date Issued: June 30, 1935
Date Orig. Entry: June 29, 1935
Date of Birth: Age 25
Birth Place: ----
Full Name of Mother: ------
Name of Father: ------
Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Morris	June 17, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 17 1963

JUN

1. Person whose birth is being registered	Name: Baby Stoddard Judd
2. Color or race	White
3. Sex	Male
4. Date of birth	Sept. 29, 1957
5. Place of birth	a. County: Caldwell, Canyon Co. b. City or town of birth: Caldwell, Idaho
6. Type of birth	Stoddard Judd
7. State or Country of Mother's Birth	Missouri
8. State or Country of Father's Birth	Missouri
9. Mother	a. Full Maiden Name: Ruth Eleanore Stevens b. Age at last birthday: 25 c. Occupation: Dental Assistant d. Residence: 720 E. 11th St. Meridian, Idaho
10. Father	a. Full Name: Stoddard Judd b. Age at last birthday: 23 c. Occupation: Student d. Residence: 720 E. 11th St. Meridian, Idaho
11. Informant	Ruth Eleanore Stevens Judd
12. Attendant	Affidavit by Father, Age 23
13. Date Received by Registrar	June 17, 1963
14. Signature of Registrar	Betty Morris
15. Remarks	Evidence received by: W. M. Person

I hereby certify that the above birth record has been found in the Division of Vital Statistics for this registration and that documentary evidence has been presented which substantiates the facts as set forth in the above entry.

Date Filed: June 17, 1963

Signature of Registrar: Betty Morris

Evidence received by: W. M. Person

Please type or print all entries. Items 1 through 15 are required.

Items 1 through 15 may only be altered by a court order issued by a court of competent jurisdiction

155-222-010-282

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-450
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Elva Jenkins	2. Date Of Birth (month) May (day) 22 (year) 1909
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Idaho Falls, Ida, Bonneville	b. City or Town of Birth
FATHER	6. Full Name of Father: Thomas Orin Jenkins	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Elva Adelia Bybee	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence E Stebal; 11. Present Address of Registrant: Roberts, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 26 1956	12. Signature of Notary: Arthur P. Jensen; 13. Notary Commission expires: Oct 29, 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Insurance Policy	By whom issued and signed: Sun Life Assurance Co. Of Canada	Date issued:	Date Orig. Entry: Oct. 12, 1936
	Date of Birth: May 22, 1909; Birth Place: Idaho Falls, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: Son's Birth Certificate	By whom issued and signed: Idaho #228138	Date issued: Child's Birth Date Aug. 6, 1934	Date Orig. Entry:
	Date of Birth: age 25; Birth Place: Idaho Falls	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class	Type of Document: Photo copy of app. for social security account number	By whom issued and signed: U.S. Treasury Department	Date issued: January 11, 1957	Date Orig. Entry:
	Date of Birth: May 22, 1909; Birth Place: Bonneville, County Idaho Falls, Idaho	Full Name of Mother: Elva A. Bybee	Name of Father: Orin Tomas Jenkins	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	ss Shirley Miller	June 25, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Local Reg. No.

Reg. Dist. No.

JUN 25 [illegible]

Division of Vital Statistics

Department of Health

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Sex	4. Place of Birth (Signature)
		Date of Birth
FATHER	5. Full Name of Father	7. State or Country of Father's Birth
MOTHER	6. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	8. Family Bible Upon oath that the [illegible] are true to the best of [illegible] and belief.	10. Signature of Registrant
		11. Present Address of Registrant
NOTARY	12. Sworn and sworn to before me on	13. Signature of Notary
		14. Notary Commission expires

SUPPORTING RECORD 1	Type of Document: [illegible] Policy	By whom issued and signed: Sun Life Assurance Co. [illegible]	Date Issued / Date Orig. Entry: Oct. 17, 1930
	[illegible] Idaho Falls, Idaho	Full Name of Mother	
SUPPORTING RECORD 2	Type of Document: [illegible] Certificate	By whom issued and signed: Idaho [illegible]	Date Issued / Date Orig. Entry: [illegible]
	Date of Birth / Birth Place: [illegible] Idaho Falls	Full Name of Mother	Name of Father
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued / Date Orig. Entry: [illegible]
	Date of Birth / Birth Place: [illegible] Idaho Falls	Full Name of Mother: Elva A. [illegible]	Name of Father: [illegible]

Certificate of Identification

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the Registrant's statement.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Shirley Miller	June 25, 1963

[illegible]

219210-025-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-457

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virginia Hammond Bailey			2. Date of Birth (month) (day) (year): Dec 10 1909	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: George James Bailey			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Mayme Elizabeth Hammond			9. State or Country of Mother's Birth: Montana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia Bailey / Virginia B. Bailey		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: April 22 1963	12. Signature of Notary: Aimee A. Nougue		13. Notary Commission expires: AIMEE A. NOUGUE ~~My Commission Expires October~~ 17, 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding high school records	By whom issued and signed: Mrs. Nettie Loeffler, Secy. to the Registrar	Date Issued: July 28, 1959	Date Orig. Entry: Sept. 1924	
	Date of Birth: Dec.10,1909	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Certificate of Marriage	By whom issued and signed: Barbara Bonde, Deputy Recorder	Date Issued: June 30, 1963	Date Orig. Entry: Oct. 25, 1934	
	Date of Birth: Age: 24	Birth Place: Idaho	Full Name of Mother: Mayme Hammond	Name of Father: George J. Bailey	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mayme B. Homan	Date Issued: February 3, 1962	Date Orig. Entry:	
	Date of Birth: Dec.10,1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Mayme Elizabeth Hammond	Name of Father: George James Bailey	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	Shirley Miller	June 27, 1963

FORM BH 56067

JUL 9 1963
MAR 20 1974

566-214-001-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-478

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Oleta Nofziger
2. Date of Birth (month) (day) (year): Jan 14 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Ada County
b. City or Town of Birth: Ada County

FATHER

6. Full Name of Father: John Nofziger
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Litha Lee
9. State or Country of Mother's Birth: Arkansaw

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Oleta Nofziger Burman
11. Present Address of Registrant: Rt. 5, Nampa Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 1 1963
12. Signature of Notary: Peter J Boyle
13. Notary Commission expires: May 18 1966.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho, File #207849	----	Nov. 7, 1932 child's birth

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 23	Idaho	-------	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister, Age 72	Della Ulrich	-----	June 3, 1963

Date of Birth	Birth Place	Full Name of Mother	Name of Father
January 14, 1909	Ada County, Idaho	Litha Nofziger	John Nofziger

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible record	Family Bible	----	Obviously Old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
January 14, 1909	-----	Litha Lee	John Nofziger

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Morris	July 8, 1963

FORM BH 56067

JUL 8 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

CERTIFICATE	1. Registration Full Name of Birth	2. Date of Birth	
	3. Date of Birth	4. Sex	5. Place of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	Signature of Registrant	11. Present Address of Registrant
	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document: Own child's birth certificate	By whom issued and signed: Ada Idaho, File [illegible]	Date Issued: ----	Date Orig. Entry: [illegible] child's birth
Date of Birth: Age 20	Birthplace: Idaho	Full Name of Mother: ----	Name of Father: ----
Type of Document: Affidavit by sister, Age 72	By whom issued and signed: Nellie Hirton	Date Issued: ----	Date Orig. Entry: June 3, 1963
Date of Birth: January 14, [illegible]	Birthplace: Ada County, Idaho	Full Name of Mother: Lidia Hofziger	Name of Father: John Hofziger
Type of Document: Bible record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: Obviously [illegible]
Date of Birth: January [illegible], [illegible]	Birthplace: ----	Full Name of Mother: Lidia Lee	Name of Father: [illegible] Hofziger

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the preceding Contract.

State Registrar	Evidence Reviewed by	Date Filed
[illegible] Benson	Betty Morris	July 8, 1963

259-101-001-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-494

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jess Santos Bermensolo			2. Date Of Birth (month) (day) (year): November 1, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Louis Bermensolo			7. State or Country of Father's Birth: Spain
MOTHER	8. Full Maiden Name of Mother: Venancia Gabica			9. State or Country of Mother's Birth: Spain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: J N Bermensolo		11. Present Address of Registrant: 411-3rd Ave South Nampa Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 2 1963	12. Signature of Notary: [signature]		13. Notary Commission expires: February 6 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother		By whom issued and signed: Venancia Gabica Bermensolo	Date issued: ----	Date Orig. Entry: July 1, 1963
	Date of Birth: November 1, 1909	Birth Place: Boise, Idaho	Full Name of Mother: Venancia Gabica	Name of Father: Louis Bermensolo	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: St. John's Cathedral, Boise	Date issued: -----	Date Orig. Entry: Baptized December 8, 1909
	Date of Birth: November 1, 1909	Birth Place: ----	Full Name of Mother: Lewis Bermensolo	Name of Father: Venancia Gabica	
SUPPORTING RECORD 3.	Type of Document: App. to Insurance Company		By whom issued and signed: Metropoltan Life Ins. Co. of New York	Date issued: ----	Date Orig. Entry: December 20, 1936
	Date of Birth: November 1, 1909	Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bm Betty Morris	July 15, 1963

FORM BH 56067

JUL 15 1963

Bermensolo

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRAR	1. Registrant's Full Name at Birth: Jess Santos Bermensolo	2. Date of Birth: November 1, 1909
	3. Color or Race: White	4. Sex: Male
	5. Place of Birth: Ada	6. County: Boise
FATHER	7. Full Name of Father: Louis Bermensolo	8. State or Country of Father's Birth: Spain
MOTHER	9. Full Maiden Name of Mother: Venancia Cabica	10. State or Country of Mother's Birth: Spain
	11. Do not declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [signature]
	13. Subscribed and sworn to before me on [illegible]	14. Signature of Notary: [signature]
		15. Notary Commission Expires: [illegible]

SUPPORTING RECORD 1	Type of Document: Affidavit by Mother	By whom Issued and Signed: Venancia Cabica Bermensolo	Date Issued: ----	Date Orig. Entry: July 1, 1963
	Date of Birth: November 1, 1909	Birth Place: Boise, Idaho	Full Name of Mother: Venancia Cabica	Name of Father: Louis Bermensolo
SUPPORTING RECORD 2	Type of Document: Certificate of Baptism	By whom Issued and Signed: St. John's Cathedral, Boise	Date Issued: ----	Date Orig. Entry: December 8, 1909
	Date of Birth: November 1, 1909	Birth Place: ----	Full Name of Mother: Lewis Bermensolo	Name of Father: Venancia Cabica
SUPPORTING RECORD 3	Type of Document: App. to Insurance Company	By whom Issued and Signed: Metropolitan Life Ins. Co. of New York	Date Issued: ----	Date Orig. Entry: December 30, 1936
	Date of Birth: November 1, 1909	Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bm Betty Morris	July 15, 1963

Form 8H (1964)

694-202-022-963

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-543

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nellie Ethel Ormond
2. Date Of Birth (month) (day) (year): May 2, 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Rigby(Clark Ward)

FATHER

6. Full Name of Father: Enos Ormond
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Nellie Gilzettie Rolfe
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nellie Ethel Ormond
11. Present Address of Registrant: Box 64, Menan, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 31 1963
12. Signature of Notary: Wesley C. Benson
13. Notary Commission expires: January 26 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Family Record Book
By whom issued and signed: Enos Ormond
Date Issued: ----
Date Orig. Entry: Obviously Old
Date of Birth: May 2, 1909
Birth Place: ------
Full Name of Mother: Nellie Gillzettie Rolfe
Name of Father: Enos Ormond

SUPPORTING RECORD 2.

Type of Document: Own child's birth certificate
By whom issued and signed: On file Idaho, File #274964
Date Issued: ----
Date Orig. Entry: Child born Dec. 12, 1938
Date of Birth: Age 29
Birth Place: Clark Ward, Idaho
Full Name of Mother: -----
Name of Father: -----

SUPPORTING RECORD 3.

Type of Document: Affidavit by Sister, Age 70
By whom issued and signed: Melbie Ormond Waters
Date Issued: -----
Date Orig. Entry: July 15, 1963
Date of Birth: May 2, 1909
Birth Place: Rigby, Idaho Fremont County
Full Name of Mother: Nellie Gillzettie Rolfe
Name of Father: Enos Ormond

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: bm Betty Morris
Date Filed: August 2, 1963

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

AUG 5 1963

1. Name of child (First, middle, last)	2. Sex
3. Date of birth (Month, day, year)	4. Place of birth (City, county, state)
5. Full name of father	6. Birthplace of father (State or country)
7. Full maiden name of mother	8. Birthplace of mother (State or country)
9. Name and address of person requesting this certificate	10. Relationship to child
11. Signature of affiant	12. Date signed

AFFIDAVIT

(To be completed by person who has personal knowledge of the facts of birth)

I, _____, being first duly sworn on oath, depose and say that I was present at the birth of the child described above; that the facts stated above are true to the best of my knowledge and belief.

_____
(Signature of affiant)

Subscribed and sworn to before me this _____ day of _____, 19____.

_____
(Signature of official administering oath)

_____
(Official capacity)

AFFIDAVIT

(To be completed by person who has personal knowledge of the facts of birth)

I, _____, being first duly sworn on oath, depose and say that I was present at the birth of the child described above; that the facts stated above are true to the best of my knowledge and belief.

_____
(Signature of affiant)

Subscribed and sworn to before me this _____ day of _____, 19____.

_____
(Signature of official administering oath)

_____
(Official capacity)

AFFIDAVIT

(To be completed by person who has personal knowledge of the facts of birth)

I, _____, being first duly sworn on oath, depose and say that I was present at the birth of the child described above; that the facts stated above are true to the best of my knowledge and belief.

_____
(Signature of affiant)

Subscribed and sworn to before me this _____ day of _____, 19____.

_____
(Signature of official administering oath)

_____
(Official capacity)

AFFIDAVIT

(To be completed by person who has personal knowledge of the facts of birth)

I, _____, being first duly sworn on oath, depose and say that I was present at the birth of the child described above; that the facts stated above are true to the best of my knowledge and belief.

_____
(Signature of affiant)

Subscribed and sworn to before me this _____ day of _____, 19____.

_____
(Signature of official administering oath)

_____
(Official capacity)

AFFIDAVIT

(To be completed by person who has personal knowledge of the facts of birth)

I, _____, being first duly sworn on oath, depose and say that I was present at the birth of the child described above; that the facts stated above are true to the best of my knowledge and belief.

_____
(Signature of affiant)

Subscribed and sworn to before me this _____ day of _____, 19____.

_____
(Signature of official administering oath)

_____
(Official capacity)

AFFIDAVIT

(To be completed by person who has personal knowledge of the facts of birth)

I, _____, being first duly sworn on oath, depose and say that I was present at the birth of the child described above; that the facts stated above are true to the best of my knowledge and belief.

_____
(Signature of affiant)

Subscribed and sworn to before me this _____ day of _____, 19____.

_____
(Signature of official administering oath)

_____
(Official capacity)

Date filed	Evidence received by
August 5, 1963	Mrs. Betty Norris

I hereby certify that no prior birth certificate has been found in the Bureau of Vital Statistics for this person and that documentary evidence has been received, which establishes the facts as set forth in the affidavit.

_____
(Signature)

_____
(Title)

712-228-028-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-549

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUTH MARIE GASKILL			2. Date Of Birth (month) (day) (year): FEBRUARY 28, 1909	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth: IDAHO a. County: KOOTENAI	b. City or Town of Birth: ST. MARIES	
FATHER	6. Full Name of Father: FRANCIS AUSTEN GASKILL			7. State or Country of Father's Birth: INDIANA	
MOTHER	8. Full Maiden Name of Mother: MARY ELIZABETH SWOPE			9. State or Country of Mother's Birth: NEBRASKA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Marie Svergedal		11. Present Address of Registrant: 3892 N. Ft. Blvd. Spokane 14 Wash	
NOTARY (Seal)	Subscribed and sworn to before me on: July 11, 1963	12. Signature of Notary: John C. Beam		13. Notary Commission expires: Nov. 24, 1966	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage certificate	By whom issued and signed: Frank J. Glover, Auditor		Date Issued: April 23, 1962	Date Orig. Entry: Oct. 2, 1933
	Date of Birth: Age: 24	Birth Place: Idaho	Full Name of Mother: Mary E. Swope		Name of Father: F. A. Gaskill
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File No. 239427		Date Issued: ----	Date Orig. Entry: child born Jan. 27, 1936
	Date of Birth: Age: 26	Birth Place: St. Maries, Idaho	Full Name of Mother: ----		Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital record; St. Luke's Hospital,	By whom issued and signed: Helen Tobeck, Record Librarian Spokane 11, Washington		Date Issued: July 24, 1963	Date Orig. Entry: Mar. 30, 1958
	Date of Birth: Feb. 28, 1909	Birth Place: ----	Full Name of Mother: ----		Name of Father: ----
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: August 7, 1963

FORM BH 56067

AUG 7 1968

967-217-007-685

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-576

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Louise Rogers		2. Date Of Birth (month) (day) (year): APRIL 17 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Hailey Idaho Blaine; b. City or Town of Birth:
FATHER	6. Full Name of Father: George Matthew Rogers		7. State or Country of Father's Birth: Colorado USA
MOTHER	8. Full Maiden Name of Mother: Rosella Jane Finch		9. State or Country of Mother's Birth: Utah USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Helen Louise Worthington	11. Present Address of Registrant: 1812-15th St. Oregon City, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: May 27 1963	12. Signature of Notary: [signature]	13. Notary Commission expires: November 9 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File #134366	Date Issued: ----	Date Orig. Entry: child born Aug. 8, 1925
	Date of Birth: Age: 16	Birth Place: Hailey, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, 12, years older	By whom issued and signed: Frances Delia Huebner	Date Issued: May 13, 1963	Date Orig. Entry:
	Date of Birth: April 7, 1909	Birth Place: Hailey, Idaho	Full Name of Mother: Rosella Jane Finch Rogers	Name of Father: George Matthew Rogers
SUPPORTING RECORD 3.	Type of Document: Certificate of Registrar, War Ration Book #173984 -365	By whom issued and signed: Carl L. Rice, Registrar	Date Issued: ---	Date Orig. Entry: May 7, 1942
	Date of Birth: Age: 33	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	August 14, 1963

FORM BH 56067

AUG 14 1963

985-213-014-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-591

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Helen Rhead			2. Date Of Birth (month) (day) (year): November 13, 1909	
	3. Color or Race: Cauc	4. Sex: Fe	5. Place of Birth a. County: Caldwell	Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Josiah Lewis Rhead			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Margaret Emma Carruth			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret R. Austin		11. Present Address of Registrant: 4383 Osceola, Denver, Colo.	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 9 1963	12. Signature of Notary: Lois W. Hasbarg		13. Notary Commission expires: My Commission expires July 31, 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by attendent at birth Age: 84	By whom issued and signed: Mrs. A. E. Becker		Date Issued: August 5, 1963	Date Orig. Entry
	Date of Birth: Nov.13,1909	Birth Place: Canyon County Caldwell, Idaho	Full Name of Mother: Margaret Emma Carruth Rhead	Name of Father: Josiah Lewis Rhead	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Marriage License	By whom issued and signed: Iver L. Larsen, Clerk		Date Issued: Aug 1, 1963	Date Orig. Entry: June 2, 1934
	Date of Birth: Age: 24	Birth Place: -----	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: application for insurance	By whom issued and signed: The Equitable Life Assurance Society of the United States		Date Issued: 0---	Date Orig. Entry: April 13, 1936
	Date of Birth: Nov.13,1909	Birth Place: Caldwell, Idaho	Full Name of Mother: ----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	August 26, 1963

FORM BH 56067

AUG 27 1963

Custer

619-226-009-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-651

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Minnie E. Warren			2. Date Of Birth (month) (day) (year): April 26, 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Bonner	b. City or Town of Birth: Blanchard	
FATHER	6. Full Name of Father: Geo. Allen Warren			7. State or Country of Father's Birth: Minnesota	
MOTHER	8. Full Maiden Name of Mother: Alice Jackson			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Minnie E. Klement		11. Present Address of Registrant: Snoqualmie Wash Box 475	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 12 1963	12. Signature of Notary: Bonnie M. Larson		13. Notary Commission expires: May 17 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father		By whom issued and signed: Geo. A. Warren	Date Issued: March 4, 1963	Date Orig. Entry:
	Date of Birth: April 26, 1909	Birth Place: Blanchard, Idaho	Full Name of Mother: Alice Warren	Name of Father: Geo. A. Warren	
SUPPORTING RECORD 2.	Type of Document: Certified copy of page from newspaper;; Auditor-- Newport		By whom issued and signed: Winifred Johnson, Deputy Miner	Date Issued: June 19k 1963	Date Orig. Entry: 1909
	Date of Birth: April, 1909	Birth Place: Blanchard,-----	Full Name of Mother: Mrs. Geo. Warn	Name of Father: Geo. Warn	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Certificate of Marriage		By whom issued and signed: Frank J. Glover, Auditor	Date Issued: June20, 1963	Date Orig. Entry: June 4, 1928
	Date of Birth: Age: 19	Birth Place: Blanchard, Idaho	Full Name of Mother: Alice Jackson	Name of Father: George A. Warren	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Larson	sm Shirley Miller	September 19, 1963

FORM BH 56067

SEP 19 1963

915-224-022-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-661

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alta May Randall			2. Date Of Birth (month) June (day) 24, (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont (now Jefferson)	b. City or Town of Birth: Grant
FATHER	6. Full Name of ~~Father~~ Mother: Nettie Louella Wilkins			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of ~~Mother~~ Father: Charles Aceil Randall			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alta Randall		11. Present Address of Registrant: Hagerman, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on Sept. 20 1963	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires Sept. 28 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: L. D. S. Church		Date Issued: ----	Date Orig. Entry: Baptized Aug. 5, 1917
	Date of Birth: June 24, 1909	Birth Place: Grant, Idaho Jefferson County	Full Name of Mother: Nettie L. Wilkins	Name of Father: Charles A. Randall	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church		Date Issued: ----	Date Orig. Entry: Blessed Aug. 1, 1909
	Date of Birth: June 24, 1909	Birth Place: Grant, Idaho Fremont County	Full Name of Mother: Netta Wilkins	Name of Father: C. A. Randall	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho, File #243048		Date Issued: ----	Date Orig. Entry: Child born Apr. 29, 1936
	Date of Birth: Age 26	Birth Place: Grant, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Morris	September 20, 1963

FORM BH 56067

Sherwood

OCT 21 1963

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT	1. Registrant's Full Name at Birth: Ida May Randall	2. Date of Birth (month, day, year): June 24, 1909
	3. Color or Race: White	4. Sex: Female
	5. Place of Birth: Fremont (now Jefferson)	6. County: Grant
FATHER	7. Full Name of Father: Mettie Rosella Wilkins	8. State or Country of Father's Birth: Utah
MOTHER	9. Full Maiden Name of Father: Charles Aegir Randall	10. State or Country of Mother's Birth: Utah
AFFIDAVIT	11. Present Address of Registrant: [illegible]	12. Signature of Registrant: [illegible]
NOTARY	13. Notary Commission expires: [illegible]	14. Signature of Notary: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: L. D. S. Church	Date Issued: ---- Date Orig. Entry: Baptized Aug. 15, 1917
	Date of Birth: June 24, 1909 — Birth Place: Grant, Idaho, Jefferson County	Full Name of Mother: Mettie L. Wilkins	Name of Father: Charles A. Randall
SUPPORTING RECORD 2	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: ---- Date Orig. Entry: Blessed Aug. 11, 1909
	Date of Birth: June 24, 1909 — Birth Place: Grant, Idaho, Fremont County	Full Name of Mother: Ketta Wilkins	Name of Father: C. A. Randall
SUPPORTING RECORD 3	Type of Document: Own child's birth certificate on file Idaho, File 9243[illegible]	By whom issued and signed:	Date Issued: ---- Date Orig. Entry: Child born Apr. 2[illegible], 1930
	Date of Birth: Age 25 — Birth Place: Grant, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that accessory evidence has been reviewed, which constitutes the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date Filed
W. [illegible]	Betty Morris	September 20, 1963

544-115.020-244

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De-63-680

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Russell Edmonds		2. Date Of Birth (month) (day) (year): December 15 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Idaho Elmore; b. City or Town of Birth: Glenns Ferry
FATHER	6. Full Name of Father: James Martin Edmonds		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Emma Summers		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Russell Edmonds	11. Present Address of Registrant: 4210 Mt Vern Blvd
NOTARY (Seal)	Subscribed and sworn to before me on: September 23 19 63	12. Signature of Notary: Geneva Ball	13. Notary Commission expires: My commission expires March 11, 1967. 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age: 63	By whom issued and signed: Mrs. Iona May Piper	Date issued: August	Date Orig. Entry: 10, 1963
	Date of Birth: Dec.15,1909	Birth Place: Glens Ferry, Idaho	Full Name of Mother: Emma Summers	Name of Father: James Martin Edmonds
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census Records	By whom issued and signed: Alice Felician, Dep. Clerk of Court	Date issued: Mar.23,1944	Date Orig. Entry: April 1928
	Date of Birth: Dec.15,1909	Birth Place: Glens Ferry, Idaho	Full Name of Mother: Emma Summers	Name of Father: J. M. Edmonds
SUPPORTING RECORD 3.	Type of Document: Certified copy of voting registration	By whom issued and signed: Norma Castle, Deputy Clerk	Date issued: Aug.16,1963	Date Orig. Entry: June 6, 1938
	Date of Birth: Age: 28	Birth Place: Glenns Ferry, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sm Shirley Miller	September 26,1963

FORM BH 56067

SEP 27 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

Edmund

799-215-1044-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-684

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ZELLA E. GRIMMETT		2. Date of Birth (month) (day) (year): SEPT. 15 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth: a. County: WEISER IDA. WASH. b. City or Town of Birth: WEISER IDAHO
FATHER	6. Full Name of Father: GEORGE L. GRIMMETT BORN MAY 13 - 1876		7. State or Country of Father's Birth: ISLAND CITY OREGON
MOTHER	8. Full Maiden Name of Mother: ELLEN BENSON BORN MARCH 24-1875		9. State or Country of Mother's Birth: PARMA IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zella Grimmett	11. Present Address of Registrant: 409 HAMILTON S.F. CAL.
NOTARY (Seal)	Subscribed and sworn to before me on [illegible], 19[illegible]	12. Signature of Notary: Zella Johnson MARRIN NOTARY Jo-Ann E. Oiler	13. Notary Commission expires: My Commission Expires February 8, 1966 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of application for Social Security Acc. Number	By whom issued and signed: U. S. Treasury Department	Date issued: November	Date Orig. Entry: 30, 1936
	Date of Birth: Sept. 15, 1909	Birth Place: Weiser, Idaho	Full Name of Mother: Helen Elizabetb Benson	Name of Father: George L. Grimmett
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records; St. Mary's Hospital;	By whom issued and signed: Mariann Hunt, Medical Record Dept. San Francisco, Calif.	Date issued: Aug. 20, 1963	Date Orig. Entry: Feb. 21, 1943
	Date of Birth: Age: 33	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend of family at time of birth; age: 70	By whom issued and signed: Dora E. Moore	Date issued: August 16, 1963	Date Orig. Entry:
	Date of Birth: Sept. 15, 1909	Birth Place: Weiser, Idaho	Full Name of Mother: Ellen Benson Grimmett	Name of Father: George L. Grimmett
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Shirley Miller	September 27, 1963

FORM BH 56067

1 COPY PAID #05108 7-26-60

SEP 27 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

265-119-006-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-703

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Stacy Vincent Bond			2. Date of Birth (month) May (day) 19 (year) 1909
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: James Garfield Bond			7. State or Country of Father's Birth: Utah, Henefer, County of Weber
MOTHER	8. Full Maiden Name of Mother: Edith Sample			9. State or Country of Mother's Birth: Oregon, Helix, Umatilla Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Stacy Vincent Bond		11. Present Address of Registrant: Dubois, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 1 19 63	12. Signature of Notary: John Terbauer		13. Notary's commission expires: JOHN TERBAUER NOTARY PUBLIC IDAHO FALLS, IDAHO MY COMM. EXPS. 2-1-69 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Recommend for Baptism and Confirmation	By whom issued and signed: LDS Church Richard K. Poulsen,		Date Issued: Aug 29, 1957	Date Orig. Entry: baptized Aug 29, 1957
	Date of Birth: May 19, 1909	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Edith Sample	Name of Father: James Garfield Bond	
SUPPORTING RECORD 2.	Type of Document: Statement regarding Lodge Membership	By whom issued and signed: Fortitude Lodge No 76, AF&AM Dubois, Idaho. C.F. Schaefer, Sec.		Date Issued: Sept 28, 1963	Date Orig. Entry: Nov. 20, 1951
	Date of Birth: May 19, 1909	Birth Place: Blackfoot, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: photocopy of Insurance application 162 65 01	By whom issued and signed: United Benefit Life Ins. Co. Omaha, Nebraska		Date Issued:	Date Orig. Entry: April 22, 1957
	Date of Birth: May 19, 1909	Birth Place: Blackfoot, Idaho	Full Name of Mother: -------	Name of Father: --------	

QUALIFYING INFORMATION

Notarized Statement regarding school census for the year 1915-1916 issued by the Bingham County Recorder Sept 30, 1963 gives age of Stacey Bond as 6. Parent G.Bond.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	Oct 4, 1963

FORM BH 56067

OCT 4 1963

OCT 11 1963

659-23-022-516

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-727

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irene Oviatt			2. Date Of Birth (month) (day) (year): August 31 1909	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Parker	Fremont	b. City or Town of Birth: Parker, Idaho
FATHER	6. Full Name of Father: Freeman Franklin Oviatt			7. State or Country of Father's Birth: Ephraim, Utah	
MOTHER	8. Full Maiden Name of Mother: Cora Hannah Vawdrey			9. State or Country of Mother's Birth: Draper, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irene Oviatt		11. Present Address of Registrant: Box 8 Teton City, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 10 1963	12. Signature of Notary: LaMonte Bauer, Clerk of District Court		13. Notary Commission expires: elective 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Geo. F. Rudd, Clerk		Date Issued: ---	Date Orig. Entry: blessed Oct. 3, 1909
	Date of Birth: Aug. 31, 1909	Birth Place: Fremont County Parker, Idaho	Full Name of Mother: Cora H. Vaudrey	Name of Father: Freeman F. Oviatt	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt; Age: 72	By whom issued and signed: Edna V. Wardle		Date Issued: October	Date Orig. Entry: 10, 1963
	Date of Birth: Aug. 31, 1909	Birth Place: Fremont County Parker, Idaho	Full Name of Mother: Cora Hannah Vawdrey	Name of Father: Freeman Franklin Oviatt	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school census records; Fremont Co. Joint School Dist. A-215	By whom issued and signed: E. O. Rich, Clerk of Board		Date Issued: June 2, 1963	Date Orig. Entry: Nov. 1922
	Date of Birth: Age: 13	Birth Place: ----	Full Name of Mother: Cora Vawdrey	Name of Father: F. F. Oviatt	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Bauer	Evidence reviewed by: Shirley Miller	Date Filed: October 11, 1963

FORM BH 56067

OCT 14 1969

DECEASED

286-117-009-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-754

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLEN MERRILL SHOOK			2. Date Of Birth (month) (day) (year): FEBRUARY 17 1909
	3. Color or Race: W.	4. Sex: M	5. Place of Birth a. County: BONNER	b. City or Town of Birth: SANDPOINT
FATHER	6. Full Name of Father: WILLIAM H. SHOOK			7. State or Country of Father's Birth: OHIO
MOTHER	8. Full Maiden Name of Mother: BERTHA MAY WILLIAMS			9. State or Country of Mother's Birth: MAINE
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Glen M Shook	11. Present Address of Registrant: HUMBOLDT, KANSAS
NOTARY (Seal)	Subscribed and sworn to before me on: October 15, 1963		12. Signature of Notary: Lois Schaede	13. Notary Commission expires: March 8, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notarized photo copy of page from Family Bible	By whom issued and signed: Irvin C. Wahmen, Notary Public	Date Issued: obviously old	Date Orig. Entry
	Date of Birth: Feb.17,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Photo copy of application for life insurance	By whom issued and signed: The Equitable Life Assurance Society of the United States	Date Issued: April	Date Orig. Entry: 11, 1925
	Date of Birth: Feb.17,1909	Birth Place: Bonner County Sandpoint, Idaho	Full Name of Mother: Bertha M. Shook	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Statement regarding school census records; Bonner County	By whom issued and signed: Mike Lamanna, Asst. Supt. Class A School Dist. # 82	Date Issued: Mar.29,1963	Date Orig. Entry: Sept. 1917
	Date of Birth: Feb.17,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: Wm. Shook
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Shirley Miller	October 24, 1963

FORM BH 56067

OCT 24 1963

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Shook

REGISTRANT (Person under Birth is being registered)	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth (month) [illegible]
	3. Color or Race: [illegible] 4. Sex: [illegible]	5. Place of Birth (County): [illegible]
		Birth or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: Ohio
	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
	10. Hereby declare upon oath that the statements are true to the of my knowledge and belief.	11. Present Address of Registrant: [illegible]
	12. Subscribed and sworn to before me on: October 15, 1963	13. Notary Commission expires: March 8, 1965

APPLICATION FOR CERTIFICATE OF BIRTH

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued / Date Orig. Entry: [illegible]
	Date of Birth: Feb. 19, 1900	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued / Date Orig. Entry: [illegible]
	Date of Birth: Feb. 17, 1900	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued / Date Orig. Entry: [illegible]
	Date of Birth: Feb. 17, 1900	Full Name of Mother: [illegible]	Name of Father: [illegible]

QUALIFYING INFORMATION

CERTIFICATE OF BIRTH

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Title of Registrar	Evidence Reviewed by	Date Filed
[illegible]	Shirley Miller	October 24, 1963

FORM 80 [illegible]

713-222-009-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-763

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nellie LaVerna Patton			2. Date Of Birth (month) April (day) 22, (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho — Bonner	b. City or Town of Birth: Elmira	
FATHER	6. Full Name of Father: John Milton Patton			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Maude Minnetta Toliver			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Nellie (Patton) Tippett		11. Present Address of Registrant: 1045 Young Coeur d'Alene	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 23 1963	12. Signature of Notary: Esther M. Tolles		13. Notary Commission expires: Nov. 24 - 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible	By whom issued and signed: Family Bible		Date Issued: obviously old	Date Orig. Entry
	Date of Birth: April 22, 1909	Birth Place: ----	Full Name of Mother: Maude Minnetta Patton	Name of Father: John Milton Patton	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Idaho State File No. 188160		Date Issued: Sept. 19, 1963	Date Orig. Entry: child born Dec. 28, 1930
	Date of Birth: Age: 21	Birth Place: Elmira, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle; age: 80	By whom issued and signed: Edgar S. Tolliver		Date Issued: October 23, 1963	Date Orig. Entry
	Date of Birth: April 22, 1909	Birth Place: Elmira, Idaho	Full Name of Mother: Maude Minnetta Toliver	Name of Father: John Milton Patton	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	sm Shirley Miller	October 28, 1963

FORM BH 56067

OCT 29 1963

Chapper

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Nellie LeVerne [illegible]	2. Date of Birth (month) April (day) 22 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth (county): Idaho, Tenn.
			6. City or Town of Birth: Pimlico
FATHER	6. Full Name of Father: John Milton Patton	7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Maude Minnetta Tolliver	9. State or Country of Mother's Birth: Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
MOTHER (Sign)	Subscribed and sworn to before me at	12. Signature of Mother	13. Mother's Address explained

APPLICANT — DO NOT WRITE IN ANY THIS LINE

SUPPORTING RECORD 1	Type of Document: Family Bible	By whom issued and signed: Kemilya Mitla	Date Issued / Date Orig. Entry
	Date of Birth: 1909	Name of Mother: Maude Minnetta Patton	Date of Father: John Milton Patton
SUPPORTING RECORD 2	Type of Document: Delayed copy of our [illegible]	By whom issued and signed: Idaho State Mill No. [illegible]	Date Issued: Sept. 19, [illegible] / Date Orig. Entry: Dec. 20, 1930
	Date of Birth: Age: 22 / Birth Place: Idaho, Tenn.	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3	Type of Document: Birth Cert. Age: 50	By whom issued and signed: Edgar G. Tolliver	Date Issued: Dec. 15, [illegible] / Date Orig. Entry: [illegible]
	Date of Birth: [illegible] / Birth Place: Idaho	Full Name of Mother: Maude Minnetta Tolliver	Name of Father: John Milton Patton
ADDITIONAL INFORMATION			

REGISTRAR'S CERTIFICATE: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that the [illegible] evidence [illegible] the [illegible] as set forth in the [illegible].

Evidence Reviewed by: [illegible] Date Filed: Oct. 21, 1963

315-22-022-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-798

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SUSANNAH PAULINE TANNER			2. Date Of Birth (month) (day) (year): Sept. 22 - 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho, Fremont Co.,	b. City or Town of Birth: Chester
FATHER	6. Full Name of Father: William LeRoy Tanner			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Katherine Melvina Lauder			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Susannah P. Davidson	11. Present Address of Registrant: 1206 Palm Ave-Chico, Calif
NOTARY (Seal)	Subscribed and sworn to before me on: October 10 19 63		12. Signature of Notary: JUNE LUCCHESI NOTARY PUBLIC BUTTE COUNTY, CALIF.	13. Notary Commission expires: February 11 19 67

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Byron Blanchard, Bishop	Date Issued: ----	Date Orig. Entry: blessed Mar. 6, 1910
	Date of Birth: Sept. 22, 1909	Birth Place: Chester, Idaho	Full Name of Mother: Katie Louder	Name of Father: Willie Tanner
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital record for--- Enloe Hospital,	By whom issued and signed: Robert E. Harding, Administra- Chico, California	Date Issued: Oct. 31, 1963	Date Orig. Entry: July 2, 1956
	Date of Birth: Sept. 22, 1909	Birth Place: Chester, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Photo copy of application for insurance	By whom issued and signed: Pacific Empire Mutual Life Insurance Company	Date Issued: August	Date Orig. Entry: 30, 1958
	Date of Birth: Sept. 22, 1909	Birth Place: Chester, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Shirley Miller	Date Filed: November 7, 1963

FORM BH 56067

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315-106-042-292

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-810

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Andrew Lancaster			2. Date of Birth (month) (day) (year): December 6 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Filer Twin Falls	b. City or Town of Birth: Filer
FATHER	6. Full Name of Father: Samuel Young Lancaster			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Nancy Jane Sikes			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold Andrew Lancaster		11. Present Address of Registrant: Filer, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 4, 1963	12. Signature of Notary: Helen Porterfield		13. Notary Commission expires: March 1 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File # 192628	Date Issued: ----	Date Orig. Entry: child born June 22, 1931
	Date of Birth: Age: 21	Birth Place: Filer, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: Notarized photo copy of page from family Bible	By whom issued and signed: Helen Porterfield, Notary Public	Date Issued: Nov.8,1963	Date Orig. Entry: obviously old
	Date of Birth: Dec.6,1909	Birth Place: ------	Full Name of Mother: Nancy J. Lancaster	Name of Father: Samuel Y. Lancaster
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother; born 1892	By whom issued and signed: C. E. Lancaster	Date Issued: November 4, 1963	Date Orig. Entry:
	Date of Birth: Dec.6,1909	Birth Place: Filer, Idaho	Full Name of Mother: Nancy Jane Sikes	Name of Father: Samuel Young Lancaster
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Bacon	Shirley Miller	November 14, 1963

FORM BH 56067

NOV 15 1963

Lancaster

622-207-02-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-814

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ivy Hannah Osborne		2. Date Of Birth (month) (day) (year): Nov. 7. 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont Ashton Idaho	b. City or Town of Birth: Ashton Idaho
FATHER	6. Full Name of Father: George H. Osborne		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Hannah Nelsen		9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ivy Jensen	11. Present Address of Registrant: Brigham City
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 23 1960	12. Signature of Notary: [illegible]	13. Notary Commission expires: County Clerk 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	application for marriage license	State of Utah, Box Elder Co. Jos. A. Josephson, Co. clerk	Sept. 23, 1960	Nov. 22, 1932
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov. 7, 1909 / Ashton, Idaho	Hannah Nelsen	George H. Osborne	
SUPPORTING RECORD 2.	**Type of Document**	**By whom issued and signed**	**Date Issued**	**Date Orig. Entry**
	own childs birth certificate	Utah #283	June 7, 1961	child born June 16, 1943
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 33 / Ashton, Idaho	----	----	
SUPPORTING RECORD 3.	**Type of Document**	**By whom issued and signed**	**Date Issued**	**Date Orig. Entry**
	Statement by attending physician	E. L. Hargis, M.D.	November 10, 1963	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov. 7, 1909 / Fremont County Ashton, Idaho	Hannah Christine Nielsen	George Henry Osborne	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: pw pw Shirley Miller	Date Filed: November 15, 1963

1-Copy-Paid 9-12-60 1 copy paid #07046

FORM BH 56067

NOV 15 1963

967-106-003-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 63-842

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MELVIN DANIEL ROGERSON		2. Date Of Birth (month) August (day) 6 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Pocatello Idaho
FATHER	6. Full Name of Father: Lewis Cornelious Rogerson		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Fannie Violet Smith		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Melvin Daniel Rogerson	11. Present Address of Registrant: SweetHome Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: 3-27 1959	12. Signature of Notary: For the State of Oregon County of Marion Alice Dahlen	13. Notary Commission expires: Oct. 2 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing	By whom issued and signed: Pocatello Stake, 1st Ward Record.	Date issued: October 1, 1963	Date Orig. Entry: August 22, 1909
	Date of Birth: August 6, 1909; Birth Place: Pocatello, Idaho	Full Name of Mother: Fannie Violet Smith	Name of Father: Lewis Cornelious Rogerson	
SUPPORTING RECORD 2.	Type of Document: Photo copy Application for Social Security card.	By whom issued and signed: Treasury Department U.S.	Date issued: --------	Date Orig. Entry: Nov. 30, 1936
	Date of Birth: August 6, 1909; Birth Place: Pocatello, Idaho	Full Name of Mother: Fannie Violet Smith	Name of Father: Lewis Cornelious Rogerson	
SUPPORTING RECORD 3.	Type of Document: Notarized Photo copy of original marriage certificate	By whom issued and signed: State of Oregon, Baker Co. County Judge	Date issued: March 10 1959	Date Orig. Entry: December 29, 1937
	Date of Birth: ; Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W. Benson	Evidence reviewed by: Hazel Hurlbert,	Date Filed: Dec. 4, 1963

FORM BH 56067

DEC 4 1969

NOV 5 1971

861-208-014-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-863

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Iona Hoagland		2. Date Of Birth (month) 3 (day) 8 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Falk Store - Canyon - b. City or Town of Birth: Now Gem Co.
FATHER	6. Full Name of Father: John Lish Hoagland		7. State or Country of Father's Birth: Raft River Idaho
MOTHER	8. Full Maiden Name of Mother: Martha Leona Dunn		9. State or Country of Mother's Birth: Oakley, Idaho.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith I. Hoagland Wilkie	11. Present Address of Registrant: Cascade Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 2 19 63	12. Signature of Notary: Forest E. Robb, Recorder, Valley, Idaho By: B. C. Patterson - Deputy	13. Notary Commission expires: ____ 19__

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt 76yrs	By whom issued and signed: Margaret I. Hoagland	Date issued: Nov. 9, 1963	Date Orig. Entry: -----
	Date of Birth: Mar. 8, 1909 / Birth Place: Falks Store Canyon County	Full Name of Mother: Martha Leona Dunn	Name of Father: John Lish Hoagland	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: L.D. S. Church James T. Hoagland	Date issued: April 6, 1909	Date Orig. Entry: blessed April 4, 1909
	Date of Birth: Mar. 8, 1909 / Birth Place: Falks Store Canyon County	Full Name of Mother: Martha L. Dunn	Name of Father: John L. Hoagland	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: Idaho file # 158919	Date issued: -----	Date Orig. Entry: child born Dec. 10, 1927
	Date of Birth: Age 18 / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Dec 13, 1963

FORM BH 56067

DEC 16 1963

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-020

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eunice Allen Gaskill		2. Date of Birth (month) Nov (day) 5 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Wardner; b. City or Town of Birth: Wardner
FATHER	6. Full Name of Father: Asa David Gaskill		7. State or Country of Father's Birth: Marysville Mon
MOTHER	8. Full Maiden Name of Mother: Ruby C. Lounsbury		9. State or Country of Mother's Birth: Shippardville, Clinton Co. Mich
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby C. Lounsbury	11. Present Address of Registrant: 310½ N. Minor Seattle Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: March 24 1962	12. Signature of Notary: James L. Millard	13. Notary Commission expires: May 8 1964

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Ruby Tower (Gaskill)	Date Issued: March	Date Orig. Entry: 9, 1963
	Date of Birth: Nov.5,1909	Birth Place: Wardner, Idaho	Full Name of Mother: Ruby Gaskill	Name of Father: Ada David Gaskill
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital record; Ballard General Hospital; Seattle, Washington	By whom issued and signed: Mary E. Switter, RRL	Date Issued: Dec.28,1963	Date Orig. Entry: Aug. 16, 1957
	Date of Birth: Nov.5,1909	Birth Place: Idaho	Full Name of Mother: Ruby Tower	Name of Father: Asa Gaskill
SUPPORTING RECORD 3.	Type of Document: Photo copy of application for employment	By whom issued and signed: Puget Sound Naval Shipyard Bremerton, Washington	Date Issued: ----	Date Orig. Entry: Sept. 29, 1942
	Date of Birth: Nov.5,1909	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	January 10,1964

FORM BH 56067

7-27-61 1 copy paid

DELAYED CERTIFICATE OF BIRTH

JAN 13 1964

652-208-019-234

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-042

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margretha Louisa West			2. Date of Birth (month) July (day) 8 (year) 1909
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Custer	b. City or Town of Birth: Challis
FATHER	6. Full Name of Father: Richard Courtright West			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Dora Klug			9. State or Country of Mother's Birth: Custer County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margretha L. Spears		11. Present Address of Registrant: Challis, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 2 1963	12. Signature of Notary: Jan B. Deere		13. Notary Commission expires: April 4th, 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of employee registration, U.S. Railroad Retirement Board	By whom issued and signed: U P Railroad Company	Date Issued: -----	Date Orig. Entry: Feb. 15, 1945
	Date of Birth: July 8, 1909	Birth Place: Custer County Challis, Idaho	Full Name of Mother: Dora Klug	Name of Father: Richard Courtright West
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: U S Bureau of the Census Washington, D.C.	Date Issued: Aug. 26, 1963	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 10	Birth Place: Idaho	Full Name of Mother: Dora K. West	Name of Father: Richard C. West
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File No. 300669	Date Issued: -----	Date Orig. Entry: Child born Sept. 22, 1940
	Date of Birth: Age: 31	Birth Place: Challis, -----	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Shirley Miller	Date Filed: January 20, 1964

FORM BH 56067 (Copy)

JAN 21 1964

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796-116-035-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De-64-101

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SIGURD MAGNUS GROVE			2. Date of Birth (month) Jan. (day) 16 (year) 1909	
	3. Color or Race: W.	4. Sex: M	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lewiston	
FATHER	6. Full Name of Father: Zachariah (Sam) GROVE			7. State or Country of Father's Birth: NORWAY	
MOTHER	8. Full Maiden Name of Mother: OLEANNA MARIE ANDERSON			9. State or Country of Mother's Birth: NORWAY	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Sigurd Grove	11. Present Address of Registrant: Kamiah, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 6 1964		12. Signature of Notary	13. Notary Commission expires: 4-19 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Anna Marie Grove	Date Issued: February 6, 1964	Date Orig. Entry
	Date of Birth: Jan. 16, 1909	Birth Place: Lewiston, Idaho	Full Name of Mother: Oleanna Marie Anderson	Name of Father: Zachariah (Sam) Grove	
SUPPORTING RECORD 2.	Type of Document: Photo copy of application for insurance		By whom issued and signed: Idaho Mutual Benefit Association	Date Issued: March 30, 1951	Date Orig. Entry
	Date of Birth: Jan. 16, 1909	Birth Place: Lewiston, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge		By whom issued and signed: M. G. McConnell, Brig. Gen. A.G.D.	Date Issued: Nov. 8, 1943	Date Orig. Entry: enlisted Oct. 7, 1942
	Date of Birth: Age: 33	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Miller	February 12, 1964

FORM BH 56067

FEB 12 1964

FEB 20 1973

445-205-021-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De64-120

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Dunkley.			2. Date of Birth (month) Aug (day) 5 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Whitney Idaho Franklin	b. City or Town of Birth: Whitney, Idaho
FATHER	6. Full Name of Father: William Job Dunkley.			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Annie Laurie Lowe Dunkley.			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Dunkley Tallent		11. Present Address of Registrant: 2905 Gem St Boise Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: February 19 1964	12. Signature of Notary: Juliard Anderson		13. Notary Commission expires: July 27 1967

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #50-4953		Date Issued: -----	Date Orig. Entry: child born May 21, 1950
	Date of Birth: age 40	Birth Place: Whitney, Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Book 2, No. 317 Certificate of Blessing	By whom issued and signed: L. D. S. Church, Whitney, Ida. A. Winward, Clerk		Date Issued: ----	Date Orig. Entry: Blessed Oct. 3, 1909
	Date of Birth: August 5, 1909	Birth Place: Whitney, Idaho	Full Name of Mother: Laura Lowe	Name of Father: Wm. J. Dunkley	
SUPPORTING RECORD 3.	Type of Document: Age 65 Affidavit by Neighbor of Family at time of birth	By whom issued and signed: Ida B. Cutler		Date Issued: Feb 19, 1964	Date Orig. Entry: -------
	Date of Birth: August 5, 1909	Birth Place: Whitney, Idaho	Full Name of Mother: Annie Laurie Lowe Dunkley	Name of Father: William Job Dunkley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: Feb 21, 1964

FORM BH 56067

FEB 21 1964

JAN 22 1974

536-204-032-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 64-122

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Nellie Mary Elwood			2. Date Of Birth (month) September (day) 4 (year) 1909
	3. Color or Race: White	4. Sex: Fe	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Shoshone
FATHER	6. Full Name of Father: Alfred Curtis Elwood			7. State or Country of Father's Birth: Polk County, Iowa
MOTHER	8. Full Maiden Name of Mother: Sylvia Allen			9. State or Country of Mother's Birth: Huntsville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nellie Elwood Davidson		11. Present Address of Registrant: Murtaugh, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on February 20, 19 64	12. Signature of Notary: August C. Bethke, Clerk Dist Court by Selma Thuente Deputy		13. Notary Commission expires 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Alfred Curtis Elwood	Date Issued: Feb. 20 1964	Date Orig. Entry: ------
	Date of Birth: September 4, 1909 / Birth Place: Lincoln County Shoshone, Idaho	Full Name of Mother: Sylvia Allen	Name of Father: Alfred Curtis Elwood	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - State of Idaho Certificate # 219790	Date Issued: --------	Date Orig. Entry: child born Jan. 20, 1934
	Date of Birth: Age 24 / Birth Place: Shoshone, Idaho	Full Name of Mother: --------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Certified Photo copy of Marriage License Application	By whom issued and signed: Isabel Peterman, Deputy Twin Falls, Idaho	Date Issued: May 27 1939	Date Orig. Entry:
	Date of Birth: Sept. 4 1909 / Birth Place: Shoshone, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Feb. 21, 1964

FORM BH 56067

FEB 24 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Quadun

1. Registrant's Full Name at Birth	2. Date of Birth (Month, Day, Year)
Nellie Mary Elwood	September
3. Place of Birth (City, County)	4. Sex
Malad, Oneida	F
5. Full Name of Father	6. Maiden Name of Mother
Alfred Curtis Elwood	Mary Ann Tiller
7. State or Country of Father's Birth	8. State or Country of Mother's Birth
Idaho County, Idaho	Montpelier, Utah
9. Present Address of Registrant	10. Signature of Affiant
Nuttaugh, Idaho	
11. Notary Commission Expires	12. Signature of Notary / Clerk / Deputy
	August C. Fehrer, Clerk Dist. Court by Helen [illegible], Deputy

SUBSCRIBED and SWORN to before me this 13 day of February 19[illegible]

SUPPORTING DOCUMENTS

Type of Document	Name of Person or Firm Issuing Document	Date Issued (Mo., Day, Yr.)	Date Rec'd (Mo., Day, Yr.)
Affidavit by Father	Alfred Curtis Elwood	Feb. 13 1964	
Affidavit by Witness	Sylvia Allen	Feb. 13 1964	

RECORD 1

Type of Record	By whom Issued and Signed	Date Filed (Mo., Day, Yr.)
1909 Shoshone, Idaho	on file - State of Idaho Certificate # 21979	Feb. 24 1964

RECORD 2

Name of Clerk, Church, etc. where Filed	Full Name of Minister	Date Filed (Mo., Day, Yr.)
50 Main Shoshone, Idaho		

RECORD 3

Type of Record	Name of Person Signing Record	Date Signed (Mo., Day, Yr.)
Certified Photo copy of Marriage Certificate Application	Ethel Peterson, Deputy	May 27
Name of Church, Clerk, Minister	Title of Person Signing	Name of Parent
1909 Shoshone, Idaho		

REGISTRAR'S CERTIFICATION

I hereby certify that no other birth certificate has been found in the Bur. of Vital Statistics for this registrant and that documentary evidence has been reviewed, which supports the facts as set forth in the foregoing statement.

State Registrar	Evidence Reviewed	Date Filed
W. N. Benson	Florence Critchfield	Feb. 21, 1964

253-123-024-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-136

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harland James Bell			2. Date Of Birth (month) (day) (year): April 23 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Hagerman Gooding	b. City or Town of Birth: Hagerman
FATHER	6. Full Name of Father: Ray Piper Bell			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Maude Josephine Blackhart			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harland James Bell		11. Present Address of Registrant: Hagerman Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 18 1964	12. Signature of Notary: R W Hudelson		13. Notary Commission expires: December 10 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage license	By whom issued and signed: Vera Wright, Deputy	Date Issued: Feb. 18, 1964	Date Orig. Entry: June 20, 1933
	Date of Birth: Age: 24	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth; Age: 76	By whom issued and signed: William R. Boyer	Date Issued: February 18, 1964	Date Orig. Entry:
	Date of Birth: April 23, 1909	Birth Place: Hagerman, Idaho	Full Name of Mother: Maude Blackhart Bell	Name of Father: Ray Piper Bell
SUPPORTING RECORD 3.	Type of Document: Photo copy of app. for life insurance	By whom issued and signed: Olympic National Life Insurance	Date Issued: August 26, 1947	Date Orig. Entry:
	Date of Birth: April 23, 1909	Birth Place: Hagerman, Idaho	Full Name of Mother: -----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Shirley Miller	Date Filed: February 26, 1964

FORM BH 56067

3-27-62

FEB 26 1964

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Sex	4. Sex
	5. Place of Birth (County)	6. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
APPLICANT	10. Signature of Registrant	11. Present Address of Registrant
	12. Signature of Notary	13. Notary Commission Expires

SUPPORTING RECORD 1	Type of Document: Certified copy of marriage license	By whom issued and signed: Vera Wright, Deputy	Date Issued: Feb. 12, 1964 / Date Orig. Entry: June 20, 1963
	Date of Birth: [illegible]	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2	Type of Document: Affidavit by neighbor at time of birth; Age: 76	By whom issued and signed: William R. Hover	Date Issued: February 10, 1964
	Date of Birth: Birth Place: [illegible], Idaho	Full Name of Mother: Maude Blackburn Bell	Name of Father: Ray Bliss Bell
SUPPORTING RECORD 3	Type of Document: Date copy of app. for life insurance	By whom issued and signed: Olympic National Life Insurance	Date Issued: August 2[illegible], 1963
	Date of Birth: Birth Place: [illegible], Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] statement.

Registrar	Evidence reviewed by: Shirley Miller	Date Filed: February 26, 1964

415211-014-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-146

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Berniece Agnes Davis			2. Date of Birth (month) August (day) 11 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: William Sherman Davis			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Georgia Ann Carroll			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Berniece D. Skogsberg		11. Present Address of Registrant: Caldwell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 20, 1964	12. Signature of Notary: Rosa Myers		13. Notary Commission expires: January 29, 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File # 50-06180	Date Issued: -----	Date Orig. Entry: child born June 12, 1950
	Date of Birth: Age: 40	Birth Place: Caldwell, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: School Transcript	By whom issued and signed: Molly Johnson, Registrar	Date Issued: Feb.11,1964	Date Orig. Entry: 1926-1927
	Date of Birth: Aug.11,1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: W. S. Davis
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Georgia Ann Davis	Date Issued: February 13, 1964	Date Orig. Entry:
	Date of Birth: Aug.11,1909	Birth Place: Caldwell, Idaho	Full Name of Mother: Georgia Ann Carroll	Name of Father: William Sherman Davis
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Shirley Miller	February 27, 1964

FORM BH 56067

2-18-64

FEB 27 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Skagsberg

REGISTRANT	1. Registrant's Full Name at Birth	2. Sex	3. Date of Birth (Month, Day, Year)
(Person whose birth is being registered)	Clarence James Davis	Male	March 11, 1909
	4. Color or Race	5. Place of Birth, County	6. City or Town of Birth
	White	Canyon	Caldwell
PARENTS	7. Full Name of Father		8. State or Country of Father's Birth
	William Clarence Davis		Missouri
	9. Maiden Name of Mother		10. State or Country of Mother's Birth
	Cynthia Ann Carroll		Missouri
AFFIDAVIT	I hereby certify that upon oath I state the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant	
		Caldwell, Idaho	
	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission Expires
	February 20, 19 64		January 29, 19 67

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry Made
	Copy of Birth Record	Canyon County, Idaho	----	June 11, 1909
	Data of Birth as Shown on Document	Full Name as Shown on Document	Name of Father	
	March 11, 1909	Clarence James Davis	William Clarence Davis	
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry Made
	Record of Baptism	Holy Rosary Church, Caldwell, Idaho	March 11, 1910	June 11, 1909
	Data of Birth as Shown on Document	Full Name as Shown on Document	Name of Father	
	March 11, 1909	Clarence James Davis	W. C. Davis	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry Made
	Affidavit by Mother	Cynthia Ann Davis	February 19, 1964	
	Data of Birth as Shown on Document	Full Name of Mother	Name of Father	
	March 11, 1909	Cynthia Ann Carroll	William Clarence Davis	

DECEASED

REGISTRAR'S CERTIFICATION	I hereby certify that the above statements have been found in the Division of Vital Statistics for this registered person. Documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing record.	
	Registrar's Signature	Evidence reviewed by
		Sherry Miller
		Date Filed
		February 21, 1964

Form No. 1964

666-125-041-655

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-165

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles Wesley Wood
2. Date of Birth (month) (day) (year): Feb. 25 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bates Idaho Teton
b. City or Town of Birth: Bates (mailing address Driggs)

FATHER

6. Full Name of Father: Walter John Wood
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Clara May Fenton
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles Wesley Wood
11. Present Address of Registrant: 505-24th St N. Lewiston Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: January 6 1964
12. Signature of Notary: Rina Eberhardt
13. Notary Commission expires: 9-12 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Walter John Wood	November 27,1963	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.25,1909	Bates, Idaho	Clara May Fenton	Walter John Wood

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photo copy of application for insurance	National Public Service Insurance Company, Seattle, Wash.	June 7, 1946	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.25,1909	Driggs, Idaho	-----	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	Bishop Von L. Dickinson	----	Blessed April 11, 1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.25,1909	Bates, Idaho	Clara May Fenton	Walter John Wood

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm sm Shirley Miller	March 4, 1964

FORM BH 56067

2-16-64

789-107014-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-170

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ivan Wayne Phillips			2. Date Of Birth (month) Nov. (day) 7 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Nampa, Idaho a. County: Canyon	b. City or Town of Birth: Nampa, Idaho
FATHER	6. Full Name of Father: William M. Phillips			7. State or Country of Father's Birth: Hoopston, Illinois
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Pilkington			9. State or Country of Mother's Birth: WebsterCoun ty, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ivan Wayne Phillips		11. Present Address of Registrant: 1030 West 4th, Meridian, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: February 28 1964 19	12. Signature of Notary: Wm Dean Mayes		13. Notary Commission expires: Sept. 10 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Childs own birth certificate	By whom issued and signed: on file with state of Idaho Cert. # 215175	Date Issued: -------	Date Orig. Entry: child born Sept.15,1933	
	Date of Birth: Age23	Birth Place: Nampa, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Certified photo-copy of Bible Record	By whom issued and signed: from family Bible issued Dec. 7, 1962	Date Issued: ------	Date Orig. Entry: Obviously old	
	Date of Birth: Nov. 7 1909	Birth Place: Nampa, Idaho	Full Name of Mother: ----------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mary E. Phillips	Date Issued: March 5, 1964	Date Orig. Entry:	
	Date of Birth: Nov.7,1909	Birth Place: Nampa, Idaho	Full Name of Mother: Mary Elizabeth Pilkington	Name of Father: William Madison Phillips	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Barron	Evidence reviewed by: fc Shirley Miller	Date Filed: March 6, 1964		

FORM BH 56067 / Cert. # 16491

2-3-64

Phillips

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

MAR 6 1964

JUL 25 1973

REGISTRAR (Person Name Birth is being registered)	1. Registrant's Full Name at Birth: Ivan Wayne Phillips	2. Date of Birth (month) (day) (year): Nov. 7 1962
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: Nampa, Idaho; 6. County: Canyon	7. Place of Birth: Nampa, Idaho
FATHER	6. Full Name of Father: William M. Phillips	7. State or Country of Father's Birth: Hoopston, Illinois
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Pilkington	9. State or Country of Mother's Birth: Webster County, Missouri
AFFIDAVIT	9. Carry Sealers hand oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: 1030 West 4th, Meridian, Ida
NOTARY (Seal)	12. Signed and sworn to before me on: February 28 1964	13. Signature of Notary: [illegible]
		14. Notary Commission expires: Sept. 10 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Childs own birth certificate	By whom issued and signed: on file with state of Idaho Cert. # 215175	Date Issued: -------	Date Orig. Entry: child born Sept. 15, 1962
	Date of Birth: Age [illegible]	Birth Place: Nampa, Idaho	Full Name of Mother: -------	Name of Father: -------
SUPPORTING RECORD 2	Type of Document: Certified photo-copy of Bible Record	By whom issued and signed: from family Bible issued Dec. 7, 1962	Date Issued: ------	Date Orig. Entry: [illegible]
	Date of Birth: Nov. 7 1962	Birth Place: Nampa, Idaho	Full Name of Mother: -------	Name of Father: -------
SUPPORTING RECORD 3	Type of Document: Affidavit by mother	By whom issued and signed: Mary E. Phillips	Date Issued: March 6, 1964	Date Orig. Entry: [illegible]
	Date of Birth: Nov. 7, 1962	Birth Place: Nampa, Idaho	Full Name of Mother: Mary Elizabeth Pilkington	Name of Father: William Madison Phillips
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	for Shirley Miller	March 6, 1964

834-206-037-5-36

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De64-183

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Juanita Yturri			2. Date of Birth (month) May (day) 6 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: DeLamar Owyhee	b. City or Town of Birth: DeLamar, Idaho
FATHER	6. Full Name of Father: Domingo Yturri			7. State or Country of Father's Birth: Spain
MOTHER	8. Full Maiden Name of Mother: Maria Antonia Elorriaga			9. State or Country of Mother's Birth: Spain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Juanita Yturri Smith		11. Present Address of Registrant: Boise, Idaho 3911 Greenbrier Dr.
NOTARY (Seal)	Subscribed and sworn to before me on: March 11, 1964	12. Signature of Notary: [illegible]		13. Notary Commission expires: Sept. 3, 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt	By whom issued and signed: Fermina Anchustegui Age 68	Date issued: Mar.13,1964	Date Orig. Entry: -----	
	Date of Birth: May 6, 1909	Birth Place: DeLamar, Idaho	Full Name of Mother: Maria Antonia Elorriaga	Name of Father: Domingo Yturri	
SUPPORTING RECORD 2.	Type of Document: Certified statement of Marriage application	By whom issued and signed: Deputy Clerk District Court Aileen Mathis	Date issued: March 11 1964	Date Orig. Entry: License obtained July22,1938	
	Date of Birth: May 6 1909	Birth Place: DeLamar, Idaho	Full Name of Mother: ------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Childs own birth certificate	By whom issued and signed: On file with state of Idaho # 285538	Date issued:	Date Orig. Entry: Child born Sept. 19, 1939	
	Date of Birth: Age 30	Birth Place: DeLamar, Idaho	Full Name of Mother: --------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 13, 1964

FORM BH 56067

MAR 13 1964

436-212-033-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-196

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Irvin Taylor McFate
2. Date Of Birth: (month) 12 (day) 12 (year) 1909
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Madison
b. City or Town of Birth: Rexburg

FATHER

6. Full Name of Father: Franklin Richard McFate
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Emma ~~McFate~~ Taylor
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Irvin Taylor McFate
11. Present Address of Registrant: 7524 Jefferson St

NOTARY (Seal)

Subscribed and sworn to before me on: February 28 1961
12. Signature of Notary: Eugene H. Gunter
13. Notary Commission expires: March 11 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	On file in Idaho #436540	May 17, 1947	May 17, 1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 37	Rexburg, Idaho	-----	-------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
L.D. S. Church Certificate of Baptism	Elmer Weekes, Elder Carl J. Johnson, Clerk	July 15, 1923	Baptised July 14, 1923

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 12 1909	Rexburg, Idaho	(Sarah) Sadie Taylor	Franklin McTate

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Ins. Policy Combined Ins. Co. of America	W. Clement Stone, President	Aug. 1, 1953	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
1909 Dec. 12,	Rexburg, Idaho	-------	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Cuetright ec	March 17, 1964

FORM BH 56067

MAR 17 1964

DELAYED CERTIFICATE OF BIRTH

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State Filing No. De 04-123

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race (W. Sex)	4. Place of Birth (Country) 5. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant 11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary 13. Notary Commission expires

REGISTRANT - DO NOT WRITE BELOW THIS LINE

Type of Document: Own childs birth certificate	By whom issued and signed: On file in Idaho #43650	Date Issued: May 17, 1947	Date Orig. Entry: May 17, 1947
Date of Birth: Age 37	Birth Place: Rexburg, Idaho	Full Name of Mother: -----	Name of Father: ------
SUPPORTING RECORD 2. Type of Document: L.D.S. Church Certificate of Baptism	By whom issued and signed: Elmer Weekes, Elder; Carl L. Johnson, Clerk	Date Issued: July 15, 1923	Date Orig. Entry: Baptized July 14, 1923
Date of Birth: Dec. 2 1909	Birth Place: Rexburg, Idaho	Full Name of Mother (Sarah): Sadie Taylor	Name of Father: Franklin McTate
SUPPORTING RECORD 3. Type of Document: Application for Ins. Policy Combined Ins. Co. of America	By whom issued and signed: M. Clement Stone, President	Date Issued: Aug. 1, 1933	Date Orig. Entry: ------
Date of Birth: Dec. 12, 1930	Birth Place: Rexburg, Idaho	Full Name of Mother: ------	Name of Father: ------
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Renion	Evidence reviewed by: Florence Costright	Date Filed: March 17, 1964

615-206-029-757

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Dep64-210

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charlotte Fansler			2. Date of Birth (month) (day) (year): February 6 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Latah	b. City or Town of Birth: Moscow	
FATHER	6. Full Name of Father: M. G. Fansler			7. State or Country of Father's Birth: West Virginia	
MOTHER	8. Full Maiden Name of Mother: Margaret Pease			9. State or Country of Mother's Birth: Montana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Charlotte Marie Bradbury	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: March 13, 1964		12. Signature of Notary: Doris M. Wiggins	13. Notary Commission expires: February 16 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Register of births in Latah County; Volume 1- #374, Page 10		By whom issued and signed: Bessie Babcock, Recorder	Date Issued: June 21, 1957	Date Orig. Entry: April 1, 1909
	Date of Birth: Feb.6,1909	Birth Place: Moscow, Idaho	Full Name of Mother: Margaret Pease	Name of Father: M. G. Fansler	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: Idaho State File # 207225	Date Issued: ---	Date Orig. Entry: child born Sept. 11, 1932
	Date of Birth: Age: 23	Birth Place: Moscow, Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Photo copy of application for insurance		By whom issued and signed: Bankers Life and Casuality Company	Date Issued: August	Date Orig. Entry: 30, 1955
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Jenson	Evidence reviewed by: sm Shirley Miller	Date Filed: March 30, 1964

FORM BH 56067

Mae Farland (atty)

MAR 23 1964

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRAR	1. Registrant's Full Name at Birth: Charlotte Bansler	2. Date of Birth: February 6, 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho, Latah
FATHER	6. Full Name of Father: M. C. Bansler	7. State or Country of Father's Birth: Mont Virginia	
MOTHER	8. Full Name of Mother: Margaret Fenne	9. State or Country of Mother's Birth: Mont Virginia	
AFFIDAVIT	I hereby declare each with that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Mailing Address of Registrant
	Sworn to and Sworn to before me on	12. Signature of Notary	13. Notary Commission expires

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

EXPIRATION RECORD 1	Type of Document: Dam chiquita birth certificate	By whom issued and signed: Idaho State File # 40 [illegible]	Date Issued: June 27, 1964
	Date of Birth: [illegible]	Full Name of Mother:	Date Orig. Entry: April 1, 1964
	Date of Birth: [illegible]	Full Name of Mother:	Date Issued: —
EXPIRATION RECORD 2	Type of Document: Dam chiquita birth certificate	By whom issued and signed: Idaho State File # 40 [illegible]	Date Orig. Entry: April 11, 1964
	Date of Birth: [illegible]	Full Name of Mother:	Date Issued: August 20, 1964
	Date of Birth: [illegible]	Full Name of Mother:	Date Orig. Entry:
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that necessary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence Reviewed by: Shirley [illegible]	Date Filed: March 20, 1964

391-120-006-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De-64-222

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alfred Carlyle Crandall			2. Date of Birth (month) May (day) 20, (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Bingham	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: James Kearney Crandall			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Minnie Frances Smith			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alfred C. Crandall		11. Present Address of Registrant: 227 W. 13th Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on March 23 1964	12. Signature of Notary: [illegible]		13. Notary Commission expires: September 15 1967	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File No. 402803		Date Issued: -----	Date Orig. Entry: child born May 28, 1944
	Date of Birth: Age: 35	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ------		Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: born: 1898 Affidavit by sister;	By whom issued and signed: Zena May Crandall Herres		Date Issued: March	Date Orig. Entry: 23, 1964
	Date of Birth: May 20,1909	Birth Place: ---	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Mission Pres. Maurice K. Heninger,		Date Issued: -----	Date Orig. Entry: baptized Dec. 16, 1955
	Date of Birth: May 20,1909	Birth Place: Idaho Falls,Idaho	Full Name of Mother: James Kerney Crandall		Name of Father: Minnie Frances Smith
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: March 27, 1964

FORM BH 56067

MAR 27 [illegible]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF [illegible]
Division of Health
Boise, Idaho

State [illegible]

Randall

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name of Birth: Alfred Ozelle Grandall		4. Date of Birth (month) May (day) 20, (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho	6. County: Bingham
				7. Birth or Town of Birth: Idaho Falls
FATHER	8. Full Name of Father: James Kearney Grandall		9. State or Country of Father's Birth: Illinois	
MOTHER	10. Full Maiden Name of Mother: Minnie Frances Smith		11. State or Country of Mother's Birth: Wisconsin	
AUTHORITY	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [signature]	13. Present Address of Registrant: [illegible]	
NOTARY (Seal)	Sworn and sworn to before me on [illegible]	14. Signature of Notary: [signature]	15. Notary Commission expires: [illegible]	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Pan Childs birth certificate	By whom issued and signed: Idaho State Fill No. 400203	Date Issued: ----	Date Orig. Entry: Filed Mar 28, 1904
	Date of Birth: [illegible]	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2	Type of Document: Affidavit by sister	By whom issued and signed: Jane May Grandall Morris	Date Issued: March 03, 1904	Date Orig. Entry:
	Date of Birth: May 20, 1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Maurice K. Wanninger, Minnie Pres.	Date Issued: ----	Date Orig. Entry: Filed Dec. 15, 1909
	Date of Birth: May 20, 1909	Birth Place: Idaho Falls, Idaho	Full Name of Mother: James Kearney Grandall	Name of Father: Minnie Frances Smith

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature]

Evidence Reviewed by: Shirley Miller

Date Filed: March 27, 1964

FORM 44 [illegible]

713-216-006-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-227

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Chloe Crabtree Packer			2. Date Of Birth (month) (day) (year): March 16, 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho — Bingham	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: Nathan Alvin Packer			7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Cliff Crabtree			9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chloe Marler		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: March 24, 1964	12. Signature of Notary: Jessie Cooper		13. Notary Commission expires: October 29, 1967	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Cliff Crabtree Packer		Date Issued: March 9, 1964	Date Orig. Entry
	Date of Birth: Mar.16,1909	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Cliff Crabtree Packer	Name of Father: Nathan Alvin Packer	
SUPPORTING RECORD 2.	Type of Document: Photo copy of L.D.S. church record	By whom issued and signed: L.D.S. Church, Salt Lake City, Utah		Date Issued: Mar.12,1964	Date Orig. Entry: May 6, 1917
	Date of Birth: Mar.16,1909	Birth Place: Bingham County Idaho Falls, Idaho	Full Name of Mother: Cliff Crabtree	Name of Father: Nathan A. Packer	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's marriage certificate	By whom issued and signed: Wallace Hanson, Clerk		Date Issued: Mar.20,1964	Date Orig. Entry: Nov. 20, 1940
	Date of Birth: Age: 31	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	sm Shirley Miller	March 30, 1964

FORM BH 56067

MAR 31 1964

JAN 1 1 1977

265-210-036-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-228

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Ann Bond			2. Date of Birth (month) (day) (year): August 10 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: Marion Bond			7. State or Country of Father's Birth: Aurora, Illinois
MOTHER	8. Full Maiden Name of Mother: Sarah Wilson			9. State or Country of Mother's Birth: Youngstown, Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma Ann Weighall		11. Present Address of Registrant: Rupert, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 26, 19 64	12. Signature of Notary: [signature]		13. Notary Commission expires: April 29 19 66

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File # 178328		Date Issued: ----	Date Orig. Entry: child born Dec. 28, 1929
	Date of Birth: Age: 20	Birth Place: Malad, Idaho	Full Name of Mother: ----		Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census records; Minidoka County Schools	By whom issued and signed: Mrs. Maxine Olson, Secretary		Date Issued: Mar.26,1964	Date Orig. Entry: 1919 - 1942
	Date of Birth: Aug.10,1909	Birth Place: Malad, Idaho	Full Name of Mother: Sarah Wilson Bond		Name of Father: Marion Bond
SUPPORTING RECORD 3.	Type of Document: Baptismal Certificate	By whom issued and signed: Dale Walker		Date Issued: ----	Date Orig. Entry: baptized Sept. 2, 1951
	Date of Birth: Aug.10,1909	Birth Place: ---	Full Name of Mother: ---		Name of Father: ---
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: March 31, 1964

FORM BH 56067

Wrightsville

MAR 31 1964

418-220-038-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-[illegible]

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Gertrude Mahnken		2. Date of Birth (month) 3 (day) 20 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Payette — b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Henry Mahnken		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Annette Mickelson		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Mahnken Browne	11. Present Address of Registrant: 204-12-no Buhl, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 31, 1964	12. Signature of Notary: [illegible]	13. Notary Commission Expires: Feb 4, 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date Issued: Mar. 26, 1964	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 10	Birth Place: Idaho	Full Name of Mother: Annette Mahnken	Name of Father: Henry Mahnken
SUPPORTING RECORD 2.	Type of Document: Photo copy of app. for insurance	By whom issued and signed: Combined Insurance of America	Date Issued: May 21, 1953	Date Orig. Entry:
	Date of Birth: Mar. 20, 1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Photo copy of app. for social security account number	By whom issued and signed: U. S. Treasury Department	Date Issued: December 30, 1944	Date Orig. Entry:
	Date of Birth: Mar. 20, 1909	Birth Place: Payette County Payette, Idaho	Full Name of Mother: Annette Mickelson	Name of Father: Henry Mahnken
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Jensen	Shirley Miller	April 2, 1964

FORM BH 56067

1 copy paid 8-30-62

APR 3 1964

[redacted]

231-116-029-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-251

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Irvin Lloyd Standley
2. Date of Birth: (month) OCTOBER (day) 16, (year) 1909
3. Color or Race: Caucasian
4. Sex: Male
5. Place of Birth — a. County: Latah; b. City or Town of Birth: 10 miles N.E. OF MOSCOW

FATHER

6. Full Name of Father: Oren Ernest Standley
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Martha Ellen Standley
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Irvin Lloyd Standley

11. Present Address of Registrant: 221 N. Polk, Moscow, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 31 19 64

12. Signature of Notary: Mildred W. Soliday

13. Notary Commission expires: 3/1 19 68

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photo copy of app. for life insurance	Northwestern Mutual Life Insurance Company	November 3, 1931	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.16,1909	Moscow, Idaho	Martha E. Standly	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Separation Qualification Record	Lynn T. Rose, Capt, MAC United States Army	May 7, 1946	entered Sept. 16, 1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.16,1909	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by uncle; age: 75	John Lynch	March	13, 1964

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.16,1909	Latah County, Idaho	Martha Ellen Standley	Oren Ernest Standley

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Miller	April 6, 1964

FORM BH 56067

APR 6 1964

Standley

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name at Birth	2. Date of Birth: [illegible]
(Person whose birth is being registered)	3. Sex: [illegible]	4. Place of Birth: [illegible]
	5. Place of Birth: [illegible]	6. Birth or Town of Birth: [illegible]
FATHER	7. Full Name of Father: [illegible]	8. State or Country of Father's Birth: Missouri
MOTHER	9. Full Maiden Name of Mother: [illegible]	10. State or Country of Mother's Birth: Illinois
AFFIDAVIT	11. Affidavit declare upon oath that the [illegible] are true to the [illegible] and belief.	12. Signature of Registrant: [illegible]
	13. Signature of Notary: [illegible]	14. Address of Registrant: [illegible], Rocky, Boscow, Idaho
	15. Subscribed and sworn to before me on: March 31 [illegible]	16. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible] for life [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Martha [illegible]	Name of Father: —	
SUPPORTING RECORD 2	Type of Document: Separation Qualification [illegible]	By whom issued and signed: [illegible]	Date Issued: May 7, [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: March 13, 1964	Date Orig. Entry: [illegible]
	Date of Birth: Oct. 10, 1900	Full Name of Mother: Martha [illegible]	Name of Father: [illegible]	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed. Which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: [illegible]	

413-118-004-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-267

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jessie Viola Mattson
2. Date of Birth: (month) Dec. (day) 18 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Idaho
   a. County: Bear Lake
   b. City or Town of Birth: St. Charles

FATHER

6. Full Name of Father: Andrew Mattson
7. State or Country of Father's Birth: Idaho Bear Lake Co.

MOTHER

8. Full Maiden Name of Mother: Jessie Byrl McPherson
9. State or Country of Mother's Birth: Kansas (Lincoln)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jessie Viola Mattson / Jessie Viola Mattson Ward
11. Present Address of Registrant: Laketown, Utah

NOTARY (Seal)

Subscribed and sworn to before me on Mar. 17th 1964

12. Signature of Notary: Mason F. Pulley
13. Notary Commission expires: June 17 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Richard L. Harmon, Supt. Rich County School Dist.	Date Issued: Mar. 30, 1964	Date Orig. Entry: Sept. 1916	
	Date of Birth: Dec. 18, 1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Photo copy of app. for life insurance	By whom issued and signed: Guarentee Fund Life Assoc.	Date Issued: ---	Date Orig. Entry: 1931	
	Date of Birth: Dec. 18, 1909	Birth Place: St. Charles, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt: Age: 72	By whom issued and signed: Harriet L. Mattson	Date Issued: April 7, 1964	Date Orig. Entry:	
	Date of Birth: Dec. 18, 1909	Birth Place: Bear Lake County St. Charles, Idaho	Full Name of Mother: Jessie Byrl McPherson	Name of Father: Andrew Mattson	

QUALIFYING INFORMATION

Certified copy of marriage certificate. Issued by H. H. Summers, County Clerk on March 6, 1964. Married June 2, 1930. Age given at that time as 20.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	April 9, 1964

FORM BH 56067

APR 10 1964

819-207-006-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-269

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sylva Harrison			2. Date Of Birth: (month) June (day) 7 (year) 1909	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Kimble (Blackfoot) Ward	
FATHER	6. Full Name of Father: Herbert Henry Harrison			7. State or Country of Father's Birth: Richmond cache Couty Utah	
MOTHER	8. Full Maiden Name of Mother: Rachel Blair			9. State or Country of Mother's Birth: Lewiston Cache County Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sylva Harrison Pope		11. Present Address of Registrant: Sage, Wyoming	
NOTARY (Seal)	Subscribed and sworn to before me on: March 2 19 64	12. Signature of Notary: Bette Lentfer		13. Notary Commission expires: February 15 19 68	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record of membership	By whom issued and signed: Ella D. Jack, Custodian of Church Membership Records		Date Issued: Dec.11,1963	Date Orig. Entry: Aug. 1, 1909
	Date of Birth: June 7, 1909	Birth Place: Bingham County Kimble, Idaho	Full Name of Mother: Rachel Blair	Name of Father: Herbert Harrison	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Rachel Blair Harrison Detton		Date Issued: January 10, 1964	Date Orig. Entry:
	Date of Birth: June 7, 1909	Birth Place: Bingham County Kimble, Idaho	Full Name of Mother: Rachel Blair Harrison	Name of Father: Herbert Henry Harrison	
SUPPORTING RECORD 3.	Type of Document: Statement regarding baptismal record	By whom issued and signed: LDS Church, Logan Temple A. George Raymond, President		Date Issued: Dec.2,1963	Date Orig. Entry: baptized June 26, 1917
	Date of Birth: June 7, 1909	Birth Place: Bingham County Blackfoot, Idaho	Full Name of Mother: Rachel Blair	Name of Father: Herbert H. Harrison	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: April 10, 1964

FORM BH 56067

APR 15 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF UTAH

1. Name of child		2. Date of birth: Month: June	Day: 7
3. Sex: White	4. Color or race: Female	5. Place of birth: Utah	County: Richland
			City or town of birth: Ophir
PARENTS	6. Full name of father: Herbert Henry Harrison		7. State or Country of father's birth: Utah
	8. Full maiden name of mother: Pearl Blair		9. State or Country of mother's birth: Tennessee
	I certify that the above is true and correct to the best of my knowledge and belief.		11. Present address of informant: Grace, Wyoming
	Signed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires:

713-226-033-349

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De-64-297

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PEARL CURTIS GALBRAITH		2. Date Of Birth (month) (day) (year): Nov. 26, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Madison; b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: William Layton Galbraith		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Annie Pearl Curtis		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl G. Fowler	11. Present Address of Registrant: Conrad, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: October 22, 19 63	12. Signature of Notary: [signature]	13. Notary Commission expires: July 25 19 64 Notary Public for Idaho

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by half-sister (Age: 73)	By whom issued and signed: Elizabeth G. Tibbitts	Date Issued: June 14, 1963	Date Orig. Entry
	Date of Birth: Nov.26,1909 / Birth Place: Rexburg, Idaho	Full Name of Mother: Annie Pearl Curtis	Name of Father: William Layton Galbraith	
SUPPORTING RECORD 2.	Type of Document: L.D.S. Church Record	By whom issued and signed: Ella D. Jack, Custodian of church membership records	Date Issued: June 20, 1963	Date Orig. Entry: Blessed Feb. 6, 1910
	Date of Birth: Nov.26,1909 / Birth Place: Rexburg, Idaho	Full Name of Mother: Annie Pearl Curtis	Name of Father: William L. Galbraith	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license	By whom issued and signed: Iver L. Larsen, Clerk	Date Issued: April 6, 1964	Date Orig. Entry: Nov. 27, 1929
	Date of Birth: Age: 20 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: April 21, 1964

FORM BH 56067

APR 21 1964

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRAR (Person whose birth is being registered)	1. Registrant's Full Name at Birth: PEARL CURTIS GALBRAITH	2. Date of Birth (month) (day) (year): Nov. 26, 1909
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Madison; 6. County:	7. City or Town of Birth: Rexburg
FATHER	8. Full Name of Father: William Layton Galbraith	9. State or Country of Father's Birth: Utah
MOTHER	10. Full Maiden Name of Mother: Annie Pearl Curtis	11. State or Country of Mother's Birth: Utah
APPLICANT	I hereby declare upon oath that the [illegible] statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [illegible]
		13. Present Address of Registrant: Conrad, Montana
NOTARY (Seal)	Subscribed and sworn to before me on October 22, 19 63	14. Signature of Notary: [illegible]
		15. Notary Commission Expires: July 25, 19 64

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by half-sister; Age: 72	By whom issued and signed: Elizabeth C. [illegible]	Date Issued: June 14, 1963	Date Orig. Entry:
	Date of Birth: Nov. 26, 1909; Birth Place: Rexburg, Idaho	Full Name of Mother: Annie Pearl Curtis	Name of Father: William Layton Galbraith	
SUPPORTING RECORD 2	Type of Document: U. S. Church Record	By whom issued and signed: Ella C. [illegible], Custodian of church membership records	Date Issued: June 22, 1963	Date Orig. Entry: Wesson, Wash. 1910
	Date of Birth: Nov. 26, 1909; Birth Place: Rexburg, Idaho	Full Name of Mother: Annie Pearl Curtis	Name of Father: William L. Galbraith	
SUPPORTING RECORD 3	Type of Document: Certified copy of marriage license	By whom issued and signed: Iver L. Larsen, Clerk	Date Issued: April 6, 1964	Date Orig. Entry: Nov. 27, 1929
	Date of Birth: Age: 22; Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar: [illegible]	Evidence reviewed by: [illegible] Shirley Miller	Date Filed: April 21, 1964

127-210-027-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-301

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Alice Asplund		2. Date of Birth (month) Jan, (day) 12 (year) 1909	
	3. Color or Race: White	4. Sex: Fe	5. Place of Birth a. County: Jerome	b. City or Town of Birth: Hazelton, Idaho
FATHER	6. Full Name of Father: John Karl Asplund		7. State or Country of Father's Birth: Finland	
MOTHER	8. Full Maiden Name of Mother: Minnie Johnson		9. State or Country of Mother's Birth: Munsala Finland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen A. Bohne	11. Present Address of Registrant: Mt. Pleasant, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: April 7, 1964	12. Signature of Notary: Reed C Lasson	13. Notary Commission expires: Feb 1, 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Andrew L. Peterson, Bishpp	Date Issued: Sept. 1, 1938	Date Orig. Entry: baptized July 2, 1938
	Date of Birth: Jan.12,1909 / Birth Place: Hazelton, Idaho	Full Name of Mother: Minnie Johnson	Name of Father: John Asplund	
SUPPORTING RECORD 2.	Type of Document: L.D.S. Temple Recommend	By whom issued and signed: J. Bagrall, Bishop	Date Issued: November 19, 1950	Date Orig. Entry
	Date of Birth: Jan.12,1909 / Birth Place: Hazelton, Idaho	Full Name of Mother: Minnie Johnson	Name of Father: John Asplund	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Utah State File # 311	Date Issued: June 9, 1960	Date Orig. Entry: child born Sept. 7, 1933
	Date of Birth: Age: 24 / Birth Place: Hazelton, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: April 22, 1964	

FORM BH 56067

4-10-64

APR 22 1964

Before

219-221-026-115

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-310

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JENNIE MARY BARNES			2. Date of Birth (month) JANUARY (day) 21 (year) 1909	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: REXBURG, IDAHO JEFFERSON	b. City or Town of Birth: REXBURG, IDAHO	
FATHER	6. Full Name of Father: EPHRAM HARRY BARNES			7. State or Country of Father's Birth: KANSAS	
MOTHER	8. Full Maiden Name of Mother: IDA AUGUST JANSON			9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Jennie Mary Barnes Colbaugh	11. Present Address of Registrant: 414 D ST., HERMISTON, ORE.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 22 1964		12. Signature of Notary: Edna M. Lee	13. Notary Commission expires: 1-5 1968	

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Ida Augusta Barnes	Date Issued: Apr. 15, 1964	Date Orig. Entry: -----
	Date of Birth: Jan. 21, 1909	Birth Place: Rexburg, Idaho	Full Name of Mother: Ida Augusta Janson	Name of Father: Ephram Harry Barnes	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #106752		By whom issued and signed: Western Life Insurance Company. Helena, Montana	Date Issued: Sept. 1, 1942	Date Orig. Entry: July 30, 1942
	Date of Birth: Jan. 21 1909	Birth Place: Rexburg, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Employment Record		By whom issued and signed: U.S. Air Force, Air Material Command. McClellan, Calif.	Date Issued: May 21, 1953	Date Orig. Entry: May 21, 1953
	Date of Birth: Jan. 21, 1909	Birth Place: -----	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda M. Larson	Date Filed: April 29, 1964

FORM BH 56067

Lehigh

MAY 18 1964

363-202-1022-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-338

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Meredith Larene Cole
2. Date of Birth (month) (day) (year): October 2, 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho — Fremont
b. City or Town of Birth: Rigby

FATHER

6. Full Name of Father: Horatius Cole
7. State or Country of Father's Birth: Willard, Utah.

MOTHER

8. Full Maiden Name of Mother: Sarah Marie Peck
9. State or Country of Mother's Birth: Provo, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Meredith Larene Morgan
11. Present Address of Registrant: Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 15 1964
12. Signature of Notary: Margaret Spiegel
13. Notary Commission expires: Dec. 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Geo. W. Conlon, Bishop	----	blessed 2 Jan. 2, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 2, 1909	Fremont County Rigby, Idaho	Marie Peck	Horatius Cole

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of application for Insurance	Business Men's Assurance Company of America	March 21, 1935	March 20, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 2, 1909	Rigby, Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor at time of birth age 75	A. M. Barrow	April 1964	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 2, 1909	---	Marie (Peck) Cole	Horatious Cole

QUALIFYING INFORMATION

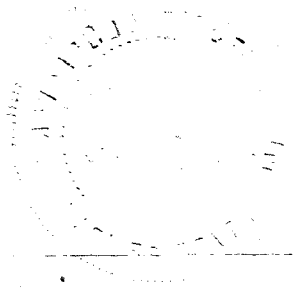
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda M. Larson sm	May 6, 1964

FORM BH 56067

MAY - 7 1964
JUL 1 1971



219-220-039-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-344

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Lodema Barnard		2. Date of Birth (month) (day) (year): May 20, 1909.
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Oneida (now Power) b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: Wilson Joseph Barnard		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Eliza Hartley		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Lodema Barnard (DePeel)	11. Present Address of Registrant: American Falls, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: May 1st, 1964	12. Signature of Notary: W. C. Loofbourrow Residing at American Falls, Idaho.	13. Notary Commission expires: Jan. 3d, 1964.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Copy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, American Falls 2nd Ward, Donald R. Simm, cl.	Date Issued: Oct. 24, 1963	Date Orig. Entry: Baptized Aug. 9, 1917
	Date of Birth: May 20, 1909 / Birth Place: American Falls, Power Co. Idaho, US	Full Name of Mother: Mary Hartley	Name of Father: Wilson J. Barnard	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth age 75	By whom issued and signed: Serena Alta Hansen	Date Issued: May 1, 1964	Date Orig. Entry: ---
	Date of Birth: May 20, 1909 / Birth Place: Idaho American Falls Oneida (now Power Co)	Full Name of Mother: Mary Eliza Hartley	Name of Father: Wilson Joseph Barnard	
SUPPORTING RECORD 3.	Type of Document: Statement concerning hospital record	By whom issued and signed: Power County Hospital (old Shultz Memorial) Amer. Falls,	Date Issued: Nov. 14, 1963	Date Orig. Entry: Aug. 29-Sept. 1943 Nov. 26-Dec. 26, 1946
	Date of Birth: age 34 age 37 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda M. Larson	Date Filed: May 7, 1964

FORM BH 56067

MAY 8 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Board of Health
Division of Vital Statistics
Boise, Idaho

Date Filed

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: [illegible] Bernard	2. Date of Birth (month) (day) (year): May 20, 1909
	3. Color or Race: [illegible]	4. Sex: Female
	5. Place of Birth (Ciry) (County): [illegible] Power	6. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: [illegible] Bernard	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary [illegible] Hartley	9. State or Country of Mother's Birth: Utah
APPLICANT	10. Person Declaring Upon Oath that the above statements are true to the best of my knowledge and belief	11. Signature of Registrant: [illegible]
		12. Present Address of Registrant: American Falls, Idaho.
NOTARY (Seal)	13. Subscribed and sworn to before me on: May 1st, 19[illegible]	14. Signature of Notary: [illegible]
		15. Notary Commission Expires: Jan. [illegible], 19[illegible]

Residing at American Falls, Idaho.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Copy of [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: Affidavit of Neighbor [illegible]	By whom issued and signed: Serena [illegible]	Date Issued: May 1, 19[illegible]
	Date of Birth: May 20, 1909	Full Name of Mother: Mary [illegible] Hartley	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: Statement concerning [illegible]	By whom issued and signed: [illegible] Hospital [illegible]	Date Issued: Nov. [illegible] 1903
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing contract.		
	State Registrar	Evidence reviewed by	Date Filed: May [illegible], 1964

285-18-002-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De. 64-345

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Samuel Augustus Shepard		2. Date Of Birth (month) December (day) 18 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Adams	b. City or Town of Birth: Gross
FATHER	6. Full Name of Father: William Richardson Shepard		7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: Ina Margaret Battin		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Samuel A. Shepard	11. Present Address of Registrant: R.1, Box.422, Woodburn, Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 20 19 64	12. Signature of Notary: E. Jayne Slater	13. Notary Commission expires: June 7 19 66	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #A-518-07-5416	By whom issued and signed: Treasury Department Internal Revenue Service	Date Issued: -----	Date Orig. Entry: Dec. 3, 1936
	Date of Birth: Dec. 18, 1909	Birth Place: Gross, Idaho	Full Name of Mother: Ina May Battin	Name of Father: William Richardson Shepard
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Ina Skelly	Date Issued: April 20, 1964	Date Orig. Entry: -----
	Date of Birth: Dec. 18, 1909	Birth Place: Gross, Idaho	Full Name of Mother: Ina Margaret Battin	Name of Father: William Richardson Shepard
SUPPORTING RECORD 3.	Type of Document: military record photocopy	By whom issued and signed: Selective Service System Portland, Oregon	Date Issued: March 31, 1964	Date Orig. Entry: 1940
	Date of Birth: Dec. 18, 1909	Birth Place: Gross, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda M. Larson	Date Filed: May 7, 1964

FORM BH 56067

5-25-62

MAY 8 1964

213-201-028-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De. 64-366

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Virginia Batting		2. Date Of Birth (month) 10 (day) 1 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Kootenai; b. City or Town of Birth: Coeur D'Alene
FATHER	6. Full Name of Father: William Heyburn Batting		7. State or Country of Father's Birth: Media Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Stella Slee		9. State or Country of Mother's Birth: Spokane Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Virginia Burson	11. Present Address of Registrant: Rt. 1, Box 170A Acampo
NOTARY (Seal)	Subscribed and sworn to before me on May 11, 1964	12. Signature of Notary: [signature]	13. Notary Commission expires: October 24 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school record (notorized)	By whom issued and signed: Stockton High School, Stockton, California	Date issued: May 7, 1964	Date Orig. Entry: Sept. 4, 1928
	Date of Birth: Oct. 1, 1909; Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ---	Name of Father: W. H. Batting	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage License	By whom issued and signed: Butte County, California Ethel M. Estes, County Rec.	Date issued: May 12, 1964	Date Orig. Entry: April 24, 1932
	Date of Birth: age 22; Birth Place: Idaho	Full Name of Mother: Stella Slee	Name of Father: William Heyburn Batting	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #	By whom issued and signed: California Dept. of Health Malcolm H. Merrill, registrar	Date issued: Aug. 31 1960	Date Orig. Entry: child born August 6, 1936
	Date of Birth: age 26; Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda M. Larson	May 15, 1964

FORM BH 56067

MAY 15 1964

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3142S-029-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De. 64-375

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Marvel Ladreiter			2. Date of Birth (month) (day) (year): October 5, 1909
	3. Color or Race: White	4. Sex:	5. Place of Birth a. County: Latah	b. City or Town of Birth: Vollmer
FATHER	6. Full Name of Father: Ernest John Ladreiter			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Hattie Gerharter			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Ladreiter		11. Present Address of Registrant: 602 Bucklery Street Flat River, Missouri
NOTARY (Seal)	Subscribed and sworn to before me on: April 28, 1964	12. Signature of Notary: Esther Rudloff		13. Notary Commission expires: February 23, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Hattie Ladreiter	Date Issued: May 5, 1964	Date Orig. Entry: ---
	Date of Birth: Oct. 5, 1909	Birth Place: Vollmer, Idaho	Full Name of Mother: Hattie Gerharter	Name of Father: Ernest John Ladreiter	
SUPPORTING RECORD 2.	Type of Document: Photocopy of application for insurance		By whom issued and signed: The Northwestern Mutual Life Insurance Co. Milwaukee, Wis.	Date Issued: ---	Date Orig. Entry: May 27, 1936
	Date of Birth: Oct. 5, 1909	Birth Place: Vollmer, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Photocopy of certificate of Baptism		By whom issued and signed: Lutheran, J.A.A.C. Leimer Pastor	Date Issued: ---	Date Orig. Entry: baptized Nov. 15, 1909
	Date of Birth: Oct. 5, 1909	Birth Place: Vollmer, Idaho	Full Name of Mother: Hedwig Gerharter	Name of Father: Ernst J. Ladreiter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda M. Larson	Date Filed: May 20, 1964

FORM BH 56067

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MAY 21 1964

376 145-231-001-394

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-376

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Catherine Mary Ames			2. Date Of Birth (month) (day) (year): March 31 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: James A. Ames			7. State or Country of Father's Birth: New York
MOTHER	8. Full Maiden Name of Mother: Elsie Crump			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Catherine A. Bieler	11. Present Address of Registrant: 1620 Morton Dr., Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 20, 1964		12. Signature of Notary: Nan K. Wood	13. Notary Commission expires: My Commission expires FEB. 10, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother Age 89	By whom issued and signed: Elsie Crump Ames	Date issued: May 20 ---- 1964	Date Orig. Entry: -------
	Date of Birth: March 31 1909	Birth Place: Boise, Idaho	Full Name of Mother: Elsie Crump	Name of Father: James A. Ames
SUPPORTING RECORD 2.	Type of Document: Marriage license Application	By whom issued and signed: Ada County, Recorder Otto F. Peterson	Date issued: May 31, 1950	Date Orig. Entry: May 31 1950
	Date of Birth: March 31 1909	Birth Place: Boise, Idaho	Full Name of Mother: ---------	Name of Father: ---------
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Ins. W. C. Fletcher, Secretary	Date issued: Jan. 1 1932	Date Orig. Entry: --------
	Date of Birth: March 31 1909	Birth Place: Boise, Idaho	Full Name of Mother: --------	Name of Father: --------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: May 20, 1964

FORM BH 56067

613-216-038-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-405

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Viola Genieve Walker		2. Date Of Birth (month) Feb (day) 16 (year) 1909
	3. Color or Race: White	4. Sex: Fem	5. Place of Birth a. County: New Plymouth Payette; b. City or Town of Birth: New Plymouth Idaho
FATHER	6. Full Name of Father: Ed Walker		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Kitty Myrtle Hackett		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Viola Genieve Rasmussen	11. Present Address of Registrant: R2 New Plymouth
NOTARY (Seal)	Subscribed and sworn to before me on: 4 September 1963	12. Signature of Notary: Louie Yorrow	13. Notary Commission expires: 20 July 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father Age 86	By whom issued and signed: Ed Walker	Date issued: Nov. 20 1963	Date Orig. Entry: ------
	Date of Birth: Feb. 16, 1909; Birth Place: New Plymouth, Idah	Full Name of Mother: Kitty Myrtle Hackett	Name of Father: Ed Walker	
SUPPORTING RECORD 2.	Type of Document: Family Bible Record	By whom issued and signed: Family Bible Record	Date issued: ---------	Date Orig. Entry: Obviously Old
	Date of Birth: Feb 16, 1909; Birth Place: -----	Full Name of Mother: Kitty Myrtle Hackett	Name of Father: Ed Walker	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assn. Clarence Borup, President	Date issued: Jan 29, 1948	Date Orig. Entry: Jan 29 1948
	Date of Birth: Feb. 16 1909; Birth Place: New Plymouth, Id.	Full Name of Mother: ---------	Name of Father: ---------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	June 4, 1964

FORM BH 56067

Type of Document		Affidavit by Father	Ed Miller
Date of Birth	Birth Place	Full Name at Birth	
Feb. 16, 1909	New Orleans, La.	Harry Myrtle Packer	
Name of Person		Date Issued	Date Expires
Insurance Policy		Jan 22, 1964	
Date of Birth	Birth Place	Full Name at Birth	
Feb. 16 1909	New Orleans, La.	Harry Myrtle Packer	
Name of Person		Date Issued	Date Expires
Family Bible Record		Emily Lydia Bloom	Unmarried Mid
Date of Birth	Birth Place	Full Name at Birth	Name of Father
Feb 16 1909	New Orleans, La.	Harry Myrtle Packer	Ed Miller
Name of Person		Date Issued	Date Expires
Insurance Policy		Jan 22, 1964	
Date of Birth	Birth Place	Full Name at Birth	
Feb. 16 1909	New Orleans, La.	Harry Myrtle Packer

386-227003-485

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-424

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Sumner Thorburn		2. Date of Birth (month) July (day) 27 (year) 1909	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Pocatello, Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: William Augustus Thorburn		7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Mattie Inez Myers		9. State or Country of Mother's Birth: Kentucky	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Dawson	11. Present Address of Registrant: 715 N Grant Pocatello Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: June 2 1947	12. Signature of Notary: Nellie B. Wright	13. Notary Commission expires: August 20 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: On file Idaho #418618	Date Issued: ---	Date Orig. Entry: child born April 4, 1946
	Date of Birth: Age:36	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Census record		By whom issued and signed: US Department of Commerce Bureau of the Census	Date Issued: May 27,1964	Date Orig. Entry: census of Jan. 1, 1920
	Date of Birth: Age:10	Birth Place: Idaho	Full Name of Mother: Mattie S. Thorburn	Name of Father: William A. Thorburn	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Mattie Inez Thorburn	Date Issued: May 4, 1964	Date Orig. Entry: ---
	Date of Birth: July 27, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Mattie Inez Myers	Name of Father: Wm. Augustus Thorburn	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda M. Larson	June 12, 1964

FORM BH 56067

JUN 12 1964

366-206-C21-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-430

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nellie Ivy Coombs
2. Date of Birth (month) (day) (year): Aug. 6 1909
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Franklin
b. City or Town of Birth: Thatcher, Idaho

FATHER

6. Full Name of Father: David Jashua Coombs
7. State or Country of Father's Birth: Fountain Green, Utah

MOTHER

8. Full Maiden Name of Mother: Ivy Lucy Thompson
9. State or Country of Mother's Birth: Cook County, Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nellie Ivy Coombs
11. Present Address of Registrant: Box 225, Arco, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: June 8 19 64

12. Signature of Notary: Betty J. Mayo

13. Notary Commission expires: Feb. 4 19 65

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	LDS Church, Cleveland Ward, Edgar Nelson, Clerk	Sept. 5, 1909	Blessed Sept. 5, 1909
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	August 6, 1909 / Thatcher, Idaho	Ivy Thompson	David J. Coombs	
SUPPORTING RECORD 2.	Statement regarding church records	LDS Church, Arco Ward, Howard Hebson, Bishop, F. Braithwaite, Clerk	Dec. 5, 1963	baptized Aug. 30, 1918
	Aug. 6, 1909 / Thatcher, Idaho	---	---	
SUPPORTING RECORD 3.	own child's birth certificate	On file Idaho #320163	---	child born Aug. 15, 1941
	age: 32 / Thatcher, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda M. Larson	June 16, 1964

FORM BH 56067

Duke

JUN 16 1964

NOV 20 [illegible]

PERSON whose birth is being registered	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible]
	3. Color or Race: [illegible]	4. Place of Birth: [illegible] County: Franklin — Entry or Town of Birth: [illegible]
FATHER	6. Full Name of Father: David [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
CERTIFICATE	10. Any declare from oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: [illegible]
NOTARY (seal)	Subscribed and sworn to before me on June [illegible]	12. Signature of Notary: [illegible] — 13. Notary Commission Expires: [illegible]

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUBSTITUTE RECORD	Type of Document: Certificate of Blessing	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Adjudication: [illegible]		
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible] — Birth Place: [illegible], Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORT RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ---
	Date of Birth: [illegible] — Birth Place: [illegible]	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	June 16, [illegible]

FORM [illegible]

412-218-026-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-434

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lavenia May Mason (Married Name: Whittemore)			2. Date of Birth (month) January (day) 18 (year) 1909	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Rigby, Jefferson County, Idaho	b. City or Town of Birth: Rigby	
FATHER	6. Full Name of Father: Franklin M. Mason			7. State or Country of Father's Birth: Utah, U. S. A.	
MOTHER	8. Full Maiden Name of Mother: Vollie May Jones			9. State or Country of Mother's Birth: Idaho, U. S. A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lavenia May Mason (Whittemore (Married name))	11. Present Address of Registrant: 36 Masterton Road Bronxville, New York	
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 1964		12. Signature of Notary: Samuel Weiss	NOTARY PUBLIC, State of New York No. 60-9597100 Qualified in Westchester County Commission Expires March 30, 19 66	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Vollie May Jones Mason	Date Issued: May 31, 1964	Date Orig. Entry: ---
	Date of Birth: Jan. 18, 1909	Birth Place: Rigby, Jefferson County, Idaho	Full Name of Mother: Vollie May Jones Mason	Name of Father: Franklin M. Mason	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Rigby Ward	Date Issued: ---	Date Orig. Entry: baptized June 3, 1917
	Date of Birth: Jan. 18, 1909	Birth Place: Rigby, Idaho	Full Name of Mother: Vollie M. Jones	Name of Father: Frank M. Mason	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Rigby Ward	Date Issued: Mar. 7, 1909	Date Orig. Entry: Blessed Mar. 7, 1909
	Date of Birth: Jan. 18, 1909	Birth Place: Rigby, Fremont County, Idaho	Full Name of Mother: Vollie May Jones	Name of Father: Franklin M. Mason	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda M. Larson	June 16, 1964

FORM BH 56067

5-21-64

JUN 17 1964

Whittemore

666-207-035-381

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-455
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VERLA EURENE WOODIN			2. Date of Birth (month) OCTOBER (day) 7 (year) 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County (Home): PECK, IDAHO NEZ-PERCE	b. City or Town of Birth: PECK, IDAHO
FATHER	6. Full Name of Father: FRANK WESLEY WOODIN			7. State or Country of Father's Birth: MICHIGAN
MOTHER	8. Full Maiden Name of Mother: ETHEL JANE CHAPMAN			9. State or Country of Mother's Birth: NORTH DAKOTA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verla E. Knope		11. Present Address of Registrant: 8021 N. INTERSTATE PORTLAND 17, OREGON
NOTARY (Seal)	Subscribed and sworn to before me on: November 5 1962	12. Signature of Notary: [signature] for Oregon		13. Notary Commission expires: SEPT. 20 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*_____	Type of Document: Affidavit by mother	By whom issued and signed: Ethel Jane Woodin	Date Issued: June 2, 1964	Date Orig. Entry: ---
	Date of Birth: Oct. 7, 1909 / Birth Place: Peck, Idaho	Full Name of Mother: Ethel Jane Woodin	Name of Father: Frank W. Woodin	
SUPPORTING RECORD 2. Class_____	Type of Document: photocopy of own child's birth certificate #3438	By whom issued and signed: County of Multnomah, Oregon	Date Issued: ---	Date Orig. Entry: Nov. 6, 1931 child born
	Date of Birth: age:22 / Birth Place: Peck, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3. Class_____	Type of Document: School record	By whom issued and signed: Portland Public Schools Carma Lauderdale, Secty.	Date Issued: June 15, 1964	Date Orig. Entry: school year 1922-23
	Date of Birth: Oct. 7, 1909 / Birth Place: Peck, Idaho	Full Name of Mother: Ethel J. Woodin	Name of Father: F. W. Woodin	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda M. Larson	Date Filed: June 24, 1964

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DPH 49067

JUN 25 1964

Date of Birth	Color
Sex	Age
Name of Father	Maiden Name of Mother
Birthplace of Father	Birthplace of Mother
Occupation of Father	Occupation of Mother
Informant	Address of Informant
Date Received	Registrar

I hereby certify that the above birth certificate has been issued in the Bureau of Vital Statistics for this registrant and that documentary evidence has been submitted in accordance with the facts as set forth in the foregoing application.

State Registrar	Evidence submitted by	Date Filed

Records are incomplete prior to [illegible]

Date of Birth	Color
Sex	Age
Name of Father	Maiden Name of Mother
Birthplace of Father	Birthplace of Mother
Occupation of Father	Occupation of Mother
Informant	Address of Informant
Date Received	Registrar

I hereby certify that the above birth certificate has been issued in the Bureau of Vital Statistics for this registrant and that documentary evidence has been submitted in accordance with the facts as set forth in the foregoing application.

State Registrar	Evidence submitted by	Date Filed

Records are incomplete prior to [illegible]

242-204.026-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-493

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ada Pearl ~~Hanna~~ Bush
2. Date Of Birth: (month) Oct (day) 4 (year) 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Jefferson
   b. City or Town of Birth: Rigby

FATHER

6. Full Name of Father: William Henry Bush
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Ada Thorne
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ada Pearl Harris
11. Present Address of Registrant: Palisades Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 8 1964
12. Signature of Notary: Paul L. Girard
13. Notary Commission expires: 8-8 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate Membership Record	By whom issued and signed: Palisade Ward LDS Church, E. Bethell, Clerk G. Robert Bitter, Bishop	Date Issued: ---	Date Orig. Entry: Baptized Nov. 3, 1917
	Date of Birth: Oct. 4, 1909	Birth Place: Rigby, Jefferson County, Idaho	Full Name of Mother: Sarah Ada Thorne	Name of Father: Wm. Henry Bush
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Almost 12 yrs. old at time of birth	By whom issued and signed: Grace May Bush Chandler	Date Issued: June 29, 1964	Date Orig. Entry: ---
	Date of Birth: Oct. 4, 1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #266183	Date Issued: ---	Date Orig. Entry: child born April 1, 1938
	Date of Birth: Age 28	Birth Place: Rigby, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

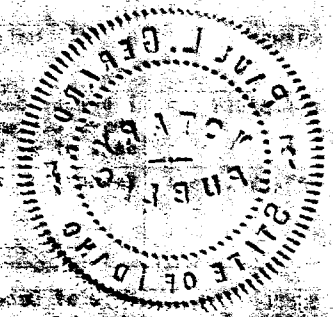
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	July 10, 1964

FORM BH 56067

Harris

JUL 15 1964



249-22)-009-132

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-504

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Eleanor Burt			2. Date Of Birth (month) June (day) 21 (year) 1909	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Sandpoint, Idaho Bonner	b. City or Town of Birth: Sandpoint, Idaho	
FATHER	6. Full Name of Father: Sydney Norman Harris			7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Emily Atkins			9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ruth E. Burt.	11. Present Address of Registrant: 224 E. Braemar Road	
NOTARY (Seal)	Subscribed and sworn to before me on July 7th 1964		12. Signature of Notary: W W Benson	13. Notary Commission expires: Life Commission	

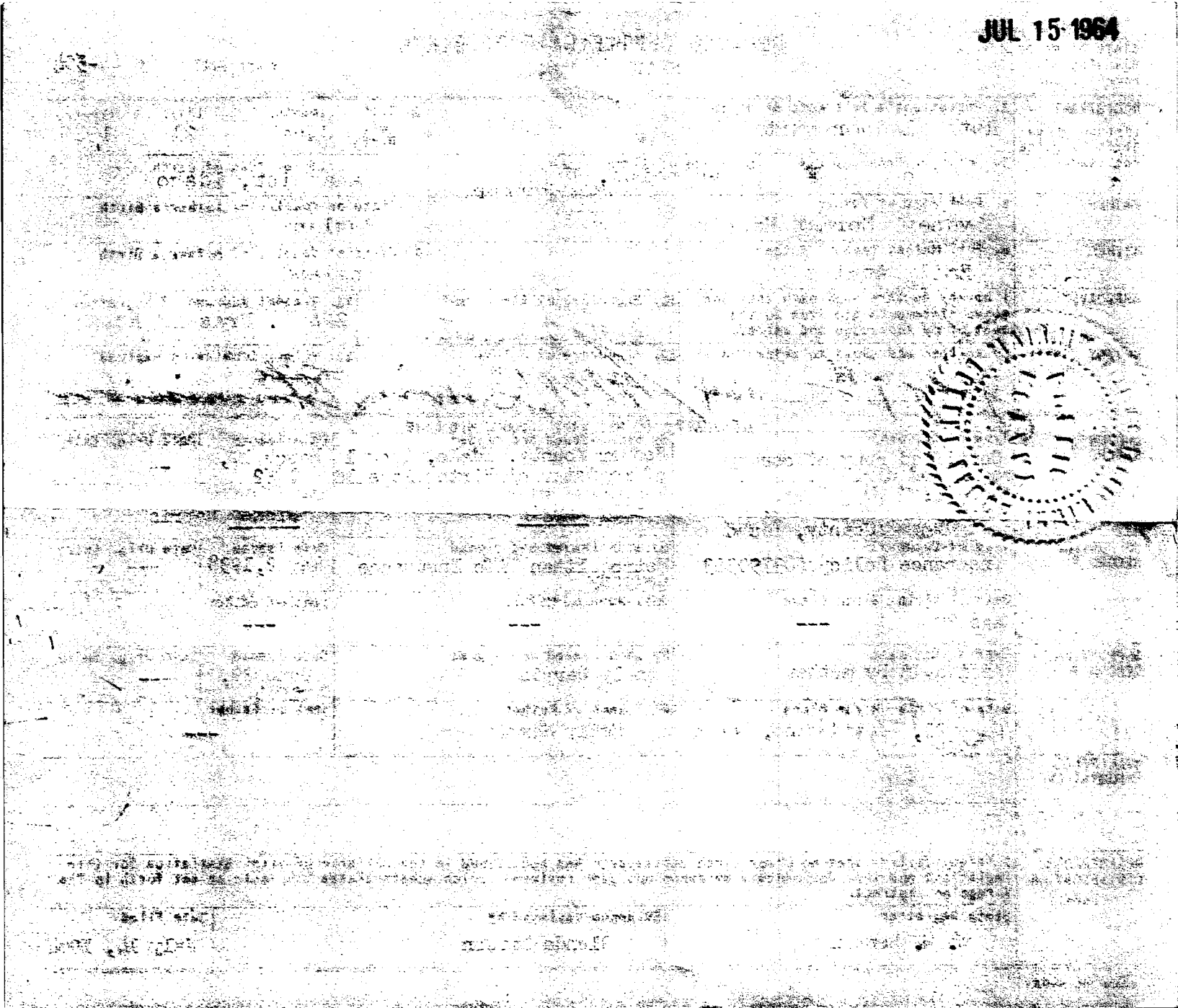
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of county record of birth		By whom issued and signed: Bonner County, Idaho, Book 1 of register of Births, Page 10	Date Issued: March 17, 1952	Date Orig. Entry: --
	Date of Birth: June 21, 1909	Birth Place: Sandpoint, Bonner County, Idaho	Full Name of Mother: Emily Hargis	Name of Father: Sidney Harris	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #83790303		By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: May 2, 1938	Date Orig. Entry: ---
	Date of Birth: Age 29	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Emily Harris	Date Issued: June 29, 1964	Date Orig. Entry: ---
	Date of Birth: June 21, 1909	Birth Place: Sandpoint, Idaho	Full Name of Mother: Emily Harris	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: July 14, 1964

FORM BH 56067

JUL 15 1964



762-208-036-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-515

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mildred Almeda Goss
2. Date Of Birth (month) (day) (year): February 8, 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Oneida
b. City or Town of Birth: Malad

FATHER

6. Full Name of Father: Simon Peter Goss
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Emily Almeda Stanton
9. State or Country of Mother's Birth: Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mildred Almeda Goss
11. Present Address of Registrant: 711 E Colfax Hastings Mich

NOTARY (Seal)

Subscribed and sworn to before me on: July 14th 1964
12. Signature of Notary: Juanita A. Trimble, Barry County, Michigan
13. Notary Commission expires: May 18th 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for social security #364-24-1535	Treasury Department	---	Aug. 12, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 8, 1909	Malad, Oneida, County, Idaho	Emily Almeda Stanton	Simon Peter Goss

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of record of marriage	State of Michigan, Morris O. Hill, Clerk	March 7, 1927	Feb. 19, 1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 18	Malad City, Idaho	Almeda Stanton	Peter Goss

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of drivers license	Dept. of Law Enforcement Michigan	---	Expires 1957

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 8, 1909	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	July 22, 1964

FORM BH 56067

JUL 22 1964

265-217-006-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-521

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ida Minnie Soelberg			2. Date of Birth (month) December (day) 17, (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham, Idaho	b. City or Town of Birth: Ammon, Idaho
FATHER	6. Full Name of Father: James Christian Soelberg			7. State or Country of Father's Birth: Aalborg, Denmark
MOTHER	8. Full Maiden Name of Mother: Helena Maria Andersen			9. State or Country of Mother's Birth: Mantua, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ida Minnie Andersen	11. Present Address of Registrant: 830 Johnson, San Diego Cal.
NOTARY (Seal)	Subscribed and sworn to before me on July 13, 1964		12. Signature of Notary: Luthina Clark	13. Notary Commission expires: LUTHINA CLARK My Commission Expires Feb 19 [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Ammon Ward, Bingham Stake	Date Issued: ---	Date Orig. Entry: Blessed March 6, 1910
	Date of Birth: Dec. 17, 1909	Birth Place: Ammon, Bingham County, Idaho	Full Name of Mother: Helena Anderson	Name of Father: J. C. Soelberg	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: San Diego Dept. of Public Health, Calif.	Date Issued: May 2,1956	Date Orig. Entry: child born Sept. 10, 1940
	Date of Birth: Age: 30	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Patriarchal Blessing		By whom issued and signed: A. J. Hansen, Patriarch	Date Issued: Jan. 7,1923	Date Orig. Entry: Jan. 7, 1923
	Date of Birth: Dec. 17, 1909	Birth Place: Ammon, Bonneville County, Idaho	Full Name of Mother: Helena Marie Soelberg Andersen	Name of Father: James Christian Soelberg	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: July 22, 1964

FORM BH 56067

JUL 22 1964

Anderson

493-209-003-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-534

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DOROTHY BELL DILLMAN			2. Date of Birth (month) March (day) 9 (year) 1909	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: William Henry Dillman			7. State or Country of Father's Birth: Wyoming	
MOTHER	8. Full Maiden Name of Mother: Hazel Blanche Dunham			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy B. Furtado		11. Present Address of Registrant: 127 Athol, Oakland, Cal.	
NOTARY (Seal)	Subscribed and sworn to before me on July 13, 1964	12. Signature of Notary: Helen C. Smith		13. Notary Commission expires: HELEN C. SMITH Notary Public State of California Alameda County My Commission Expires August 19, 1967	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding employment records	By whom issued and signed: Oakland Public Schools, Robt. B. Loeliger, Class. pers. off.		Date Issued: March 21, 1962	Date Orig. Entry: July 6, 1926
	Date of Birth: March 9, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: statement regarding school records	By whom issued and signed: Oakland Public Schools, S. H. Berg, Supt. of Schools		Date Issued: May 29, 1961	Date Orig. Entry: Aug. 19, 1922
	Date of Birth: March 9, 1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Hazel Strom		Date Issued: April 23, 1962	Date Orig. Entry: ---
	Date of Birth: March 9, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Hazel Blanche Dillman	Name of Father: William Henry Dillman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 5, 1964

FORM BH 56067

8-28-61

AUG 5 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

689-212-006-767

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-541

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ETHEL LEVINA WHITMILL
2. Date of Birth (month) (day) (year): AUG. 12 1909
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: BINGHAM
b. City or Town of Birth: MONROE - IDAHO -

FATHER

6. Full Name of Father: HENRY ALBERT WHITMILL
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: DELIA ARMINTIE POPE
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ethel Levina Keller ETHEL-LEVINA-KELLER
11. Present Address of Registrant: 797 RAYMOND DR. IDA. FALLS

NOTARY (Seal)

Subscribed and sworn to before me on: July 16 1964

12. Signature of Notary: J. T. Evans, Jr

13. Notary Commission expires: July 1 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #226898	Date Issued: ---	Date Orig. Entry: child born Sept. 27, 1934	
	Date of Birth: Age 25	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister (Age 66)	By whom issued and signed: Bertha Bradshaw	Date Issued: July 22, 1964	Date Orig. Entry: ---	
	Date of Birth: Aug. 12, 1909	Birth Place: Monroe, Idaho (Bingham County)	Full Name of Mother: Delia Armintie Pope	Name of Father: Henry Albert Whitmill	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #273040 M1	By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: Aug. 1, 1937	Date Orig. Entry: Aug. 1, 1937	
	Date of Birth: Age 28 next birthday	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 5, 1964

FORM BH 56067

3-23-62

AUG 6 1964

796-210-006-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-543

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Evah Pearl Grover
2. Date of Birth (month) (day) (year): 10 10 1909
3. Color or Race: W.
4. Sex: F
5. Place of Birth a. County: Blackfoot, Bingham
b. City or Town of Birth: Blackfoot

FATHER

6. Full Name of Father: Ernest Alma Grover
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Hannah Lovina Garner
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Evah Grover Brown
11. Present Address of Registrant: 703 So Fir Kennewick, Wash

NOTARY (Seal)

Subscribed and sworn to before me on: July 29 1964
12. Signature of Notary: Wayne C Henson
13. Notary Commission expires: Nov. 4 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Ernest Alma Grover	Sept. 1, 1959	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 10, 1909	Blackfoot, Idaho	Hannah Lovina Garner	Earnest Alma Grover

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #223411	---	child born July 11, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 24	Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #4257	American Home Benefit Association, Inc. Boise, Idaho	Aug. 29, 1938	Aug. 29, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 10, 1909	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 6, 1964

FORM BH 56067

AUG 25 1964

319-17-042-491

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De 64-545

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HARRY VICTOR CARSON
2. Date of Birth (month) (day) (year): NOV. 17 1909
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: TWIN FALLS
   b. City or Town of Birth: BUHL

FATHER

6. Full Name of Father: CURTIS HENRY CARSON
7. State or Country of Father's Birth: IOWA

MOTHER

8. Full Maiden Name of Mother: EMMA JANE DRAPER
9. State or Country of Mother's Birth: IOWA

AFFIDAVET

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harry V Carson
11. Present Address of Registrant: 908 West 44th St. Vancouver, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: June 30, 1964
12. Signature of Notary: C. R. Usher
13. Notary Commission expires: Jan 14 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #405 115 401	The Prudential Insurance Company of America	Dec. 16, 1940	Dec. 10, 1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 17, 1909	Buhl, Twin Falls County, Idaho	Emma Draper	Curtis Henry Carson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding marriage records	Multnomah County, Portland Oregon, Si Cohn, Clerk	June 26, 1964	Nov. 17, 1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 17, 1909	Buhl, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of lodge record	The Grand Lodge of Ancient Free and Accepted Masons, Ore.	---	Jan. 13, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 17, 1909	Buhl, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	August 6, 1964

FORM BH 56067

1 Copy pd rec. #923

7-2-65 (C)

AUG 7 1954

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Reason

995-106-022-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-557

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roy Melvin Green			2. Date Of Birth (month) June (day) 6, (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Menan
FATHER	6. Full Name of Father: Oscar William Greeley Green			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Christina J. Poole			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roy M Green		11. Present Address of Registrant: 826 Jefferson Pocatello, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: August 11 1964	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Born 1889 Affidavit by Sister	By whom issued and signed: Floette Peterson		Date Issued: March 9 1962	Date Orig. Entry: ---
	Date of Birth: June 6, 1909	Birth Place: Menan, Idaho	Full Name of Mother: Christena Jane Poole Green ~~Oscar W. Green~~	Name of Father: Oscar W. Green	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination to Office of Deacon	By whom issued and signed: L. D. S. Church George M. Larsen, Clerk		Date Issued: Aug. 7, 1921	Date Orig. Entry: Aug. 7 1921
	Date of Birth: June 6, 1909	Birth Place: Menan, Idaho	Full Name of Mother: Christina J. Poole	Name of Father: Oscar W. Green	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: L.D. S. Church J. H. Yearsley, Clerk		Date Issued: Jan 2, 1910	Date Orig. Entry: Blessed Jan. 2 1910
	Date of Birth: June 6 1909	Birth Place: Menan	Full Name of Mother: Christina J. Poole	Name of Father: Oscar W. Green	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	August 11, 1964

FORM BH (&) 56067 5-3-64 NM

AUG 11 1964

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-55

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Roy Melvin Green	2. Date of Birth (month) June (day) 6, (year) 1909	
	Color or Race: White	3. Sex: Male	5. Place of Birth: County Fremont; City or Town of Birth Menan
FATHER	6. Full name of Father: Oscar William Greeley Green	7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Christina J. Poole	9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	1. Hereby declare, upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 19	12. Signature of Notary	13. Notary Commission Expires 19

SUPPORTING RECORD 1	Affidavit by Mother: Form 1889	By whom issued and signed: Florette Peterson	Date Issued: March 9; Date Orig. Entry
	Date of Birth: June 6, 1909; Birth Place: Menan, Idaho	Full Name of Father: Christina Sara Poole Green; Oscar W. Green	Name of Father: Oscar W. Green
SUPPORTING RECORD 2	Certificate of Ordination to Office of Deacon	By whom issued and signed: L. D. S. Church; George M. Larsen, Clerk	Date Issued: Aug. 7, 1921; Date Orig. Entry: Aug. 7, 1921
	Date of Birth: June 6, 1909; Birth Place: Menan, Idaho	Full Name of Mother: Christina J. Poole	Name of Father: Oscar W. Green
SUPPORTING RECORD 3	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church; J. H. Yearsley, Clerk	Date Issued: Jan 2, 1910; Date Orig. Entry: Blessed Jan. 2 1910
	Date of Birth: June 6 1909; Birth Place: Menan	Full Name of Mother: Christina J. Poole	Name of Father: Oscar W. Green
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	August 11, 1964

6B-107.026-667

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-558

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FLOYD HENRY WALTON			2. Date Of Birth: (month) 12 (day) 7 (year) 1909	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: a. County: Fremont (now) JEFFERSON	b. City or Town of Birth: RIGBY	
FATHER	6. Full Name of Father: CHARLES THOMAS WALTON			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: EMILY EUNICE FOX			9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Floyd Walton	11. Present Address of Registrant: 1213 H st. Spokane	
NOTARY (Seal)	Subscribed and sworn to before me on: July 8 1964		12. Signature of Notary: Robert E. Clements	13. Notary Commission expires: 2-15 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Rigby Ward	Date Issued: May 8, 1910	Date Orig. Entry: Blessed May 1, 1910
	Date of Birth: Dec. 7, 1909	Birth Place: Rigby, Fremont County, Idaho	Full Name of Mother: Emily Fox	Name of Father: Charles Walton	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Age 67		By whom issued and signed: Charles Lewis Walton	Date Issued: July 8, 1964	Date Orig. Entry: ----
	Date of Birth: Dec. 7, 1909	Birth Place: Rigby, Idaho	Full Name of Mother: Emily Eunice (Fox) Walton	Name of Father: Charles Thomas Walton	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #357490		By whom issued and signed: West Coast Life Insurance Company, Reno, Nevada	Date Issued: May 15, 1935	Date Orig. Entry: May 9, 1935
	Date of Birth: Dec. 7, 1909	Birth Place: Rigby, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: August 11, 1964

FORM BH 56067 NR

AUG 12 1964

546231-006-547

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-576

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ARETA EDWARDS
2. Date Of Birth: (month) OCT. (day) 31 (year) 1909
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth: a. County Bingham; b. City or Town of Birth: AMMON (Mail: Idaho Falls)

FATHER

6. Full Name of Father: ROYAL S. EDWARDS
7. State or Country of Father's Birth: Utah, Idaho

MOTHER

8. Full Maiden Name of Mother: ALICE MARIE EMPEY
9. State or Country of Mother's Birth: Utah, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Areta Compton
11. Present Address of Registrant: 8707-36 Ave N.W. Calgary Alta

NOTARY (Seal)

Subscribed and sworn to before me on: April 21 1964
12. Signature of Notary: M Blachel
13. Notary Commission expires: Dec 31 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Frankburg Ward Orrin H. Johnson, Clerk	Date Issued: ---	Date Orig. Entry: Baptized June 22, 1919	
	Date of Birth: Oct. 31, 1909	Birth Place: Ammond, Idaho	Full Name of Mother: Alice Empy	Name of Father: Royal Edwards	
SUPPORTING RECORD 2.	Type of Document: Certificate of Membership	By whom issued and signed: LDS Church, Dallis J. Christensen, Custodian records	Date Issued: July 8, 1964	Date Orig. Entry: blessed Dec. 5, 1909	
	Date of Birth: Oct. 31, 1909	Birth Place: Ammon, Idaho, U.S.A.	Full Name of Mother: Alice Marie Empey	Name of Father: Royal S. Edwards	
SUPPORTING RECORD 3.	Type of Document: Certificate of Marriage	By whom issued and signed: Province of Alberta, Vital Statistics, Dept. of Health	Date Issued: Sept. 15, 1927	Date Orig. Entry: Aug. 15, 1927	
	Date of Birth: Age 17	Birth Place: Idaho Falls, Idaho, U.S.A.	Full Name of Mother: Alice Marie Empey	Name of Father: Roy S. Edwards	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 18, 1964

FORM BH 56067

1-10-64

AUG 25 1964

Edwards

R38 419-213-021-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-581

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Edith Ann Martin			2. Date of Birth (month) (day) (year): July 13 1909
	3. Color or Race: Cau.	4. Sex: Female	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Edgar Morin Martin			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ada Stephens			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Ann Martin Allen		11. Present Address of Registrant: 185 South Lee, Idaho Fall
NOTARY (Seal)	Subscribed and sworn to before me on: August 4 1964	12. Signature of Notary: Edna A. Wheeler		13. Notary Commission expires: Idaho May 15 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age 81	By whom issued and signed: Mrs. Edith Martin Carlson		Date Issued: Aug. 4,1964	Date Orig. Entry: ---
	Date of Birth: July 13, 1909	Birth Place: Preston, Franklin County, Idaho	Full Name of Mother: Ada Stephens Martin	Name of Father: Edgar Morin Martin	
SUPPORTING RECORD 2.	Type of Document: Church certificate of birth	By whom issued and signed: LDSChurch, Oneida Stake, Winder Ward		Date Issued: Aug.12,1964	Date Orig. Entry: March 6,1910
	Date of Birth: July 13, 1909	Birth Place: Preston, Oneida County, Idaho	Full Name of Mother: Ada Stevens	Name of Father: Edgar M. Martin	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #242159		Date Issued: ---	Date Orig. Entry: child born March 29, 1936
	Date of Birth: Age 26	Birth Place: Preston, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 18, 1964

FORM BH 56067 1 copy paid rec. #1339 7-23-64 (A)

AUG 19 1964

Allen

285-212-035-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De64-605

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Avelene Sheehy			2. Date Of Birth (month) February (day) 12 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Lewiston, Ida Nez Perce	b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Frederick Sheehy			7. State or Country of Father's Birth: Underville Center, Vermont
MOTHER	8. Full Maiden Name of Mother: Iva Avelene Miller			9. State or Country of Mother's Birth: Lewiston Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Avelene [illegible]		11. Present Address of Registrant: 3748 N.E. Sumner St.
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 20 1964	12. Signature of Notary: [illegible]		13. Notary Commission expires: My Commission Expires Dec. 29, 1967 19____

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Iva Hakori	Date Issued: Aug. 18, 1960	Date Orig. Entry: ------
	Date of Birth: Feb.12,1960 / Birth Place: Lewiston, Idaho	Full Name of Mother: Iva Avelene Hakari	Name of Father: Frederick Sheehy	
SUPPORTING RECORD 2.	Type of Document: Photocopy of application for Social Security Account No.	By whom issued and signed: U.S.Treasury Department	Date Issued: ------	Date Orig. Entry: July 10, 1951
	Date of Birth: Feb. 12, 1909 / Birth Place: Lewiston, Idaho Nez Perce County	Full Name of Mother: Iva Avelene Hansen	Name of Father: Frederick Sheehy	
SUPPORTING RECORD 3.	Type of Document: Copy of School Record	By whom issued and signed: Lewiston Junior-Senior High School, Lewiston, Idaho	Date Issued: -----	Date Orig. Entry: entered Sept 4, 1922
	Date of Birth: Feb. 12, 1909 / Birth Place: ------	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pp Joyce B. Foltz	Date Filed: Sept 1, 1964

FORM BH 56067

SEP 1 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person Made Birth in Being Registered)	1. Registrant's Full Name at Birth: [illegible]		2. Date of Birth (month) (day) (year): February 19 1908
	3. Color of Race: Mexican	4. Sex: Female	5. Place of Birth: Lewiston County: [illegible]
			6. City or Town of Birth: Lewiston
FATHER	8. Full Name of Father: [illegible]		7. State or Country of Father's Birth: [illegible]
MOTHER	9. Full Maiden Name of Mother: [illegible]		9. State or Country of Mother's Birth: [illegible]
	10. Hereby declare upon oath that the statements are true to the [illegible] by [illegible] and belief.	11. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY	Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: My Commission Expires Dec. 29, 1967

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of application for Social Security Account No.	By whom issued and signed: U.S. Treasury Department	Date Issued: [illegible]	Date Orig. Entry: ------
	Date of Birth: Feb. 12, 1909	Birth Place: Lewiston, Idaho Nez Perce County	Full Name of Mother: Iva Avelene Hansen	Name of Father: Frederick [illegible]
SUPPORTING RECORD 2.	Type of Document: Copy of School Record	By whom issued and signed: Lewiston Junior-Senior High School, Lewiston, Idaho	Date Issued: ------	Date Orig. Entry: entered Sept 4, 1922
	Date of Birth: Feb. 12, 1909	Birth Place: ------	Full Name of Mother: ------	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	Sept 1, 1964

FORM 90 [illegible]

466-115-016-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-614

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLARENCE EUGENE MOON			2. Date of Birth (month) (day) (year): FEBRUARY 15TH 1909
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: CASSIA	b. City or Town of Birth: BURLEY, IDAHO
FATHER	6. Full Name of Father: HUGH MATHIAS MOON			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: MARTHA LOUISA McBRIDE			9. State or Country of Mother's Birth: UTAH
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: L. E. Moon		11. Present Address of Registrant: RUPERT, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: AUGUST 16TH 1964	12. Signature of Notary: Albert Lovelace		13. Notary Commission expires: OCTOBER 18TH 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Martha Moon Grover		Date Issued: Aug. 16, 1964	Date Orig. Entry: ---
	Date of Birth: Feb. 15, 1909	Birth Place: Burley, Idaho	Full Name of Mother: Martha Louisa McBride		Name of Father: Hugh M. Moon
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #303720		Date Issued: ---	Date Orig. Entry: child born Oct. 18, 1940
	Date of Birth: Age 31	Birth Place: Burley, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Marriage records	By whom issued and signed: Minidoka County, Idaho		Date Issued: Aug. 19, 1964	Date Orig. Entry: July 23, 1930
	Date of Birth: Age 21	Birth Place: ---	Full Name of Mother: ---		Name of Father: ---
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda M. Larson	Sept. 10, 1964

FORM BH 56067

SEP 11 1984

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

249-216-009-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-623

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Irene Smith			2. Date of Birth (month) (day) (year): June 16 1909	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Sagle Idaho Bonner	b. City or Town of Birth: Sagle Idaho	
FATHER	6. Full Name of Father: Samuel Stephen Smith			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Mary Emma Cochrane			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mrs Mildred Thompson	11. Present Address of Registrant: 1405 S McCoy St Independence, Mo.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 27 1964		12. Signature of Notary: Alice M. Bowser	13. Notary Commission expires: March 23 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notarized photocopy of page from family record book		By whom issued and signed: Family records	Date Issued: Aug. 27, 1964	Date Orig. Entry: obviously old
	Date of Birth: June 16, 1909	Birth Place: Sagle, Idaho	Full Name of Mother: Mary E. Smith	Name of Father: S. S. Smith	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation, Dup.		By whom issued and signed: Reorganized Church of Jesus Christ of LDS. Independence, Mo.	Date Issued: ---	Date Orig. Entry: baptized June 17, 1917
	Date of Birth: June 16, 1909	Birth Place: Sagle, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's birth certificate #70368		By whom issued and signed: Board of Health, Missouri	Date Issued: ---	Date Orig. Entry: child born Oct. 7, 1946
	Date of Birth: Age 37	Birth Place: Sagle, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 15, 1964

FORM BH 56067 NR

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 2 1969

REGISTRAR	1. Registrar's Full Name at Birth	2. Date of Birth (month) (day) (year)	
	3. Color of Mother	4. Place of Birth (County)	5. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
	10. Signature of Registrant	11. Present Address of Registrant	
	12. Signature of Notary	13. Notary Commission Expires	

APPLICATION — DO NOT WRITE BELOW THIS LINE

Date of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	Family Record	[illegible]	[illegible]
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
[illegible] Sagle, Idaho	Mary A. Smith	S. S. Smith	
Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	Unaccounted Church of Jesus Christ of Latter Independence, Mo.	---	[illegible] June 17, 1917
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
[illegible] Sagle, Idaho	---	---	
Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	Board of Family Missouri	---	[illegible]
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
[illegible] Sagle, Idaho	---	---	

SUPPORTING RECORD 2

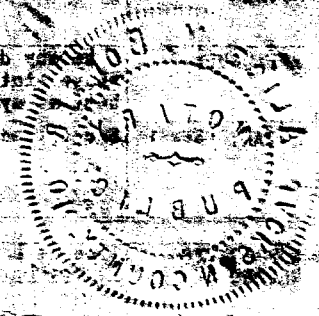
SUPPORTING RECORD 3

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]



231-204-026-869

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-649

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hortense Hayes Staker
2. Date Of Birth: (month) 4 (day) 4 (year) 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Fremont now Jefferson; b. City or Town of Birth: Menan

FATHER

6. Full Name of Father: Edmund Marchant Staker
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Louie Ann Johnston Horton
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hortense H White
11. Present Address of Registrant: Shelley Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 21 1964

12. Signature of Notary: Robert L Benson
13. Notary Commission expires: 10-5 1967

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: photocopy of application for social security #519-22-0896
By whom issued and signed: Treasury Department
Date Issued: ---
Date Orig. Entry: Oct. 1,1942

Date of Birth: April 4, 1909
Birth Place: Menan, Jefferson County, Idaho
Full Name of Mother: Louie Ann Johnson
Name of Father: Edmund Marchant Staker

SUPPORTING RECORD 2.

Type of Document: Certificate of Blessing
By whom issued and signed: LDS Church, Menan Ward
Date Issued: July 4,1909
Date Orig. Entry: blessed July 4, 1909

Date of Birth: April 4, 1909
Birth Place: Menan, Fremont County, Idaho
Full Name of Mother: Louie A. Johnson
Name of Father: Edwin M. Staker

SUPPORTING RECORD 3.

Type of Document: Certificate of Baptism and Confirmation
By whom issued and signed: LDS CHURCH, Birdie Green, Clerk, Menan Ward
Date Issued: ---
Date Orig. Entry: baptized Oct. 5, 1918

Date of Birth: April 4, 1909
Birth Place: Menan, Jefferson County, Idaho
Full Name of Mother: Louie Johnson
Name of Father: Edmund M. Staker

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Glenda Larson
Date Filed: Sept. 24, 1964

FORM BH 56067

NOV [redacted]

White

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 4 1964

REGISTRANT	1. Registrant's Full Name at Birth		
	2. Date of Birth		
	3. Sex	4. Place of Birth	5. County
	6. Town of Birth		
FATHER	7. Full Name of Father		8. Country of Father's Birth
MOTHER	9. Full Name of Mother		10. Country of Mother's Birth
AFFIDAVIT	11. Person Declaring upon oath that the above statements are true to the best of his knowledge and belief.	12. Signature of Registrant	13. Present Address of Registrant
NOTARY (Seal)	14. Subscribed and sworn to before me on	15. Signature of Notary	16. Notary Commission expires

SUPPORTING RECORD 1	Type of Document: Certificate for Registration	DO NOT WRITE BELOW THIS LINE By whom issued and signed: Treasury Department	Date Issued: ---	Date Orig. Entry: Oct. [illegible], 1942
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
	Birth Place: [illegible] County, Idaho			
SUPPORTING RECORD 2	Type of Document: Certificate of Blessing	By whom issued and signed: [illegible]	Date Issued: July 4, 1909	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible] M. Otsker	
	Birth Place: [illegible] County, Idaho			
SUPPORTING RECORD 3	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: [illegible]	Date Issued: ---	Date Orig. Entry: Confirmed Oct. 5, 1913
	Date of Birth: April 1, 1906	Full Name of Mother: Louie [illegible]	Name of Father: [illegible] M. [illegible]	
	Birth Place: [illegible] County, Idaho			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	Sept. 28, 1964

FORM NO. [illegible]

318-208-004-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-667

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beatrice Taylor		2. Date Of Birth (month) (day) (year): November 8 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake; b. City or Town of Birth: Paris
FATHER	6. Full Name of Father: George Francis Taylor		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Martha Ann Johnson		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beatrice Taylor Kennedy	11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: September 21 1964	12. Signature of Notary: Anita Jones; My Commission Expires 8-6-68	13. Notary Commission expires: 5625 S.E. Belmont, Portland, Ore.

APPLICANT — DO NOT WRITE BELOW THIS LINE

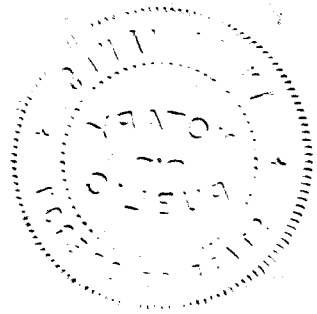
SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #543-44-9976		By whom issued and signed: Social Security Administration	Date Issued: ----	Date Orig. Entry: Jan. 10, 1957
	Date of Birth: Nov. 8, 1909	Birth Place: Paris, Bear Lake County, Idaho	Full Name of Mother: Martha Ann Johnson	Name of Father: George Francis Taylor	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Paris 2nd Ward	Date Issued: Dec. 12, 1909	Date Orig. Entry: blessed Dec. 12, 1909
	Date of Birth: Nov. 8, 1909	Birth Place: Paris, Bear Lake County, Idaho	Full Name of Mother: Martha Ann Johnson	Name of Father: George F. Taylor	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #255173		By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: Aug. 5, 1944	Date Orig. Entry: July 22, 1944
	Date of Birth: Nov. 8, 1909	Birth Place: Paris, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 5, 1964

FORM BH 56067

OCT 6 1964

APR 29 1969



413731-233-966

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-675

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ivan Mathie		2. Date of Birth (month) July (day) 31 (year) 1909	
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg, Idaho
FATHER	6. Full Name of Father: James Baird Mathie		7. State or Country of Father's Birth: Toole, Utah	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Matilda Rowe		9. State or Country of Mother's Birth: Mendon, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ivan Mathie	11. Present Address of Registrant: St. Anthony, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 30th September 1964	12. Signature of Probate Judge: Madison County Probate Judge	Notary Commission expires: 11th January 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #307072	Date Issued: ---	Date Orig. Entry: child born December 29, 1940	
	Date of Birth: Age 31	Birth Place: Rexburg, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application to insurance company	By whom issued and signed: Beneficial Life Insurance Company #179183	Date Issued: ---	Date Orig. Entry: Feb. 29, 1938	
	Date of Birth: July 31, 1909	Birth Place: Rexburg, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of church birth certificates	By whom issued and signed: LDS Church, Salt Lake City, Utah	Date Issued: Sept. 16, 1964	Date Orig. Entry: Oct. 3, 1909	
	Date of Birth: July 31, 1909	Birth Place: Rexburg, Idaho Fremont, County	Full Name of Mother: Matilda Rowe	Name of Father: James B. Mathie	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 7, 1964

FORM BH 56067

Kathie

OCT 7 1964

APR 2 3 1991

339-101-026-134

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-678

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virgil Alder Clifford		2. Date of Birth (month) (day) (year): November 1 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Jefferson; b. City or Town of Birth: Menan
FATHER	6. Full Name of Father: Albert Nephi Clifford		7. State or Country of Father's Birth: North Ogden, Weber, Utah
MOTHER	8. Full Maiden Name of Mother: Alice Ann Alder		9. State or Country of Mother's Birth: Preston, Oneida, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virgil A Clifford	11. Present Address of Registrant: Rt. 2. Burley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 25th 1964	12. Signature of Notary: Delma Gray	13. Notary Commission expires: Sept 19 1967

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle Age 76	By whom issued and signed: Orrin Clifford	Date Issued: Sept. 25, 1964	Date Orig. Entry: ---
	Date of Birth: Nov. 1, 1909	Birth Place: Menan, Jefferson County, Idaho	Full Name of Mother: Alice Ann Clifford	Name of Father: Albert Nephi Clifford
SUPPORTING RECORD 2.	Type of Document: Certified copy of affidavit for marriage license	By whom issued and signed: Jefferson County, Idaho	Date Issued: Sept. 25, 1964	Date Orig. Entry: Jan. 5, 1935
	Date of Birth: Age 25	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #382352	Date Issued: ---	Date Orig. Entry: child born Oct. 21, 1943
	Date of Birth: Age 33	Birth Place: Menan, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Oct. 7, 1964

FORM BH 56067

search made.

OCT 7 1964

Affixed

100 394-101-001-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-700

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lee Tidwell			2. Date of Birth (month) (day) (year): June 1, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: William H. Tidwell			7. State or Country of Father's Birth: Texas
MOTHER	8. Full Maiden Name of Mother: Josephine Tidwell (Venable)			9. State or Country of Mother's Birth: Missouri
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lee Tidwell		11. Present Address of Registrant: 1614 Dian, Boise Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: October 7 1964	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: September 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate on file with state of Idaho		By whom issued and signed: # 216826	Date Issued: -----	Date Orig. Entry: child born Nov 5, 1933
	Date of Birth: Age 24	Birth Place: Boise, Idaho	Full Name of Mother: ----------	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age 73		By whom issued and signed: Nellie Carter	Date Issued: ----------	Date Orig. Entry: Oct. 13, 1964
	Date of Birth: June 1, 1909	Birth Place: Ada Co. Boise	Full Name of Mother: Josephine Venable, Tidwell	Name of Father: William H. Tidwell	
SUPPORTING RECORD 3.	Type of Document: Discharge from U. S. Army		By whom issued and signed: P. J. Larrick, Major Air Corps	Date Issued: Jan. 14 1946	Date Orig. Entry: Jan. 14, 1946
	Date of Birth: June 1 1909	Birth Place: Ada County	Full Name of Mother: ----------	Name of Father: ---------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: Oct. 19, 1964

FORM BH 56067

OCT 19 1964

236-209-009-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-706

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Katherine Stone			2. Date Of Birth (month) Sept. (day) 9 (year) 1909	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Priest River Bonner	b. City or Town of Birth: Priest River, Idaho	
FATHER	6. Full Name of Father: Elmer Stone			7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Theresa Kramer			9. State or Country of Mother's Birth: Spokane Wash	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: nee Stone Elizabeth Katherine Jones	11. Present Address of Registrant: 2301 McCarren Street North Las Vegas, Nevada	
NOTARY (Seal)	Subscribed and sworn to before me on: October 14 1964		12. Signature of Notary: Lawrence P. Stecher	13. Notary Commission expires: My Commission Expires June 28, 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: St. Aloysius Church, Spokane Wash., Roman Catholic Church	Date Issued: Feb. 28, 1961	Date Orig. Entry: baptized Sept. 26, 1909
	Date of Birth: Sept. 9, 1909	Birth Place: Priest River, Idaho	Full Name of Mother: Theresa Cremer	Name of Father: Elmer Stone	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Theresa Stone	Date Issued: Oct. 9, 1964	Date Orig. Entry: ----
	Date of Birth: Sept. 9, 1909	Birth Place: Priest River, Idaho	Full Name of Mother: Theresa Kramer Stone	Name of Father: Elmer Stone	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #189334	Date Issued: -------	Date Orig. Entry: child born March 5, 1931
	Date of Birth: Age 21	Birth Place: Priest River, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

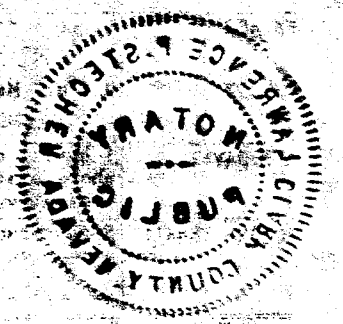
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Oct. 21, 1964

FORM BH 56067

OCT 21 1964



533-116-003-391

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-709
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ira Basil Ellis		2. Date Of Birth (month) 11 (day) 16 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Grace Bannock; b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: George Washington Ellis		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Susannah May Trappett		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ira Ellis	11. Present Address of Registrant: Soda Springs, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 6th 1952	12. Signature of Notary: S. Frankens	13. Notary Commission expires: July 1 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #228713	Date issued: ---	Date Orig. Entry: child born Dec. 2, 1934
Class*	Date of Birth: Age 25	Birth Place: Grace, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certified copy of application for license to marry		By whom issued and signed: Iver Larsen, Clerk 1st Dist. Court of Utah	Date issued: April 25, 1962	Date Orig. Entry: Nov. 7, 1931
Class	Date of Birth: Nov. 16, 1909	Birth Place: Idaho	Full Name of Mother: Susannah Trappet	Name of Father: G. W. Ellis, Sr.	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend of family at time of birth Age 86		By whom issued and signed: E. D. Whitman	Date issued: Sept. 30, 1959	Date Orig. Entry: ---
Class	Date of Birth: Nov. 16, 1909	Birth Place: Grace, Idaho	Full Name of Mother: Susannah May Trappett Ellis	Name of Father: George W. Ellis	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Oct. 20, 1964

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 18 1972

PRINT OR TYPE	1. Name of Child - First, Middle, Last	2. Date of Birth (Month, Day, Year)	Sex
	(If given, show birth registered under)		
PLACE OF BIRTH	3. County of Birth	4. City, Village or Township of Birth (If not in city or village)	
	5. Name of Hospital or Institution (If not in hospital, give street address or location)		
PARENTAGE	6. Mother's Maiden Name	7. Mother's Birthplace (State or Foreign Country)	8. Mother's Color or Race
	9. Father's Name	10. Father's Birthplace (State or Foreign Country)	11. Father's Color or Race
INFORMANT	12. Informant's Name	13. Mailing Address	14. Relationship to Child
	15. Name and Address of Person Who Filled Out This Report (If other than informant)		
	16. Date Filed by Registrar	17. Signature of Registrar	

I hereby declare under oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on _____ (Month, Day, Year)

18. Signature of Notary

19. Notary Commission Expires

20. Present Address of Registrant

SUPPORTING RECORD 1.

Type of Document	Date Issued	Date Orig. Entry Filed
Own affidavit	---	

Date of Birth (Month, Day, Year) — Full Name of Mother — Name of Father

By Whom Issued and Signed

SUPPORTING RECORD 2.

Type of Document	Date Issued	Date Orig. Entry Filed

Date of Birth (Month, Day, Year) — Full Name of Mother — Name of Father

By Whom Issued and Signed

SUPPORTING RECORD 3.

Type of Document	Date Issued	Date Orig. Entry Filed

Date of Birth (Month, Day, Year) — Full Name of Mother — Name of Father

By Whom Issued and Signed

ADDITIONAL INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing abstract.

(Seal)

State Registrar	Evidence Reviewed By	Date Filed
W. W. Jenson	Deputy Clerk	Oct. 27, 1972

*Class A Records are those made prior to one year following the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but prior to [illegible].

259428-004-638

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De64-753

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edward Berger	2. Date Of Birth (month) Sept (day) 28th (year) 1909
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Montpelier, Idaho.
FATHER	6. Full Name of Father: Samuel Berger	7. State or Country of Father's Birth: Niederstocken Switzerland
MOTHER	8. Full Maiden Name of Mother: Margaret Marie Ochsenbein	9. State or Country of Mother's Birth: Goldwyle, Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edward Berger; 11. Present Address of Registrant: Montpelier Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 5 1964	12. Signature of Notary: D. A. Larsen; 13. Notary Commission expires: 10-9 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Own childs birth certificate	By whom issued and signed: Wyoming State Board of Health File # 1935	Date issued: Sept. 18 1962	Date Orig. Entry: Child born March 19, 1935
	Date of Birth: Age 25; Birth Place: Montpelier, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination to the Holy Priesthood	By whom issued and signed: L. D. S. Church Jos. Einzinger, Ward Clerk	Date issued: Jan. 16 1925	Date Orig. Entry: Ordained Dec. 29, 1924
	Date of Birth: Sept. 28, 1909; Birth Place: Montpelier, Idaho	Full Name of Mother: Margaret Oschsenbein	Name of Father: Samuel Berger	
SUPPORTING RECORD 3.	Type of Document: present at birth Affidavit by neighbor Age 77	By whom issued and signed: Mrs. Anna Stoner	Date issued: Nov. 5, 1964	Date Orig. Entry: ---------
	Date of Birth: Sept. 28 1909; Birth Place: Montpelier, Ida.	Full Name of Mother: Margaret Marie Ochsenbein	Name of Father: Samuel Berger	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Nov. 10, 1964

FORM BH 56067

NOV 10 1964

665-264-016-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-755

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VELMA FRANCES OWENS		2. Date of Birth (month) Nov. (day) 14 (year) 1909
	3. Color or Race: wt.	4. Sex: F	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Basin, Idaho
FATHER	6. Full Name of Father: HANS RIAL OWENS		7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: LUCY FRANCES KIDD		9. State or Country of Mother's Birth: Ida.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on Nov 9 19 64	12. Signature of Notary: Frank R. Green	13. Notary Commission expires 1-25 19 66

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle Age: 72	By whom issued and signed: E. A. Owens	Date Issued: Nov. 9, 1964	Date Orig. Entry: -----	
	Date of Birth: Nov. 14, 1909	Birth Place: Basin, Idaho	Full Name of Mother: Lucy Frances Kidd	Name of Father: Hans Rial Owens	
SUPPORTING RECORD 2.	Type of Document: Marriage record	By whom issued and signed: On file Idaho #50-8866	Date Issued: -----	Date Orig. Entry: Dec. 30, 1950	
	Date of Birth: Age 41	Birth Place: Basin, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #177696	Date Issued: -----	Date Orig. Entry: child born Dec. 27, 1929	
	Date of Birth: Age 20	Birth Place: Basin, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 10, 1964

FORM BH 56067

NOV 12 1964

Lightfoot

433-231-042-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-772

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Susan Elizabeth McClain
2. Date of Birth (month) (day) (year): Oct 31 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Twin Falls
b. City or Town of Birth: Twin Falls

FATHER

6. Full Name of Father: Clyde E McClain
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Ethel Birdella McClain
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: S. Elizabeth Murphy
11. Present Address of Registrant: 910 North 12th East Logan, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: November 13th 1964

12. Signature of Notary: [signature]
13. Notary Commission expires: 29 April 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Ethel Birdella McClain	Nov.13,1964	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.31,1909 / West of Twin Falls, Idaho, T. F. County	Ethel Birdella McClain	Clyde E. McClain	
SUPPORTING RECORD 2.	Certificate of Age from marriage record	Twin Falls, County, Idaho H. A. Lancaster, recorder	Nov.12,1964	May 26, 1933
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 23 / ----	----	----	
SUPPORTING RECORD 3.	Insurance Policy #4,490,194	The Equitable Life Assurance Society of the United States	Aug. 17, 1927	Aug. 6,1927
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.31,1909 / Twin Falls,Idaho	Birdella E. McClain	----	

QUALIFYING INFORMATION

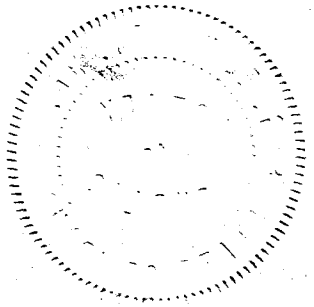
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	Nov. 23, 1964

FORM BH 56067

NOV 23 1964



238-124-010 -762

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-781

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glenn Everett Schultz			2. Date of Birth (month) (day) (year): October 24 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho — Shoshone	b. City or Town of Birth: Kellogg
FATHER	6. Full Name of Father: Rudolph A. Schultz			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Dora B. Gossett			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glenn Everett Schultz		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 16 1964	12. Signature of Notary: Vernon Benson		13. Notary Commission expires: 6-24 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's hospital birth certificate	By whom issued and signed: Wardner Hospital, Kellogg	Date Issued: -----	Date Orig. Entry: child born June 23, 1936	
	Date of Birth: Oct.24,1909	Birth Place: Kellogg, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Petition of Degrees to the K.P. & A.M. Lodge # 89	By whom issued and signed: William Robinson, Chairman	Date Issued: January 15, 1959	Date Orig. Entry	
	Date of Birth: Oct.24,1909	Birth Place: Shoshone County Kellogg, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Dora B. Schultz	Date Issued: Nov.13,1964	Date Orig. Entry: -------	
	Date of Birth: October 24, 1909	Birth Place: Kellogg, Idaho	Full Name of Mother: Dora B. Schultz	Name of Father: Rudolph A. Schultz	

QUALIFYING INFORMATION: Application for membership in the Benevolent and Proctective Order of Elks on September 13, 1951. Born October 24, 1909 in Kellogg, Idaho, Shoshone County.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm sm Glenda Larson	Nov. 27, 1964

FORM BH 56067 1 Copy Pd. # 6058

NOV 30 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

State Registrar

REGISTRANT (Person whose birth is being registered)	1. Registrant's full name of birth: Glenn Everett Schultz	2. Date of birth (month) (day) (year): October 24 1909
	3. Color or Race (B. Sex): White / Male	4. Place of Birth (a. County): Idaho / Shoshone
	5. City or Town of Birth: Kellogg	
FATHER	6. Full Name of Father: Rudolph A. Schultz	7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Dana S. Gossett	9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant / 11. Present Address of Registrant
NOTARY (Seal)	9. Sworn and sworn to before me	12. Signature of Notary / 13. Notary Commission expires

EVIDENCE — DO NOT WRITE FROM THIS LINE

SUPPORTING RECORD 1	Type of Document: Child's Hospital Birth Certificate	By whom issued and signed: Bernhard [illegible], Kellogg	Date Issued: -----	Date Orig. Entry: Child born June 23, 1909
	Date of Birth: Oct. 24, 1909	Birth Place: Kellogg, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2	Type of Document: Registered Payment to the [illegible]	By whom issued and signed: William Robinson, [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Oct. 24, 1909	Birth Place: Shoshone County Kellogg, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: Dana S. Schultz	Date Issued: [illegible]	Date Orig. Entry: -----
	Date of Birth: [illegible] 1909	Birth Place: Kellogg, Idaho	Full Name of Mother: [illegible]	Name of Father: Rudolph A. Schultz

QUALIFYING INFORMATION: Application for membership in the Passport and Protective Order of Elks on September 13, 1951. Born October 24, 1909 in Kellogg, Idaho, Shoshone County.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature] | Evidence reviewed by: [illegible] | Date filed: Nov. 27, 1964

FORM NO. [illegible]

495-227-013-794

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De64-808

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Elvira Amanda Mink			2. Date of Birth (month) 11 (day) 27 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Camas	b. City or Town of Birth: Soldier, Ida.
FATHER	6. Full Name of Father: Sylvester C. Mink			7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Virginia Rose Grubb			9. State or Country of Mother's Birth: Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Elvira A Mink		11. Present Address of Registrant: 1304 No. 26, Boise, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: December 1st 1964	12. Signature of Notary: Helen Hopkins		13. Notary Commission expires: June 30 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified Copy Certificate of Baptism	By whom issued and signed: St. John's Cathedral Morrison Hiskey, Pastor	Date Issued: Dec. 6 1964	Date Orig. Entry: Baptised Sept. 21, 1935
	Date of Birth: Nov. 27, 1909 / Birth Place: Idaho	Full Name of Mother: Virginia Rose Grubb	Name of Father: Sylvester C. Mink	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: St. Alphonsus Hospital E. M. Amos, R.R.L.	Date Issued: Dec. 7, 1964	Date Orig. Entry: Admitted to Hos. June 19, 1948
	Date of Birth: Nov. 27, 1909 / Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 77	By whom issued and signed: Mae Mink Boyer	Date Issued: Nov. 30, 1964	Date Orig. Entry: ---------
	Date of Birth: Nov. 27, 1909 / Birth Place: Soldier, Ida.	Full Name of Mother: Virginia Rose Grubb	Name of Father: /Sylvester Mink	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Dec. 10, 1964

FORM BH 56067

DEC 10 1964

318-203-026-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De64-810

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Bertha Taylor			2. Date Of Birth (month) May (day) 3 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Roberts
FATHER	6. Full Name of Father: Eugene Taylor			7. State or Country of Father's Birth: Illinois, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Lillie Bell Whitlatch			9. State or Country of Mother's Birth: West Virginia, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Bertha Brown		11. Present Address of Registrant: 1117 Cabrillo, Burlingame, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: December 10 1964	12. Signature of Notary: Mabel Jebeau		13. Notary Commission expires: October 4 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Lillie Bell Taylor		Date Issued: Oct.22,1962	Date Orig. Entry: ------
	Date of Birth: May 3, 1909	Birth Place: Roberts, Idaho	Full Name of Mother: Lillie Bell Taylor	Name of Father: Eugene Taylor	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #232974		Date Issued: -----	Date Orig. Entry: child born June 11, 1935
	Date of Birth: age 26	Birth Place: Roberts, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document #402653M1 Metropolitan Life Insurance Company - Insurance Policy	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: Feb. 1, 1941	Date Orig. Entry: Feb 1, 1941
	Date of Birth: Age next birthday at issue. 32	Birth Place: ------	Full Name of Mother: -------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: December 14, 1964

FORM BH 56067

1 copy paid 9-28-62

DEC 14 1964

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 0864-810

REGISTRAR (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Edna Bertha Taylor	2. Date of Birth (month) May (day) 3 (year) 1909
	3. Color or Race: White	4. Sex: Female
	5. Place of Birth: Jefferson	6. City or Town of Birth: Roberts
LATHER	6. Full Name of Father: Eugene Taylor	7. State or Country of Father's Birth: Illinois, U.S.A.
MOTHER	8. Full Name of Mother: Lillie Bell Whitlatch	9. State or Country of Mother's Birth: West Virginia, U.S.A.
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]
	11. Present Address of Registrant: 1117 Cabrillo, Burlingame, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary: [signature]
	13. Notary Commission Expires: [illegible] 19[illegible]	

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Lillie Bell Taylor	Date Issued: Oct. 22, 1962	Date Orig. Entry: ------
	Date of Birth: May 3, 1909	Birth Place: Roberts, Idaho	Name of Mother: Lillie Bell Taylor	Name of Father: Eugene Taylor
SUPPORTING RECORD 2.	Type of Document: Own children's birth certificate	By whom issued and signed: on file Idaho #232914	Date Issued: -----	Date Orig. Entry: Chil. Corn June 11, 1935
	Date of Birth: June 26	Birth Place: Roberts, Idaho	Full Name of Mother: -------	Name of Father: -------
SUPPORTING RECORD 3.	Type of Document: #[illegible] Metropolitan Life Insurance Company - Insurance Policy	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Feb. 1, 1941	Date Orig. Entry: Feb 1, 1941
	Date of Birth: Age next birthday at issue: 32	Birth Place: ------	Full Name of Mother: -------	Name of Father: -------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: December 14, 1964

1 copy paid 9-28-62

962-108-028-556

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-822

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James A. Ross		2. Date of Birth (month) May (day) 8 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai; b. City or Town of Birth: Rathdrum, Idaho
FATHER	6. Full Name of Father: William R. Ross		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Arabella Newkirk		9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James A Ross	11. Present Address of Registrant: Casper Wyo 1224 No Durbin St
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 3 1964	12. Signature of Notary: John D Hoover	13. Notary Commission expires: Oct 10 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family record of births	By whom issued and signed: family records by parents	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: May 8,1909; Birth Place: Rathdrum, Idaho	Full Name of Mother: Arabella Newkirk	Name of Father: William R. Ross	
SUPPORTING RECORD 2.	Type of Document: photocopy of employment record (certified)	By whom issued and signed: Sanitation City of Casper, Wyoming E.A. Grant, Clerk-treasurer	Date issued: ----	Date Orig. Entry: Sept. 6,1955
	Date of Birth: May 8,1909; Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #520-09-5223	By whom issued and signed: Treasury Department	Date issued: Nov.25,1964	Date Orig. Entry: Oct. 22,1937
	Date of Birth: May 8,1909; Birth Place: Rathdrum, Idaho	Full Name of Mother: Arebell NewKirk	Name of Father: William R. Ross	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W U Benson	gml Glenda Larson	Dec. 17, 1964

FORM BH 56067

DEC 17 1964

Ross

293-116-010-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-826

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Billman			2. Date Of Birth (month) (day) (year): November 16 1909
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Ucon
FATHER	6. Full Name of Father: Mortimor Billman			7. State or Country of Father's Birth: Park Co. Montana
MOTHER	8. Full Maiden Name of Mother: Cora Jane Bate			9. State or Country of Mother's Birth: Salt Lake Co. Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Billman		11. Present Address of Registrant: 1195 Cassia Ave, Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 8th November 1964	12. Signature of Notary: George Jensen		13. Notary Commission expires: May 10, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Ordination to office of Teacher	By whom issued and signed: LDS Church, Garfield Ward Book 2, #57	Date Issued: Dec. 29, 1925	Date Orig. Entry: ordained Dec. 7, 1925
	Date of Birth: Nov. 16, 1909 / Birth Place: Ucon, Bonneville County, Idaho	Full Name of Mother: Cora Bate	Name of Father: Martimor Billman	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Cora Jane Bate	Date Issued: Nov. 14, 1964	Date Orig. Entry: -----
	Date of Birth: Nov. 16, 1909 / Birth Place: Ucon, Idaho Bonneville Couny	Full Name of Mother: Cora Jane Bate	Name of Father: Mortimor Billman	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #256072	Date Issued: ----	Date Orig. Entry: child born Mar. 11, 1937
	Date of Birth: Age 27 / Birth Place: Ucon, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Barson	Glenda Larson	Dec. 17, 1964

FORM BH 56067

DEC 17 1964

DELAYED CERTIFICATE OF BIRTH

44S4171033-763

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-848

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MELVIN E. DUNN			2. Date of Birth (month) OCT (day) 17 (year) 1909
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: IDAHO MADISON	b. City or Town of Birth: REXBURG
FATHER	6. Full Name of Father: EZRA THOMAS DUNN			7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: DELLA LORETTE GOLD			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melvin E. Dunn		11. Present Address of Registrant: 502 8TH STREET FORTUNA, CALIF.
NOTARY (Seal)	Subscribed and sworn to before me on: July 29 1964	12. Signature of Notary: Darlene Eliason		13. Notary Commission expires: June 25 1966

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certificate of birth for own child		By whom issued and signed: D. C. Oakleof, M.D. attending physician	Date Issued: May 18, 1944	Date Orig. Entry: child born May 17, 1944
	Date of Birth: Age 34	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #CU-546886		By whom issued and signed: United Benefit Life Insurance Company, Omaha, Nebraska	Date Issued: March 27, 1945	Date Orig. Entry: March 12, 1945
	Date of Birth: Oct. 17, 1909	Birth Place: Rexburg, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by relative and close neighbor at time of birth		By whom issued and signed: Mary Merrill Age 76	Date Issued: Dec. 22, 1964	Date Orig. Entry: -----
	Date of Birth: Oct. 17, 1909	Birth Place: Rexburg, Idaho	Full Name of Mother: Della Lorette Gold	Name of Father: Ezra Thomas Dunn	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Dec. 29, 1964

FORM BH 56067

11-25-64

DEC 29 1964

Kennedy, Atty

253-203-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-005

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LUELLA ALVINA BECK			2. Date Of Birth (month) July (day) 3, (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont County, Idaho	b. City or Town of Birth: La Belle, Idaho,
FATHER	6. Full Name of Father: Theodore Beck			7. State or Country of Father's Birth: City of Alborg, County of Alborg Denmark
MOTHER	8. Full Maiden Name of Mother: Elizabeth Ann Smithies			9. State or Country of Mother's Birth: City of Milcreek, County of Salt Lake, State of Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Luella Alvina Beck Landell		11. Present Address of Registrant: 227 W. 15th. Idaho Falls, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: October 2, 1964	12. Signature of Notary: George [illegible]		13. Notary Commission expires: 3/15 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U. S. Department of Commerce Bureau of the Census	Date Issued: Dec.22, 1964	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age 10	Birth Place: Idaho	Full Name of Mother: Elizabeth A. Beck	Name of Father: Theodore T. Beck	
SUPPORTING RECORD 2.	Type of Document: Church Certificate of Birth		By whom issued and signed: LDS Church, Salt Lake City, Utah	Date Issued: May 14,1964	Date Orig. Entry: Aug.1,1909
	Date of Birth: July 3,1909	Birth Place: LaBelle, Fremont County, Idaho	Full Name of Mother: Elizabeth Ann Smithies Beck	Name of Father: Theodore Beck	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 73 (next bd.)		By whom issued and signed: Viola Beck Fell	Date Issued: April 30, 1964	Date Orig. Entry: -----
	Date of Birth: July 3,1909	Birth Place: LaBelle, Idaho Fremont County	Full Name of Mother: Elizabeth Ann Smithies Beck	Name of Father: Theodore Beck	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	Jan. 4, 1965

FORM BH 56067

JAN 6 1965

DELAYED CERTIFICATE OF BIRTH

Grandma

264-118-021-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-026

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elden Smith Bodily
2. Date Of Birth: (month) June (day) 18 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County Idaho; b. City or Town of Birth: Fairview, Franklin Co. / Fairview

FATHER

6. Full Name of Father: Levi Bodily
7. State or Country of Father's Birth: Fairview, Idaho

MOTHER

8. Full Maiden Name of Mother: Ivy Chrystel Smith
9. State or Country of Mother's Birth: Lewiston, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elden S. Bodily
11. Present Address of Registrant: 1230 E. Edgemont Ave. Phoenix, Arizona

NOTARY (Seal)

Subscribed and sworn to before me on 6th day of January 1965

12. Signature of Notary: Mary Helen Stanley
13. Notary Commission expires: Sept. 22nd 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin who lived near at time of birth	By whom issued and signed: Edis I. Rawlings (b.d. Aug. 9, 1889)	Date Issued: Jan. 6, 1965	Date Orig. Entry: -----
	Date of Birth: June 18, 1909 / Birth Place: Fairview, Franklin County, Idaho	Full Name of Mother: Ivy Chrystel Smith	Name of Father: Levi Bodily	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and confirmation	By whom issued and signed: LDS Church, Elijah Gilbert, clerk	Date Issued: -----	Date Orig. Entry: baptized July 1, 1917
	Date of Birth: June 18, 1909 / Birth Place: Fairview, Franklin County, Idaho	Full Name of Mother: Ivy Smith	Name of Father: Levi Bodily	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordingation as a Deacon	By whom issued and signed: LDS Church, Henry H. Rawlings, Bishop, Fairview Ward	Date Issued: ---	Date Orig. Entry: ordained Dec. 12, 1921
	Date of Birth: June 18, 1909 / Birth Place: Fairview, Idaho	Full Name of Mother: Ivy Smith	Name of Father: Levi Bodily	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Jan. 14, 1965

FORM BH 56067

JAN 14 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Bodily

REGISTRANT	1. Registrant's Full Name at Birth: Eldon Smith Bodily	2. Date of Birth (month) June (day) 18 (year) 1900	
(Person whose birth is being registered)	3. Color or Race: Lite Whole	4. Place of Birth: Fairview, Franklin Co.	5. Birth Place (Country): Fairview
FATHER	6. Full Name of Father: Levi Bodily	7. Place of Country of Father's Birth: Fairview, Idaho	
	8. Maiden Name of Mother: Ivy Crystal Smith	9. Place of Country of Mother's Birth: Newton, Utah	
CERTIFICATE	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: Lincoln, Arizona
	Subscribed and sworn to before me	12. Signature of Notary	13. Notary Commission Expires

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	[illegible]	[illegible]	[illegible]	
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ---	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Fairview, Franklin County, Idaho	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ---	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Fairview, Idaho	Full Name of Mother: [illegible]	Name of Father: Levi Bodily
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that document any [illegible] has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: [illegible] 1965

295-223-034-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-031

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kanoko Brewerton		2. Date of Birth (month) (day) (year): Dec. 23, 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Minidoka Co. b. City or Town of Birth: Jackson, Idaho.
FATHER	6. Full Name of Father: Charles Albert Brewerton		7. State or Country of Father's Birth: Elba, Idaho. Cassia Co.
MOTHER	8. Full Maiden Name of Mother: Olive Pearl Montgomery		9. State or Country of Mother's Birth: North Ogden, Weber Co. Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kanoko B. Summers	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 4 1965	12. Signature of Notary: L Jacoby	13. Notary Commission expires: May 12 1966

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #239016	Date Issued: -----	Date Orig. Entry: child born Nov. 21, 1935
	Date of Birth: Age 25	Birth Place: Jackson, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #67423		By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: Oct.28,1926	Date Orig. Entry: Oct. 22, 1926
	Date of Birth: Dec.23,1909	Birth Place: Jackson, Idaho	Full Name of Mother: -----	Name of Father: Charles Albert Brewerton	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Olive Pearl Brewerton	Date Issued: Jan.4,1965	Date Orig. Entry: -----
	Date of Birth: Dec.23,1909	Birth Place: Jackson, Idaho	Full Name of Mother: Olive Pearl Montgomery Brewerton	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 15, 1965

FORM BH 56067

Summons

JAN 15 1965

FEB 23 [illegible]

449-117-022-814

JAN 12 1965

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-037
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farnum
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farnum
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): REED
b. (Middle): CHASE
c. (Last): MURDOCH

4. SEX: MALE
5a. THIS BIRTH: SINGLE ☑ TWIN ☐ TRIPLET ☐
5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐
6. DATE OF BIRTH (Month) (Day) (Year): NOV 17 1909

FATHER OF CHILD

7. FULL NAME a. (First): Brigham b. (Middle): c. (Last): Murdoch
8. COLOR OR RACE: white
9. AGE (At time of this birth): 39 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Heber City Utah
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): MARTHA b. (Middle): LUANN c. (Last): HAMMON
13. COLOR OR RACE: white
14. AGE (At time of this birth): 24 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): South Hooper Utah
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 weeks pregnancy)?
17. INFORMANT'S SIGNATURE OR NAME (Relationship): Martha Luann Murdoch mother

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: E. L. Hargis
18b. ATTENDANT AT BIRTH: M. D. ☐ MIDWIFE ☐ OTHER (Specify)
18c. ADDRESS: Ashton Idaho
18d. DATE SIGNED: Nov 10 1963

19. DATE REC'D BY LOCAL REG.:
20. REGISTRAR'S SIGNATURE: W. W. Benson
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: WEEKS
22b. WEIGHT AT BIRTH: LBS. OZS.
23. Was a standard serological test for syphilis performed? YES ☐ NO ☐
Approximate date

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum

Form DPH-48001

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

OCT 11 1965

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

813-205-1003-25 3

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-071

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roetta Hale		2. Date of Birth (month) Sept. (day) 5 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Parents home Bannock; b. City or Town of Birth: Grace, Idaho
FATHER	6. Full Name of Father: Jonathan Harriman Hale		7. State or Country of Father's Birth: Tooele, Tooele Co, Utah
MOTHER	8. Full Maiden Name of Mother: Cathrine Rosetta Keller		9. State or Country of Mother's Birth: Mink Creek, Oneida Co. Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roetta H Smith	11. Present Address of Registrant: 686-35th St. Ogden, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 22 1965	12. Signature of Notary: Jan S Draper	13. Notary Commission expires: Mar 1 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #300750		By whom issued and signed: West Coast Life Insurance Co. San Francisco, California	Date Issued: March 4, 1930	Date Orig. Entry: April 16, 1930
	Date of Birth: Sept.5,1909	Birth Place: Grace, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Church Certificate of Birth		By whom issued and signed: LDS Church, Bannock Stake, Turner Ward #18252, Line 553	Date Issued: Jan.14,1965	Date Orig. Entry: Oct. 6, 1919
	Date of Birth: Sept.5,1909	Birth Place: Grace, Bannock County, Idaho	Full Name of Mother: Catherine R. Keller	Name of Father: Jonathan H. Hale	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Cathrine Rosetta Keller Hale	Date Issued: Jan.15,1965	Date Orig. Entry: -----
	Date of Birth: Sept.5,1909	Birth Place: Bannock County, Idaho	Full Name of Mother: Cathrine Rosetta Keller Hale	Name of Father: Jonathan Harriman Hale	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 29, 1965

FORM BH 56067

Smith

FEB 4 1965

864-125-042-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-078

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Winston Young			2. Date of Birth (month) January (day) 25 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Buhl, Idaho
FATHER	6. Full Name of Father: Charles William Young			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Lucile Godfrey Young			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Winston Young		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 17 1964	12. Signature of Notary: Elizabeth H. Mason		13. Notary Commission expires: Jan. 29 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Lucile Godfrey Young	Date Issued: Oct. 14, 1964	Date Orig. Entry: -----
	Date of Birth: Jan. 25, 1909 / Birth Place: Buhl, Twin Falls County, Idaho	Full Name of Mother: Lucile Godrey Young	Name of Father: Charles William Young	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #23817	By whom issued and signed: Vital Statistics, Jacksonville Florida	Date Issued: Dec. 9, 1964	Date Orig. Entry: child born June 20, 1945
	Date of Birth: Age 36 / Birth Place: Buehl, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: statement regarding church records pg. 120, Vol. III	By whom issued and signed: Trinity Episcopal Church Vero Beach, Florida	Date Issued: Jan. 14, 1965	Date Orig. Entry: confirmed Feb. 13, 1938
	Date of Birth: Jan. 25, 1909 / Birth Place: Beulah, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Feb. 1, 1965

FORM BH 56067

All 12-23-64 gml

FEB 1 1965

+ Mitchell, Atty.

249-209-002-755

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-099

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beulah mae Smith		2. Date Of Birth (month) 12 (day) 9 (year) 1909
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Council, Idaho Adams; b. City or Town of Birth: Council, Idaho
FATHER	6. Full Name of Father: Frank (nmn) Smith		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Nellie Clark Peebles		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beulah M Smith	11. Present Address of Registrant: 3901 Normandie Dr. Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 1 1964	12. Signature of Notary: Philip E. Desiet	13. Notary Commission expires: 10-31 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother Age 78	By whom issued and signed: Nellie Clark Smith	Date Issued: Oct. 2, 1964	Date Orig. Entry: ----------
	Date of Birth: Dec. 9 1909	Birth Place: Council, Idaho	Full Name of Mother: Nellie Clark Peebles	Name of Father: Frank Smith
SUPPORTING RECORD 2.	Type of Document: Ins. Policy - Surety Life	By whom issued and signed: M. B. Sorenson, Agent	Date Issued: Nov. 19 1959	Date Orig. Entry: Nov. 19 1959
	Date of Birth: Dec. 9, 1909	Birth Place: Council, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: Community Hospital, Council, Idaho Harold Whitaker, Administrator	Date Issued: Jan. 8, 1965	Date Orig. Entry: Dec. 24, 1957
	Date of Birth: Dec. 9, 1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: fc Glenda Larson	Date Filed: Feb. 5, 1965

FORM BH 56067 $2.0 paid - Rec. #9647

2-4-65

FEB 5 1965

PHILIP E. DEBRITT
SECRETARY OF STATE
STATE OF IDAHO

298-222-018-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-101

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Christina Bryant		2. Date of Birth (month) April (day) 22 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Clearwater; b. City or Town of Birth: Teakean, Idaho
FATHER	6. Full Name of Father: Singleton ~~John~~ Jahu Bryant		7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Lizzie Patty		9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Christina Bryant	11. Present Address of Registrant: Bashaw Orofino Idaho Bx 1314
NOTARY (Seal)	Subscribed and sworn to before me on: 25th Day of Jan 1965	12. Signature of Notary: Morris L Hargan	13. Notary Commission expires: Feb 1 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Lizzie P. Bryant	Date issued: Jan. 1, 1955	Date Orig. Entry: -----
	Date of Birth: April 22, 1909; Birth Place: Teakan, Idaho Clearwater County	Full Name of Mother: Mrs. Lizzie P. Bryant	Name of Father: Singleton Jahu Bryant	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for examination	By whom issued and signed: State of Idaho Merit System Council, Boise, Idaho	Date issued: ----	Date Orig. Entry: Nov. 7, 1956
	Date of Birth: April 22, 1909; Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #JM-154752	By whom issued and signed: Reserve Life Insurance Co. Dallas, Texas	Date issued: Oct. 23, 1952	Date Orig. Entry: Oct. 14, 1952
	Date of Birth: April 22, 1909; Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W U Benson	gml Glenda Larson	Feb. 8, 1965

FORM BH 56067

Baskaw

FEB 8 1965

962-220-025-995

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-103

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rozella Robertson		2. Date of Birth (month) (day) (year): October 20, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Little Cottonwood
FATHER	6. Full Name of Father: Clarence R. Robertson		7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Effie Viola Irvin		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Rozella Robertson	11. Present Address of Registrant: Reedsport, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: January 8, 1965 19	12. Signature of Notary (Rank): [signature]	13. Notary Commission expires: October 24, 19 65

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Effie Robertson Lovely	Date issued: Jan.8,1965	Date Orig. Entry: ----
	Date of Birth: Oct.20,1909; Birth Place: Little Cottonwood, Idaho Co, Idaho	Full Name of Mother: Effie Robertson	Name of Father: Clarence R. Robertson	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Lawrence Brent, Supt.of Schools, Grant County, Oregon	Date issued: Nov.23,1964	Date Orig. Entry: Nov. 7, 1919
	Date of Birth: Age 10; Birth Place: -----	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate #32	By whom issued and signed: Vital Statistics, Multnomah, County, Oregon	Date issued: Jan.22,1965	Date Orig. Entry: child born March 8, 1930
	Date of Birth: Age 20; Birth Place: Cottonwood,Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	gml Glenda Larson	Feb. 8, 1965

FORM BH 56067

Dosa

FEB 9 1965

893 - 224 - 001 - 437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-115

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn Blanche Hill		2. Date of Birth (month) 2 (day) 24 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise Idaho
FATHER	6. Full Name of Father: Durland L Hill		7. State or Country of Father's Birth: New Albeon New York
MOTHER	8. Full Maiden Name of Mother: Myrtle Melinda Mc Guire		9. State or Country of Mother's Birth: Hannibal Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn B Case	11. Present Address of Registrant: Hailey Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 5 1964	12. Signature of Notary: [illegible]	13. Notary Commission expires: Aug 10 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of mother having personal knowledge	By whom issued and signed: Marie Kibbie, Age 71	Date Issued: Nov.23,1964	Date Orig. Entry: ----
	Date of Birth: Feb.24,1909 / Birth Place: Boise, Idaho	Full Name of Mother: Myrtle Melinda McGuire	Name of Father: Durland L. Hill	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #279247	Date Issued: -----	Date Orig. Entry: child born April 22, 1939
	Date of Birth: Age 30 / Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-40-8881	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Oct.4,1954
	Date of Birth: Feb.24,1909 / Birth Place: Boise, Ada County, Idaho	Full Name of Mother: Myrtle Miliinda McGuire	Name of Father: Durland L. Hill	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Feb. 11, 1965

FORM BH 56067

$1.00

Jeppeson, Atty

FEB 12 1965

994-222-014-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-119

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GEORGIA MADALENE ZIMMERMAN		2. Date Of Birth (month) (day) (year): FEB 22 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: CANYON; b. City or Town of Birth: MIDDLETON
FATHER	6. Full Name of Father: AUGUST C. ZIMMERMAN		7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: KATHERINE A. SCHULENBURG		9. State or Country of Mother's Birth: ILLINOIS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Georgia M. Whitney	11. Present Address of Registrant: R.3 Caldwell Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: March 27 1957	12. Signature of Notary: June H. Benson	13. Notary Commission expires: Dec. 15 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: August C. Zimmerman	Date Issued: March 27, 1959	Date Orig. Entry: ------
	Date of Birth: Feb.22,1909	Birth Place: Middleton, Canyon County, Idaho	Full Name of Mother: Katherine A. Schulenburg Zimmerman	Name of Father: August C. Zimmerman	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #273751	Date Issued: ------	Date Orig. Entry: child born Oct. 4, 1938
	Date of Birth: Age 29	Birth Place: Middleton, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #1418B3		By whom issued and signed: Gem State Mutual Life Association	Date Issued: Aug.9,1935	Date Orig. Entry: August 6, 1935
	Date of Birth: Feb.22,1909	Birth Place: Middleton,Idaho	Full Name of Mother: ---------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W Benson	Glenda Larson	FEb. 12, 1965

FORM BH 56067

FEB 12 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. Do 65-119

REGISTRANT	1. Registration Full Name at Birth	2. Date of Birth (Month) (Day) (Year)
	[illegible]	[illegible]
	3. Color or Race 4. Sex 5. Place of Birth 6. County	6. City or Town of Birth
	[illegible]	[illegible]
FAIR	7. Full Name of Mother	7. State or Country of Fatherie Birth
	[illegible]	[illegible]
	8. Color or Race of Mother	9. State or Country of Mother's Birth
	[illegible]	[illegible]

AFFIDAVIT	1. Person Declaring and oath that the above statements are true to the best of my knowledge and belief	10. Signature of Registrant	11. Present Address of Registrant
	[illegible]	[illegible]	[illegible]
NOTARY (Seal)	12. Subscribed and sworn to before me on	13. Signature of Notary	14. Notary Commission Expires
	[illegible]	[illegible]	[illegible]

APPLICANT - DO NOT WRITE SHOW THIS LINE

EXPORTING AGENCY	Type of Document: Affidavit by father	By whom Issued and Signed: August C. Zimmerman	Date Issued: March 22, 1938
	Date of Birth: Feb. 22, 1909 Middleton, Canyon County, Idaho	Full Name of Mother: Katherine A. Schulenburg Zimmerman	Name of Father: August C. Zimmerman
EXPORTING AGENCY	Type of Document: Own childs birth certificate On file Idaho #273751	By whom Issued and Signed: ------	Date Issued: ------
	Date of Birth: Age 29 Birth Place: Middleton, Idaho	Full Name of Mother: ------	Name of Father: ------
EXPORTING AGENCY	Type of Document: Insurance Policy #14182	By whom Issued and Signed: Gem State Mutual Life Association	Date Issued: Aug 9, 1938
	Date of Birth: [illegible] Middleton, Idaho		Date Issued: August 6, 1938
			Name of Father: ------

SUBSTITUTE INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which accumulates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. F. Beason	Glenda Larson	Feb. 12, 1965

FORM DH 56063

12249-111-016-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-126

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lloyd D. Smith			2. Date of Birth (month) 10 (day) 11 (year) 1909
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Oakley Idaho
FATHER	6. Full Name of Father: Joseph Shields Smith			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mae Agnes De La Mare			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lloyd D. Smith		11. Present Address of Registrant: Oakley Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 11 1964	12. Signature of Notary: L. W. Elliott		13. Notary Commission expires: 5-17- 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Occidental Life Ins. Policy	By whom issued and signed: A. R. Dawson Agent	Date Issued: April 28, 1938	Date Orig. Entry: April 28 1938
	Date of Birth: Oct. 11 1909	Birth Place: Oakley, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination L. D. S. Church	By whom issued and signed: Wilber T. Cranney Samuel B. Cranney	Date Issued: Dec. 7 1924	Date Orig. Entry: Dec. 7 1924
	Date of Birth: Oct. 11 1909	Birth Place: Oakley, Idaho	Full Name of Mother: Mae Agnes De La Mare	Name of Father: Joseph S. Smith
SUPPORTING RECORD 3.	Type of Document: Age 78 Affidavit by neighbor	By whom issued and signed: Eugene Pickett	Date Issued: April 3, 1964	Date Orig. Entry: --------
	Date of Birth: Oct. 11 1909	Birth Place: Oakley, Idaho	Full Name of Mother: Mae Agnes De La Mare Joseph Shields Smi	Name of Father: Joseph Shields Smith
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb. 19, 1965

FORM BH 56067

FEB 19 1965

DELAYED CERTIFICATE OF BIRTH

STATE FILE NO. De 65-120

PLACE OF BIRTH	1. Name of hospital or institution (If not in hospital, give street address or location)	2. City or town of birth
	3. Place of birth (County)	
PARENTS	4. Name of father	5. Father's birthplace (State or foreign country)
	6. Maiden name of mother	7. Mother's birthplace (State or foreign country)
	8. Name and address of informant	9. Signature of applicant
	10. Relationship to child	11. Date signed
	12. Name and address of person who assisted in preparation of this form	13. Date signed
	14. Name of person who certified birth	15. Official capacity
	16. Date of birth (Month, day, year)	17. Sex
	18. Color or race	19. Number of child (If single, twin, triplet, etc.)
	20. Legitimate?	21. Date of marriage of parents (Month, day, year)
	22. Age of father at last birthday	23. Age of mother at last birthday
	24. Birthplace of father (State or foreign country)	25. Birthplace of mother (State or foreign country)
	26. Usual occupation of father (Kind of work done during most of working life, even if retired)	27. Kind of business or industry
	28. Usual occupation of mother (Kind of work done during most of working life, even if retired)	29. Kind of business or industry
	30. Number of previous children born to this mother	31. Number of previous children now living
	32. Number of previous children born dead	33. Date of last previous birth
	34. Name of physician or midwife in attendance	35. Date certified
	36. Name of registrar	37. Date filed

CERTIFICATION	Occupation: Life Ins. Policy	A. R. Dawson, Agent
	Date: Oct. 14, 1909	Date: April 28, 1938
	Place: Oakley, Idaho	Place: ----------
	Certification of Ordination	Walter T. Chaney
	Date: Oct. 11, 1909	Date: Dec. 7, 1924
	Place: Oakley, Idaho	Place: Samuel B. Chaney
	Affidavit by neighbor	Eugene Pickett
	Date: Oct. 11, 1909	Date: April 3, 1965
	Place: Oakley, Idaho	Place: Mae Agnes De la Mare
		Joseph Shields Smith

REGISTRATION	I hereby certify that the above birth has been recorded in the Division of Vital Statistics for this State and that the information hereby supplied has been recorded which authorizes the same to be filed in the Division of Vital Statistics.	
	E. V. Hanson	Florence Curtright
	State Registrar	Issuance requested by
	Feb. 19, 1965	
	Date Filed	

219 - 210-039-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-141

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elva Laray Barr		2. Date Of Birth (month) (day) (year): May 10 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Power; b. City or Town of Birth: Rockland,
FATHER	6. Full Name of Father: George Ernest Barr		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Lucindia Lasley		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elva L. Neitling	11. Present Address of Registrant: 1142 First Avenue, Sweet Home, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: December 3 1964	12. Signature of Notary: Louise L. Johnson	13. Notary Commission expires: Sept. 3 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Sarah L. Scott	Date Issued: Dec.3,1964	Date Orig. Entry: -----
	Date of Birth: May 10,1909 / Birth Place: Rockland, Idaho	Full Name of Mother: Sarah Lucinia Lasley	Name of Father: George Ernest Barr	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage certificate	By whom issued and signed: Polk County, Oregon	Date Issued: Dec.3,1964	Date Orig. Entry: Dec.26,1927
	Date of Birth: Age 18 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Boniface Church, Sublimity, Ore., Roman Catholic Church	Date Issued: Feb.13,1965	Date Orig. Entry: baptized May 23, 1931
	Date of Birth: May 10,1909 / Birth Place: Rockland, Idaho	Full Name of Mother: Sara Lasley	Name of Father: Ernest Barr	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	March 1, 1965

FORM BH 56067

8-27-62 1 copy paid

12-12-64

1 1965

Bettling

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's Full Name at Birth: Elva Larry Barr		2. Date of Birth (Month) (Day) (Year): May 19 1909	
3. Color or Race: White	4. Sex: F	5. Place of Birth: Lower	6. County of Town of Birth: Rockland
7. Full Name of Father: George Ernest Farr		8. State or Country of Father's Birth: Utah	
9. Full Maiden Name of Mother: Sarah Lucinda Haley		9. State or Country of Mother's Birth: Idaho	
10. Signature of Registrant:		11. Present Address of Registrant: 1142 First Avenue, Sweet Home, Oregon	
12. Signature of Notary:		13. Notary Commission Expires: Sept. 3 19 65	
Subscribed and sworn to before me on: December 3 19 64			

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1:	Type of Document: Will Evit by Mother	By whom issued and signed: Sarah L. Scott	Date Issued: Dec. 3, 1964	Date Orig. Entry: ----
	Date of Birth: May 19, 1909	Birth Place: Rockland, Idaho	Name of Father: George Ernest Farr	
SUPPORTING RECORD 2:	Type of Document: Certified copy of marriage certificate	By whom issued and signed: Rock Lawney, Oregon	Date Issued: Dec. 3, 1964	Date Orig. Entry: Dec. 26, 1927
	Date of Birth:	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3:	Type of Document: Certificate of Marriage	By whom issued and signed: Rev. Rocky Lane Church, Oregon	Date Issued: Feb. 23, 1964	Date Orig. Entry: Baptized May 23, 1931
	Date of Birth: May 19, 1909	Birth Place: Rockland, Idaho	Full Name of Mother: Sara Haley	Name of Father: [illegible]

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing Statement.

State Registrar	Evidence reviewed by: [illegible]	Date Filed: March 1, 1965

FORM [illegible]

795-206-035-942

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-142

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alpha Margaret Green			2. Date Of Birth (month) April (day) 6, (year) 1909	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Culdesac	
FATHER	6. Full Name of Father: John Green			7. State or Country of Father's Birth: Hillsville, Virginia	
MOTHER	8. Full Maiden Name of Mother: Amy Alice Russell			9. State or Country of Mother's Birth: Roseburg, Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alpha M. Sowers	11. Present Address of Registrant: 1265 Lower Roswell Road, Marietta, Georgia	
NOTARY (Seal)	Subscribed and sworn to before me on: January 26, 1965		12. Signature of Notary: Fay E. Mowers	13. Notary Commission expires: March 23, 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (Age: 66)		By whom issued and signed: Lucille Marie Jolstead	Date Issued: Feb. 16, 1965	Date Orig. Entry: -----
	Date of Birth: April 6, 1909	Birth Place: Culdesac, Idaho Nez Perce County	Full Name of Mother: Amy Alice Russell	Name of Father: John Green	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license application & affidavit		By whom issued and signed: Nez Perce County, Idaho Beth Durham, clerk	Date Issued: Jan. 14, 1965	Date Orig. Entry: Dec. 19, 1931
	Date of Birth: Age 22	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record certified		By whom issued and signed: Gladys I. Ament, Lewiston State Normal School	Date Issued: Feb. 5, 1965	Date Orig. Entry: Oct. 8, 1929
	Date of Birth: April 6, 1909	Birth Place: Culdesac, Idaho	Full Name of Mother: ----	Name of Father: John Greene	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: March 1, 1965

FORM BH 56067

MAR 1 1965

Plaintiff's atty

418-212-029-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-171

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EVELYN Hildegard DAHLIN		2. Date of Birth (month) (day) (year): NOVEMBER 12 - 1909
	3. Color or Race: White	4. Sex: FEMALE	5. Place of Birth: a. County: LATAH	b. City or Town of Birth: Troy, (State) Idaho.
FATHER	6. Full Name of Father: John Emil Dahlin		7. State or Country of Father's Birth: SWEDEN
MOTHER	8. Full Maiden Name of Mother: Agda ~~Fredlund~~ Fredlund.		9. State or Country of Mother's Birth: IDAHO.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn Dahlin Jaspar	11. Present Address of Registrant: R#1. Box 284 Moscow Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: JAN 20 1965 19___	12. Signature of Notary: D Groche	13. Notary Commission expires: Aug 12 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: Gritman Memorial Hosp. Moscow, Idaho, Olga Hanson, Supt. nurses	Date Issued: Jan. 23, 1965	Date Orig. Entry: Oct. 6, 1955
	Date of Birth: Nov. 12, 1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents	By whom issued and signed: John Emil Dahlin and Agda Dahlin	Date Issued: March 5, 1965	Date Orig. Entry: -----
	Date of Birth: Nov. 12, 1909	Birth Place: farm near Troy, Idaho	Full Name of Mother: Agda Dahlin	Name of Father: John Emil Dahlin
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: On File Idaho #290705	Date Issued: -----	Date Orig. Entry: child born Feb. 4, 1940
	Date of Birth: Age 30	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -----
QUALIFYING INFORMATION				

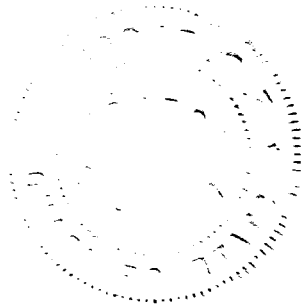
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	March 10, 1965

NP FORM BH 56067

MAR 1 1 1965
MAR 3 1 1965



251-129-006-584

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-188

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Weldon Andrew Seamons			2. Date Of Birth: (month) 6 (day) 29 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Groveland	
FATHER	6. Full Name of Father: Samuel Griffith Seamons			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Janet Nyman			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Weldon Andrew Seamons	11. Present Address of Registrant: 1200 West Bridge; Blackfoot, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: December 30 19 64		12. Signature of Notary: Blaine Anderson	13. Notary Commission expires: 1-1 19 66	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Mrs. Jos. F. Jensen, Clerk	Date Issued: Aug.5,1917	Date Orig. Entry: baptized Aug.4,1917
	Date of Birth: June 29, 1909	Birth Place: Groveland, Idaho Bingham County	Full Name of Mother: Janette Nyman	Name of Father: S. G. Seamons	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #51-9466	Date Issued: -----	Date Orig. Entry: child born Aug.16,1951
	Date of Birth: Age 42	Birth Place: Groveland, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination to Holy Priesthood (Elder)		By whom issued and signed: LDS Church, Joseph E. Williams Rose Ward Blackfoot Stake	Date Issued: Dec.20,1942	Date Orig. Entry: June 21, 1942
	Date of Birth: June 29, 1909	Birth Place: Groveland, Idaho	Full Name of Mother: Jeanette Nyman	Name of Father: Samuel Griffith Seamons	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: March 26,1965

FORM BH 56067

MAR 26 1965

Seamons

693-118-022-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-190

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Daniel Williams			2. Date of Birth (month) June (day) 18 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Rexburg, Idaho
FATHER	6. Full Name of Father: David Hunter Williams			7. State or Country of Father's Birth: Council Bluffs, Iowa
MOTHER	8. Full Maiden Name of Mother: Ella Mae Hough			9. State or Country of Mother's Birth: Council Bluffs, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Daniel Williams		11. Present Address of Registrant: 2960 South Madison Street, Denver 10, Colorado
NOTARY (Seal)	Subscribed and sworn to before me on: February 26 1965	12. Signature of Notary: Charles L. Anderson		13. Notary Commission expires: Sept 30 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother (b.d. Jan. 11, 1896)	By whom issued and signed: Jarrett H. Williams	Date Issued: Feb. 25, 1965	Date Orig. Entry: ------
	Date of Birth: June 18, 1909 / Birth Place: Rexburg, Idaho Fremont County	Full Name of Mother: Ella Mae Hough	Name of Father: David Hunter Williams	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Record of Membership	By whom issued and signed: LDS Church, Salt Lake City, Utah	Date Issued: Oct. 4, 1962	Date Orig. Entry: June 22, 1909
	Date of Birth: June 18, 1909 / Birth Place: Rexburg, Idaho	Full Name of Mother: Ella Hough	Name of Father: David H. Williams	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Record of Membership	By whom issued and signed: LDS Church, Boutiful, Utah James E. Burns Clerk	Date Issued: Feb. 3, 1918	Date Orig. Entry: baptized Feb. 3, 1918
	Date of Birth: June 18, 1909 / Birth Place: Rexburg, Fremont County, Idaho	Full Name of Mother: Ella Mae Hough	Name of Father: David H. Williams	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: March 26, 1965

FORM BH 56067

MAR 26 1965

Williams

George Daniel Williams

June 18 1909

White Male Fremont Hexburg, Idaho

David Hunter Williams Council Bluffs, Iowa

Vita Mae Hough Council Bluffs, Iowa

2960 South Madison Street
Denver 10, Colorado

915201-003-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-226

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Teresa Anna Marie Rankos		2. Date Of Birth: (month) December (day) 1 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Henry Rankos		7. State or Country of Father's Birth: Aldorf Bavaria	
MOTHER	8. Full Maiden Name of Mother: Martha C. McCloskey		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Teresa Anna Marie Rankos / Theresa Marie Healy	11. Present Address of Registrant: 3110 No. 30th Tacoma, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 2 1965	12. Signature of Notary: James L. Healy, Jr.	13. Notary Commission expires: January 7 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage return		By whom issued and signed: Tacoma, Washington Pierce County. J.W.Sonntag, Auditor	Date Issued: Mar.12,1965	Date Orig. Entry: April 17, 1933
	Date of Birth: Age 23	Birth Place: Pocatello, Idaho	Full Name of Mother: Martha McCloskey	Name of Father: Henry C. Rankos	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance Policy		By whom issued and signed: The Equitable Life Assurance Society of the United States	Date Issued: -----	Date Orig. Entry: Aug.28,1929
	Date of Birth: Dec.1,1909	Birth Place: Pocatello,Idaho	Full Name of Mother: ------	Name of Father: Henry Rankos	
SUPPORTING RECORD 3.	Type of Document: Notarized photocopy of page from Family Bible		By whom issued and signed: Family Records	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Dec.1,1909	Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Martha McCloskey	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: April 5, 1965

FORM BH 56067

3-31-65

APR 5 1965

Healy, Atty of Lee, Brilich, & Anderson

253-226-012-114

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-241

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Adeline Belnap			2. Date of Birth (month) July (day) 26 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Arco Idaho a. County: Butte Co.	b. City or Town of Birth: Arco Idaho
FATHER	6. Full Name of Father: Amasa Belnap			7. State or Country of Father's Birth: Ogden, Utah
MOTHER	8. Full Maiden Name of Mother: Julia Rose James Belnap			9. State or Country of Mother's Birth: Ogden, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma Adeline Belnap		11. Present Address of Registrant: 2467 Simpson Avenue Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: March 26, 1965	12. Signature of Notary: J. J. Washingshaw		13. Notary Commission expires: April 5, 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Sarah Lillian Curtis Age 75		Date Issued: Mar.26,1965	Date Orig. Entry: -----
	Date of Birth: July 26, 1909	Birth Place: Arco, Idaho	Full Name of Mother: Julia Rose James Belnap	Name of Father: Amasa Belnap	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #220767	By whom issued and signed: The Columbian National Life Insurance Co. of Boston		Date Issued: June 5,1934	Date Orig. Entry: June 5, 1934
	Date of Birth: July 26, 1909	Birth Place: Arco, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #174762		Date Issued: -----	Date Orig. Entry: child born Aug.13,1929
	Date of Birth: Age 20	Birth Place: Arco, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	April 8, 1965

FORM BH 56067

Schuldt

APR 8 1965

PUBLIC COMMISSION EXPIRES

362-215-038-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-248

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ida Coral Cobb		2. Date of Birth (month) 12 (day) 15 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Fayette, Idaho; b. City or Town of Birth: New Plymouth, Idaho
FATHER	6. Full Name of Father: Frank Vanderer Cobb		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Mary Eliza Matthews		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Ida C. Hurst	11. Present Address of Registrant: 4503 Hovey, Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 13 1965	12. Signature of Notary: Margaret Wolfgram	13. Notary Commission expires: Notary Public for Idaho My Commission expires Sept. 1, 1968 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file with state of Idaho # 237403	Date Issued: ------	Date Orig. Entry: child born Aug. 19, 1935
	Date of Birth: Age 25	Birth Place: New Plymouth	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend of family	By whom issued and signed: S. Relyea Age 84 Friend & Neighbor	Date Issued: April 13 1965	Date Orig. Entry: -------
	Date of Birth: Dec. 15 1909	Birth Place: New Plymouth, Idaho	Full Name of Mother: Mary Eliza Mathews Cobb	Name of Father: Frank V. Cobb
SUPPORTING RECORD 3.	Type of Document: Original record signed by Dr.	By whom issued and signed: W. T. Drysdale, M. D.	Date Issued: ------	Date Orig. Entry: Signed Dec. 1950
	Date of Birth: Dec. 15 1909	Birth Place: New Plymouth, Idaho	Full Name of Mother: Mary Eliza Mathews	Name of Father: Frank V. Cobb
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florance Curtright	Date Filed: April 13, 1965

FORM BH 56067

APR 13 1965

235-216-029-595

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-255

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Eunice Steininger		2. Date Of Birth (month) March (day) 16 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah; b. City or Town of Birth: Troy
FATHER	6. Full Name of Father: Charles Victor Steininger		7. State or Country of Father's Birth: Indiana USA
MOTHER	8. Full Maiden Name of Mother: Mary Ellis VINNIE		9. State or Country of Mother's Birth: Michigan U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha Steininger Parkinson	11. Present Address of Registrant: 3450 St. Johns Ellicott City Md
NOTARY (Seal)	Subscribed and sworn to before me on: March 29 1965	12. Signature of Notary: Charles M Scott	13. Notary Commission expires: July 1 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: U.S.Dept. of Commerce Bureau of the Census	Date Issued: April 11, 1960	Date Orig. Entry: Census of April 15,1910
	Date of Birth: age 1; Birth Place: Idaho	Full Name of Mother: Mary V. Steininger	Name of Father: Charles V. Steininger	
SUPPORTING RECORD 2.	Type of Document: Cradle Roll Certificate	By whom issued and signed: Methodist Episcopal Bible School,Alma F.Barnett, Supt.	Date issued: ----	Date Orig. Entry: Entered Oct 8, 1911
	Date of Birth: March 16, 1909; Birth Place: ----	Full Name of Mother: ----	Name of Father: C.V. Steininger	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #216-14-9878	By whom issued and signed: Treasury Department	Date issued: ----	Date Orig. Entry: July 8, 1940
	Date of Birth: March 16, 1909; Birth Place: Troy, Idaho	Full Name of Mother: Mary Ellis	Name of Father: Charles Victor Steininger	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	bf Glenda Larson	April 20, 1965

FORM BH 56067

5-26-60

MAY 4 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

263-206-044-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-295

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRANCES PEARL BOLIN			2. Date of Birth (month) January (day) 6 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Cambridge near Midvale
FATHER	6. Full Name of Father: George I. Bolin			7. State or Country of Father's Birth: Noel, Missouri
MOTHER	8. Full Maiden Name of Mother: Pearl Carroll			9. State or Country of Mother's Birth: Dayton, Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances Pearl Fleming		11. Present Address of Registrant: Portland, Oregon 7866 S.E. 66th Place,
NOTARY (Seal)	Subscribed and sworn to before me on: March 9, 1965	12. Signature of Notary: Elizabeth M. Mabee		13. Notary Commission expires: August 17, 1968 Notary Public for Oregon

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Certificate of Marriage C 440	By whom issued and signed: Clark County, Washington County Auditor		Date Issued: Apr.12,1965	Date Orig. Entry: Feb. 16, 1939
	Date of Birth: Age 30	Birth Place: Idaho	Full Name of Mother: Pearl Carroll	Name of Father: George Bolin	
SUPPORTING RECORD 2.	Type of Document: Identification Card serial 13070064	By whom issued and signed: United States Coast Guard		Date Issued: Apr.25, 1942	Date Orig. Entry: April 25, 1942
	Date of Birth: Jan.6,1909	Birth Place: Cambridge, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Walter C. Bolin, bd. 5/5/1899		Date Issued: Mar.9,1965	Date Orig. Entry: ------
	Date of Birth: Jan.6,1909	Birth Place: Wash.Co. Cambridge (near Midvale), Idaho	Full Name of Mother: Pearl Carroll	Name of Father: George I. Bolin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: May 6, 1965

FORM BH 56067

MAY 6 1965

Fleming

January 6 1909

Cambridge near Midvale

Lodi, Missouri

Boston, Washington

Portland, Oregon

7856 S.E. 46th Place

Burns

Date Issued

Date Orig. Ent.

Name of Father

Date Orig. Ent.

Name of Father

Name of Father

Name of Father

866-222-044-663

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-301

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melissa Maude Howley		2. Date Of Birth (month) (day) (year): July 22 1909
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Council, Ida. Washington; b. City or Town of Birth: Council
FATHER	6. Full Name of Father: Harry Hiram Howley		7. State or Country of Father's Birth: Nebraska Cass County
MOTHER	8. Full Maiden Name of Mother: Lillie May Wolverton		9. State or Country of Mother's Birth: Kansas Effingham Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melissa Maude Simeral	11. Present Address of Registrant: Rt.1, Box 109 Clackmas, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: March 20 19 65	12. Signature of Notary: Louis W. Bell	13. Notary Commission expires: 9/24/65 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photocopy of Bible record	By whom issued and signed: Family Bible	Date issued: Mar.20,1965	Date Orig. Entry: obviously old
	Date of Birth: July 22, 1909	Birth Place: Council, Idaho	Full Name of Mother: Lillie May Wolverton	Name of Father: Harry Hiram Hawley
SUPPORTING RECORD 2.	Type of Document: statement regarding school records	By whom issued and signed: Dist.#4, Marion County, Oregon Merlin L. Morey, Supt.	Date issued: Feb.19,1965	Date Orig. Entry: Nov.17,1926
	Date of Birth: Age 17	Birth Place: -----	Full Name of Mother: -----	Name of Father: Harry Hawley
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Lillie May Wolverton Hawley Gwynn	Date issued: Apr.14,1965	Date Orig. Entry: -----
	Date of Birth: July 22, 1909	Birth Place: Council, Idaho	Full Name of Mother: Lillie May Wolverton Hawley Gwynn	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	May 7, 1965

K FORM BH 56067

4-8-65

Simeral

MAY 7 1965

LOUIS W. GELL
NOTARY
PUBLIC
STATE OF OREGON

259-116-044-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-302

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Ray Seid			2. Date of Birth: (month) May (day) 16 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Washington	b. City or Town of Birth: Midvale
FATHER	6. Full Name of Father: Wilbur Larmour Seid			7. State or Country of Father's Birth: Polk County, Iowa
MOTHER	8. Full Maiden Name of Mother: Mary Mackey			9. State or Country of Mother's Birth: Washington County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William R Seid		11. Present Address of Registrant: 232 Main St., Lockeford, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: March 19, 1965	12. Signature of Notary: Sandra B. Peterson		13. Notary Commission expires: September 10, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Mary Mackey Seid, Wilbur Larmour Seid	Date Issued: Mar. 18, 1965	Date Orig. Entry: -----
	Date of Birth: May 16, 1909 / Birth Place: Midvale, Idaho Washington County	Full Name of Mother: Mary Mackey	Name of Father: Wilbur Larmour Seid	
SUPPORTING RECORD 2.	Type of Document: application for California State Credential adult education	By whom issued and signed: Calif. State Board of Education.	Date Issued: June 24, 1946	Date Orig. Entry: May 24, 1946
	Date of Birth: May 16, 1909 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #M7 241 887	By whom issued and signed: The Prudential Insurance co. of America	Date Issued: May 18, 1942	Date Orig. Entry: April 27, 1942
	Date of Birth: May 16, 1909 / Birth Place: Midvale, Idaho Washington County	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: May 7, 1965

FORM BH 56067

Seid

MAY 10 1965

219-118-020-851

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-319

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond Arthur Barrett		2. Date of Birth (month) Dec. (day) 18 (year) 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Mountain Home
FATHER	6. Full Name of Father: Charles Arthur Barrett		7. State or Country of Father's Birth: Ohio USA
MOTHER	8. Full Maiden Name of Mother: Louella Head		9. State or Country of Mother's Birth: Texas USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond A Barrett	11. Present Address of Registrant: 5604 NE Salmon Creek St. Vancouver, Washington
NOTARY (Seal)	Subscribed and sworn to before me on 12/18 19 64	12. Signature of Notary: [illegible]	13. Notary Commission expires 11/6 19 66

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Jan.18,1965	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age 10	Birth Place: Idaho	Full Name of Mother: Louella Barrett	Name of Father: Charles R. Barrett
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Portland Public Schools, Benson Polytechnic High School, Oregon	Date Issued: April 13, 1965	Date Orig. Entry: Sept. 1925
	Date of Birth: Dec.18,1909	Birth Place: Mountain Home, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: ------	Date Orig. Entry: March 15,1937
	Date of Birth: Dec.18,1909	Birth Place: Mountain Home, Idaho	Full Name of Mother: ------	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	May 24, 1965

FORM BH 56067

5-11-65

Hooper Barrett

MAY 24 1965

299-220-006-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-325

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Blossom Ingeborge Kirkpatrick		2. Date Of Birth (month) (day) (year): October 20 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: William W. Kirkpatrick		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Signa Ingeborge Peterson		9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Blossom I. Leland	11. Present Address of Registrant: 449 31st Ogden, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: March 20 1965	12. Signature of Notary: A. C. Forbes	13. Notary Commission expires: Dec 6 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism	By whom issued and signed: Lutheran Church, Blackfoot, Idaho, Luther Stromquist, Pastor	Date Issued: ---	Date Orig. Entry: baptized Nov. 16, 1909
	Date of Birth: Oct. 20, 1909 / Birth Place: Blackfoot, Idaho	Full Name of Mother: Signa	Name of Father: William W. Kirkpatrick	
SUPPORTING RECORD 2.	Type of Document: notarized photocopy of page from family Bible	By whom issued and signed: Family Bible	Date Issued: Mar. 20, 1965	Date Orig. Entry: obviously old
	Date of Birth: Oct. 20, 1909 / Birth Place: 2 mi. south of Blackfoot, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: St. Benedict's Hospital, Ogden Utah Str. Davidanne, Med. rec.	Date Issued: Apr. 9, 1965	Date Orig. Entry: Feb. 25, 1950
	Date of Birth: Oct. 20, 1909 / Birth Place: Blackfoot, Idaho	Full Name of Mother: Signa Peterson	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	May 25, 1965

FORM BH 56067

4-1-65

Leland.

MAY 25 1965

845227-016-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-351

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Melba Bernice Hunt
2. Date Of Birth: (month) Aug. (day) 27 (year) 1909
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Burley

FATHER

6. Full Name of Father: George Hugh Hunt
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Fanny Sophia Bennett
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Melba B. Kirkelin
11. Present Address of Registrant: Baker Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: May 14, 1965

12. Signature of Notary: [illegible]
13. Notary Commission expires: NOTARY PUBLIC FOR OREGON 19 My Commission Expires [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of own child's birth certificate #105	Child born in Oregon	-----	child born May 11, 1939
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 29 / Burley, Idaho	------	------	
SUPPORTING RECORD 2.	photocopy of application for insurance policy 11-114-751	New York Life Insurance Co.	----	May 13, 1930
	Aug.27,1909 / Burley, Idaho	Fanny S. Hunt	George H. Hunt	
SUPPORTING RECORD 3.	photocopy of school record	University of Idaho T.L. O'Neill registrar	May 11,1965	matriculated June 11,1935
	Aug.27,1909 / Burley, Idaho	----	George H. Hunt	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: Glenda Larson
Date Filed: June 2, 1965

FORM BH 56067

JUN 2 1965

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

962-105-029-669

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-355

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: TELLIE DAVID ROBERTSON.		2. Date of Birth (month) JAN (day) 5 (year) 1909
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: b. City or Town of Birth: MOSCOW IDAHO
FATHER	6. Full Name of Father: JOSEPH TELLIE ROBERTSON.		7. State or Country of Father's Birth: OREGON County of Morrow
MOTHER	8. Full Maiden Name of Mother: MABEL CLARINDA FORD.		9. State or Country of Mother's Birth: IOWA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Tellie David Robertson.	11. Present Address of Registrant: 2014 SE ASH PORTLAND OREGON.
NOTARY (Seal)	Subscribed and sworn to before me on: April 30 1965	12. Signature of Notary: R Edwards	13. Notary Commission expires: 8-20 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own childs birth certificate	By whom issued and signed: Vital Statistics, State of Washington	Date Issued: June 14, 1944	Date Orig. Entry: child born July 26, 1932
	Date of Birth: Age 23 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin	By whom issued and signed: Ehtel F. Agrell, bd. 1/10/1897	Date Issued: Apr.29,1965	Date Orig. Entry: -------
	Date of Birth: Jan.5,1909 / Birth Place: Moscow, Idaho	Full Name of Mother: Mabel Clarinda Ford	Name of Father: Joseph Tellie Robertson	
SUPPORTING RECORD 3.	Type of Document: Statement regarding employment records	By whom issued and signed: City of Portland, Civil Service Board, Paving Plant	Date Issued: Apr.23,1965	Date Orig. Entry: Aug.30,1940
	Date of Birth: Jan.5,1909 / Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Glenda Larson	June 7, 1965

FORM BH 56067

1-20-65

Robertson

JUN 7 1965

249-228-016-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-381

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Iona Smith		2. Date of Birth (month) August (day) 28 (year) 1909
	3. Color or Race: Cau.	4. Sex: Female	5. Place of Birth a. County: Cassia; b. City or Town of Birth: View (mail Burley)
FATHER	6. Full Name of Father: Victor Smith		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Maggie Metcalf		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Iona Smith Gould	11. Present Address of Registrant: BURLEY, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 26 1965	12. Signature of Notary: William A Parsons	13. Notary Commission expires: JULY 20 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, View Ward, Burley Stake	Date Issued: Sept.4,1938	Date Orig. Entry: baptized Sept.4,1938
	Date of Birth: Aug.28,1909 / Birth Place: View, Idaho Cassia County	Full Name of Mother: Maggie Medcalf	Name of Father: Victor J. Smith	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Victor Smith	Date Issued: Apr.12,1965	Date Orig. Entry: -----
	Date of Birth: Aug.28,1909 / Birth Place: View District, Cassia County, Idaho	Full Name of Mother: Maggie Smith	Name of Father: Victor Smith	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: -----	Date Orig. Entry: Nov.8,1954
	Date of Birth: Aug.28,1909 / Birth Place: Burley, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

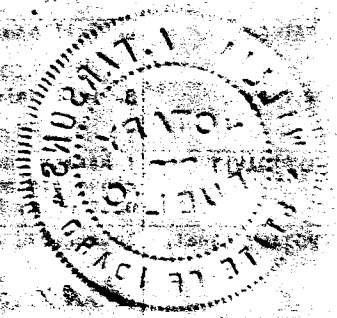
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: June 10, 1965

FORM BH 56067

Parsons Atty

JUN [redacted]

JUN 10 1965



192-131-028-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-387

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gibbs, Leslie Branscombe
2. Date Of Birth: (month) Dec. (day) 31 (year) 1909
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Kootenai
b. City or Town of Birth: Hauser Lake, Idaho

FATHER

6. Full Name of Father: Gibbs, Guy Leslie
7. State or Country of Father's Birth: Spokane Wash.

MOTHER

8. Full Maiden Name of Mother: Branscombe, Florence Ak.
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leslie Branscombe Gibbs
11. Present Address of Registrant: 3027 W. Heroy Spokane, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: Apr. 8th, 1957 19___
12. Signature of Notary: [signature]
13. Notary Commission expires: Nov. 22 19 57

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Mrs. Florence A. Gibbs	3-28-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 31, 1909	Hauser, Idaho	Florence A. Branscombe Gibbs	Guy Leslie Gibbs

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Lodge Record	Spokane Lodge No. 228	3-26-57	Oct. 3, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 31, 1909	Hauser Lake, Ida.	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #990535	Guarantee Mutual Life Company Omaha, Nebraska	July 28, 1944	Jan. 4, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 31, 1909	Hauser, Idaho U.S.A.	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	nr Glenda Larson	June 10, 1965

FORM BH 56067

JUN 10 [illegible]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

1. Registrant's Full Name at Birth	Gibbs, Leslie Branscombe	2. Date of Birth (month) [illegible] (day) [illegible] (year) [illegible]	
3. Color or Race	White	4. Sex	Male
5. Place of Birth	Rockland	6. County	Bonner
7. Birth or Town of Birth	Hauser Lake, Idaho		
8. Full Name of Father	Gibbs, Guy Leslie	9. State or Country of Father's Birth	Spokane, Wash.
10. Full Maiden Name of Mother	Branscombe, Florence A.	11. State or Country of Mother's Birth	
12. Signature of Registrant	[illegible]	13. Present Address of Registrant	3029 N. Perry, Spokane, Wash.
14. Signature of Notary	[illegible]	15. Notary Commission expires	[illegible]
16. Date of Document	Affidavit by mother	17. Date of Signature	[illegible]
18. Date of Birth	Hauser, Idaho	19. Date of Signature	Florence A. Branscombe Gibbs, Guy Leslie Gibbs
20. Type of Document	Lodge Record	21. By whom issued and signed	Spokane Lodge No. 208
22. Date of Birth	Hauser Lake, Idaho	23. Full Name of Mother	
24. Type of Document	Insurance Policy [illegible]	25. By whom issued and signed	Guarantee Mutual Life Company, Omaha, Nebraska
26. Date of Birth	Hauser, Idaho	27. Full Name of Mother	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	June 20, 1968

813-228-022-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-391

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nellie Ida Hall			2. Date Of Birth: (month) June (day) 28 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Annis, Idaho
FATHER	6. Full Name of Father: Cumer Green Hall			7. State or Country of Father's Birth: Ogden, Utah
MOTHER	8. Full Maiden Name of Mother: Zola Christopherson			9. State or Country of Mother's Birth: Mt. Pleasant, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nellie Ida Hall Welker		11. Present Address of Registrant: Rt.1, Lorenzo, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 12 1965	12. Signature of Notary: Leonard E. Graham		13. Notary Commission expires: Jan. 5, 1968

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church Garth Hall, Bishop Annis Ward.	Date Issued: May 22,1965	Date Orig. Entry: baptized July 13,1928	
	Date of Birth: June 28,1909	Birth Place: Annis, Fremont County, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #222025	Date Issued: -----	Date Orig. Entry: child born April 15, 1934	
	Date of Birth: Age 24	Birth Place: Annis, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by acquaintance of family at time of birth	By whom issued and signed: Mary Hall Merrill Age 76	Date Issued: May 12,1965	Date Orig. Entry: -----	
	Date of Birth: June 28, 1909	Birth Place: Annis, Idaho Fremont County	Full Name of Mother: Zola Christopherson	Name of Father: Cumer Green Hall	
QUALIFYING INFORMATION	Pacific Empire Mutual Life Ins. Co. #15,931-L issued November 10, 1959 gives date of birth as June 28, 1909.				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: June 10, 1965

FORM BH 56067

5-6-65

Walker

JUN 10 1985

796-217-035-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-402

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Ray Groseclose		2. Date Of Birth: (month) Dec. (day) 17 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: near Juliaetta Idaho a. County: Nez Perce	b. City or Town of Birth
FATHER	6. Full Name of Father: Levi Breckenridge Groseclose		7. State or Country of Father's Birth: Virginia	
MOTHER	8. Full Maiden Name of Mother: Nannie Easter Carter		9. State or Country of Mother's Birth: Virginia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Ray Groseclose Howell	11. Present Address of Registrant: Camas Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 13th 1965	12. Signature of Notary: [signature]	13. Notary Commission expires: Jan. 11th 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #49183	By whom issued and signed: Beneficial Standard Life Ins. Co. of Los Angeles, Calif.	Date Issued: Mar. 8, 1965	Date Orig. Entry: Jan. 18, 1956
	Date of Birth: Dec. 17, 1909 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Marriage Licence	By whom issued and signed: Santa Cruz, California	Date Issued: ----	Date Orig. Entry: July 30, 1932
	Date of Birth: Age 22 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle	By whom issued and signed: Edward J. Groseclose Age 72	Date Issued: May 13, 1965	Date Orig. Entry: ------
	Date of Birth: Dec. 17, 1909 / Birth Place: farm in Nez Perce County near Juliaetta, Ida.	Full Name of Mother: Nannie Easter Groseclose (nee Carter)	Name of Father: Levi Breckenridge Groseclose	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	June 14, 1965

FORM BH 56067 2 copies paid rec. #1060 7-23-64 (H)

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 14 1965

Newell

239-222-030-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-501

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JESSIE GOLDIE KLINE			2. Date of Birth (month) 2 (day) 22 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Ellis
FATHER	6. Full Name of Father: Joseph Griffin Kline			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Elsie May DeLong			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jessie Goldie Nall		11. Present Address of Registrant: Route 2, Box 560 Houghton, Louisiana
NOTARY (Seal)	Subscribed and sworn to before me on: April 17 1965	12. Signature of Notary: C B Keith		13. Notary Commission expires: May - 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's Certified copy of Birth Record #244-312	By whom issued and signed: State of Colorado, Weld County April 9, J.H.White,M.D, local registrar 1965		Date Issued	Date Orig. Entry: child born Sept.19,1934
	Date of Birth: Age 25	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Elsie May Kline		Date Issued: April 10, 1965	Date Orig. Entry: -----
	Date of Birth: Feb.22,1909	Birth Place: Ellis, Idaho	Full Name of Mother: Elsie May DeLong Kline	Name of Father: Joseph Griffin Kline	
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of page from family Bible	By whom issued and signed: Family Bible		Date Issued: July 2,1965	Date Orig. Entry: obviously old
	Date of Birth: Feb.22,1909	Birth Place: ------	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: gml Glenda Larson	Date Filed: July 30, 1965

FORM BH 56067

JUL 30 1965

Althoff

Joseph Griffin Kline

Elsie May Delong

Iowa

Nebraska

Route 2, Box 560

Houghton, Louisiana

Elsie May Kline

Elsie May Delong

Family Bible

July 9, 1965

614-226-042 994

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-517

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel May Wade		2. Date of Birth (month) August (day) 26 (year) 1909
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Castleford
FATHER	6. Full Name of Father: George Wade		7. State or Country of Father's Birth: New Jersey
MOTHER	8. Full Maiden Name of Mother: Nellie Melinda Zimmerman		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel M. Taylor	11. Present Address of Registrant: 228 No. 5th Ave Hillsboro, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: 3-20 1964	12. Signature of Notary: Lena Cowell	13. Notary Commission expires: 12-25 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding school records	By whom issued and signed: Buhl Public Schools, Idaho Lois J. Rudy, Registrar	Date Issued: Mar.6,1964	Date Orig. Entry: Sept. 1, 1919
	Date of Birth: Aug.26,1909 / Birth Place: Castleford, Idaho	Full Name of Mother: -----	Name of Father: George Wade	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage record	By whom issued and signed: Del Norte County Recorder, California	Date Issued: July 6,1965	Date Orig. Entry: April 29, 1959
	Date of Birth: Age 49 / Birth Place: Idaho	Full Name of Mother: Nellie Zimmerman	Name of Father: George Wade	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Nellie M. Wade	Date Issued: July 8,1965	Date Orig. Entry: -----
	Date of Birth: Aug.26,1909 / Birth Place: Castleford, Idaho Twin Falls County	Full Name of Mother: Nellie M. Wade	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 3, 1965

FORM BH 56067

AUG 3 1965

Taylor

437-115-028-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-530

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROBERT L. McGAFFIN		2. Date of Birth (month) (day) (year): MARCH 15 1909
	3. Color or Race: W.	4. Sex: M	5. Place of Birth a. County: COEUR D'ALENE, IDAHO; b. City or Town of Birth:
FATHER	6. Full Name of Father: WILLIAM HENRY McGAFFIN		7. State or Country of Father's Birth: IRELAND
MOTHER	8. Full Maiden Name of Mother: OLIVE LOUISE VANCAMP		9. State or Country of Mother's Birth: INDIANA.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: R. L. McGaffin	11. Present Address of Registrant: 780 SPERLING AVE. NORTH BURNABY B.C.
NOTARY (Seal)	Subscribed and sworn to before me on: July 15 1965	12. Signature of Notary: [illegible]	13. Notary Commission expires: at Her Majesty's Pleasure

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age 65	By whom issued and signed: Oethe O. Moore	Date Issued: Mar.24,1961	Date Orig. Entry: -----
	Date of Birth: Mar.15,1909 / Birth Place: Coeur d'Alene, Idaho USA	Full Name of Mother: Olive McGaffin nee Van Camp	Name of Father: William Henry McGaffin	
SUPPORTING RECORD 2.	Type of Document: Certificate of marriage	By whom issued and signed: Province of Alberta, Vital Statistics	Date Issued: Jan.22,1935	Date Orig. Entry: Dec.14,1934
	Date of Birth: Age 25 / Birth Place: Coeur D'Alene, Idaho U.S.A.	Full Name of Mother: Olive O. Van Camp	Name of Father: William H. McGaffin	
SUPPORTING RECORD 3.	Type of Document: Statement by notary regarding entry in Family Bible	By whom issued and signed: David Hickey Sinclair, Notary Calgary, Canada from Family Records	Date Issued: Sept.21,1964	Date Orig. Entry: obviously old
	Date of Birth: Mar.15,1909 / Birth Place: Coeur d'Alene Idaho U.S.A.	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

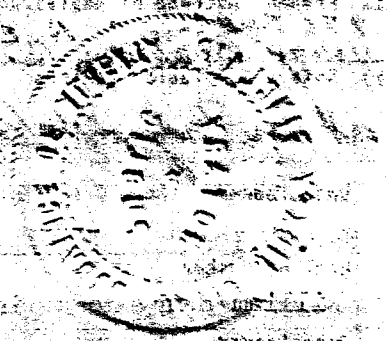
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: August 5, 1965

FORM BH 56067

McGeough

Sinclair

AUG 19 1965



85-f 114-014-463

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-554

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond Julius Herman			2. Date of Birth (month) Jan (day) 14 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Julius A. Herman			7. State or Country of Father's Birth: Nebr.	
MOTHER	8. Full Maiden Name of Mother: Catherine Motzko			9. State or Country of Mother's Birth: Minn.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ray Herman		11. Present Address of Registrant: Box 136 Marsing, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on May 17 1960		12. Signature of Notary: Ramona L Curt		13. Notary Commission expires 10-10 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of county record of birth- 724		By whom issued and signed: S. S. Foote, Canyon County recorder	Date Issued: May 16, 1960	Date Orig. Entry: soon after birth
	Date of Birth: Jan. 14, 1909	Birth Place: Nampa, Idaho Canyon County	Full Name of Mother: Catherine Herman	Name of Father: Julius Herman	
SUPPORTING RECORD 2.	Type of Document: Baptism Certificate St. Paul's Church, Nampa, Ida.		By whom issued and signed: Robert Burgeon, J.M. Roman Catholic Church	Date Issued: 3-21-60	Date Orig. Entry: baptized 2-7-09
	Date of Birth: 1-14-09	Birth Place: Nampa, Idaho	Full Name of Mother: Catherine Motzko Herman	Name of Father: Julius Herman	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person with personal knowledge		By whom issued and signed: Grace Marsing more than 10 yrs.older	Date Issued: 7-30-65	Date Orig. Entry: -----
	Date of Birth: 1-14-09	Birth Place: Nampa, Idaho	Full Name of Mother: Catherine Motzko Herman	Name of Father: Julius Herman	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Larson		Evidence reviewed by: pp Glenda Larson		Date Filed: August 12, 1965

FORM BH 56067 3-17-60

AUG 13 1965

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Lg 65-55

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible] 14 [illegible]	
	3. Color or Race: [illegible]	4. Place of Birth: Idaho	5. County: [illegible]
		6. City or Town of Birth: [illegible]	
FATHER	6. Full Name of Father: [illegible] A. Herman	7. State or Country of Father's Birth: [illegible]	
MOTHER	8. Full Maiden Name of Mother: Catherine [illegible]	9. State or Country of Mother's Birth: [illegible]	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Box [illegible] Idaho
NOTARY (seal)	Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: 10-10 [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Name of Mother: Julius Herman	
SUPPORTING RECORD 2.	Type of Document: Baptism Certificate	By whom issued and signed: Robert Burgeon, [illegible]	Date Issued: 3-21-60	Date Orig. Entry: 2-[illegible]-09
	Date of Birth: 1-14-09	Birth Place: Nampa, Idaho	Full Name of Mother: Catherine Motzko Herman	Name of Father: Julius Herman
SUPPORTING RECORD 3.	Type of Document: Affidavit by person with personal knowledge	By whom issued and signed: Grace Marsine, more than 10 yrs. older	Date Issued: 7-30-65	Date Orig. Entry: ----
	Date of Birth: 1-14-09	Birth Place: Nampa, Idaho	Full Name of Mother: Catherine Motzko Herman	Name of Father: Julius Herman
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	August 12, 1965

FORM PH 86082

3-17-60

S19-230-031-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-588

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Burniece Hardin		2. Date Of Birth (month) June (day) 30 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lewis; b. City or Town of Birth: Kamiah, Idaho
FATHER	6. Full Name of Father: John Charles Hardin		7. State or Country of Father's Birth: Putnam County, Indiana
MOTHER	8. Full Maiden Name of Mother: Fannie Elizabeth Mitchell		9. State or Country of Mother's Birth: Lime County, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Burniece Hardin Aldinger	11. Present Address of Registrant: 1507 Snake Rr Ave Lewiston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 3, 1965	12. Signature of Notary: Bruce A. Tarbert	13. Notary Commission expires: May 7, 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photocopy of page from Family Bible	By whom issued and signed: Family Bible	Date issued: Jan.12,1962	Date Orig. Entry: obviously old
	Date of Birth: June 30, 1909	Birth Place: ------	Full Name of Mother: Fannie Elizabeth Hardin	Name of Father: John Charles Hardin
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Fannie Elizabeth Hardin	Date issued: Jan.16,1962	Date Orig. Entry: -----
	Date of Birth: June 30, 1909	Birth Place: Kamiah, Idaho	Full Name of Mother: Fannie Elizabeth Mitchell	Name of Father: John Charles Hardin
SUPPORTING RECORD 3.	Type of Document: Marriage Certificate and License	By whom issued and signed: On file Idaho #59-5810	Date issued: ----	Date Orig. Entry: Aug.7,1959
	Date of Birth: Age 50	Birth Place: Kamiah, Idaho	Full Name of Mother: ------	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: August 31, 1965

FORM BH 56067

8-10-65

Aldinger

AUG 31 1965

813-119-042-242

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-593

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Russell Charles Hall		2. Date Of Birth (month) (day) (year): March 19, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Filer, Idaho
FATHER	6. Full Name of Father: Frank Gerald Hall		7. State or Country of Father's Birth: Moscow, Iowa
MOTHER	8. Full Maiden Name of Mother: Margaret Bush		9. State or Country of Mother's Birth: Lawrence, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Russell Charles Hall	11. Present Address of Registrant: Filer, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 28 1956	12. Signature of Notary: Leah Cedarholm	13. Notary Commission expires: Jan 13 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record		By whom issued and signed: Class A School Dist. No. 413 Filer, Idaho	Date Issued: 11-27-56	Date Orig. Entry: Sept. 6, 1922
	Date of Birth: March 19, 1909	Birth Place: Filer, Idaho	Full Name of Mother: Margaret Hall	Name of Father: Frank G. Hall	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #284745	Date Issued:	Date Orig. Entry: child born Sept. 13, 1939
	Date of Birth: age 30	Birth Place: Filer, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth		By whom issued and signed: Ralph E. Cedarholm Age 69	Date Issued: Aug.12,1965	Date Orig. Entry: -----
	Date of Birth: Mar.19,1909	Birth Place: Filer, Idaho	Full Name of Mother: Margaret Hall	Name of Father: Frank Gerald Hall	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	nr Glenda Larson	August 31, 1965

FORM BH 56067

1 copy pd.

SEP 7 1965

JUN 6 1973

396-107-042-743

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-649

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Wesley Trout		2. Date of Birth (month) JAN (day) 7 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Twin Falls Idaho; b. City or Town of Birth: Twin Falls Idaho
FATHER	6. Full Name of Father: LeRoy Trout		7. State or Country of Father's Birth: Colorado We Think
MOTHER	8. Full Maiden Name of Mother: Gertrude Puckett		9. State or Country of Mother's Birth: Idaho We Think
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert W. Trout	11. Present Address of Registrant: 16001 S.E. Sherman
NOTARY (Seal)	Subscribed and sworn to before me on: August 25 1965	12. Signature of Notary: R. L. Ruth Jr	13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Sept. 4, 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: The Manhattan Life Insurance Co. of New York	Date issued: ----	Date Orig. Entry: Jan.20,1959
	Date of Birth: Jan.7,1909	Birth Place: Idaho	Full Name of Mother: Gertrude Denton	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Gertrude Denton	Date issued: Dec.16,1956	Date Orig. Entry: ----
	Date of Birth: Jan.7,1909	Birth Place: Twin Falls, Idaho Twin Falls County	Full Name of Mother: Gertrude Trout Denton	Name of Father: LeRoy Trout	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #182671	Date issued: ----	Date Orig. Entry: child born June 16, 1930
	Date of Birth: Age 21	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

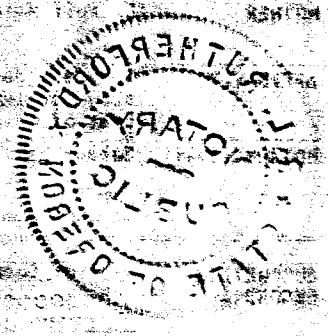
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Sept.23,1965

FORM BH 56067

Trout

SEP 23 1965



~~674~~ 259-220-008-466

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~DE 65-674~~
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Naomi Kerby		2. Date Of Birth (month) (day) (year): March 20, 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Boise; b. City or Town of Birth: Crawford
FATHER	6. Full Name of Father: David H. Kerby		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Gertrude Moore		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Naomi K Schaut	11. Present Address of Registrant: Emmett, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 27, 1965	12. Signature of Notary: R O McMahon	13. Notary Commission expires: October 5 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: St. John*s Cathedral, Boise, Riv. N.V. Hughes	Date issued: Sept.13,1965	Date Orig. Entry: baptized June 21, 1938
Class*	Date of Birth: Mar.20,1909	Birth Place: -------	Full Name of Mother: Gertrude Moore	Name of Father: David H. Kirby	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Gertrude M. Kerby	Date issued: Dec.31,1952	Date Orig. Entry: -----
Class	Date of Birth: Mar.20,1909	Birth Place: Crawford, Idaho	Full Name of Mother: Gertrude M. Kerby	Name of Father: David H. Kerby	
SUPPORTING RECORD 3.	Type of Document: Life Ins. Policy		By whom issued and signed: The Equitable Life Assurance Thomas T. Parkinson, Pres.	Date issued: Feb. 24, 1938	Date Orig. Entry: Feb. 16, 1938
Class	Date of Birth: March 20 1909	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ---------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Florence Curtright	Date Filed: Sept. 27, 1965

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

in office 9-20-65 no corres.

1 copy paid rec. # 166 gml

Form DPH 49067

SEP 30 [illegible]

REGISTRAR	Registrant's Full Name of Birth: Alice [illegible] Kerby	Date: March 20, 19[illegible]
Birth Name of Registrant	1. Color of Race: White	2. Sex: Female
3. Place of Birth: Boise	4. Date of Birth: Crawford	
5. Full Name of Father: David M. Kerby	6. Place of Birth: Iowa	
7. State or Country of Father's Birth: Iowa	8. Full Name of Mother: Gertrude Moore	
9. State or Country of Mother's Birth: Iowa		
AFFIDAVIT	10. Declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant:
12. Present Address of Registrant: Kamiah, Idaho		
13. Subscribed and sworn to before me on: September 27, 19 65	14. Signature of Notary:	15. Notary Commission Expires: October 5 1965

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Baptism	By whom issued and signed: Mt. John's Cathedral, Boise, Rev. N.V. Hughes	Date Issued: Sept. 13, 1965 Date Orig. Entry: Baptized June 21, 1938
Class:	Date of Birth: Mar. 20, 1909	Full Name of Mother: Gertrude Moore	Name of Father: David M. Kerby
SUPPORTING RECORD 2	Affidavit by mother	Gertrude M. Kerby	Date Issued: Dec. 21, 1952 Date Orig. Entry:
Class:	Date of Birth: Mar. 20, 1909 Birth Place: Crawford, Idaho	Full Name of Mother: Gertrude M. Kerby	Name of Father: David M. Kerby
SUPPORTING RECORD 3	Type of Document: Life Ins. Policy	By whom issued and signed: The Equitable Life Assurance Thomas T. Parkinson, Pres.	Date Issued: Feb. 24, 1938 Date Orig. Entry: Feb. 16, 1938
Class:	Date of Birth: March 20 1909 Birth Place: Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Sept. 27, 1965

Class A Records are those made and based upon the Registrar's Notice of Birth.
Class B Records are those made after the Registrar's Notice of Birth.

office 2-20-65 no corres.

214-119-028-565

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-694

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Merrell Kerby Saunders			2. Date of Birth (month) (day) (year): April 19, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Coeur d'Alene Kootenai	b. City or Town of Birth: Coeur d'Alene, Idaho
FATHER	6. Full Name of Father: Carleton Earl Saunders			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Mabelle Clara von Kaesemeyer			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Merrell Kerby Saunders		11. Present Address of Registrant: Hilltop Road Mendham, New Jersey
NOTARY (Seal)	Subscribed and sworn to before me on: April 20th 1965	12. Signature of Notary: Rose M Pampinella		13. Notary Commission expires: ROSE M. PAMPINELLA Notary Public, State of New York No. 24-[illegible] Qualified in Kings County Certificate Filed in New York County Commission Expires March 30, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance policy #17 745 177		By whom issued and signed: New York Life Ins. Co.	Date issued: Oct.7,1943	Date Orig. Entry: Oct.28,1940
	Date of Birth: Apr.19,1909	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Passport #2416660		By whom issued and signed: United States of America Department of State	Date issued: Sept.13,1960	Date Orig. Entry: Sept.13,1960
	Date of Birth: Apr.19,1909	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Mabelle Clara Saunders	Date issued: Aug.23,1965	Date Orig. Entry: -----
	Date of Birth: Apr.19,1909	Birth Place: Coeur d'Alene, Idaho 10:30 pm.	Full Name of Mother: Mabelle Clara Saunders	Name of Father: Carleton Earl Saunders	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Sept. 30, 1965

FORM BH 56067 7-6-60

Saunders

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 30 1965

NOV 4

RECEIVED

DEC 11 10 01 AM '69

HENRY SAUNDERS, INC.

, 796-230-006-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-701

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dortha Wanetta Gifford		2. Date Of Birth (month) (day) (year): Nov. 30, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Woodville
FATHER	6. Full Name of Father: Henry Elmer Gifford		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lilly May Chaffin		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dortha W Bills	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: September 20 1965	12. Signature of Notary: Irene Walters	13. Notary Commission expires: August 14 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record Book		By whom issued and signed: Family	Date Issued: ------	Date Orig. Entry: Obviously old
	Date of Birth: Nov. 30 1909	Birth Place: Woodville, Idaho	Full Name of Mother: Lilly May Chaffin	Name of Father: Henry Elmer Gifford	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: on file with state of Idaho # 48-3648	Date Issued: -----	Date Orig. Entry: child born April 1, 1948
	Date of Birth: Age 38	Birth Place: Woodville, Idaho	Full Name of Mother: -------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Ins. Policy		By whom issued and signed: Beneficial Protective Assn. A. Y. Satterfield, Pres.	Date Issued: Sept. 9 1958	Date Orig. Entry: Sept. 9 1958
	Date of Birth: Nov. 30 1909	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

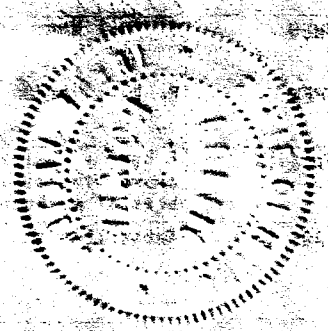
State Registrar	Evidence reviewed by	Date Filed
W W Barron	fc Florence Curtright	Sept. 30, 1965

FORM BH 56067

1 cp pd rec. #167 gmd in office 9-20-65 mm rc.

SEP 30 1965

JUL 31 1967



Ins. Policy
Nov. 30
1909

Idaho

Beneficial Protective Assn.
A. Y. Satterfield, Pres.

Sept. 9
1958

Sept. 30, 1965

993-125-04-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-782

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Reed Crandall Ricks			2. Date of Birth (month) Feb (day) 25 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: [redacted] Canyon County	b. City or Town of Birth: Nampa Idaho	
FATHER	6. Full Name of Father: Wallace Ricks			7. State or Country of Father's Birth: Utah Cash County	
MOTHER	8. Full Maiden Name of Mother: Helen Irene Crandall			9. State or Country of Mother's Birth: Springville Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Reed C Ricks	11. Present Address of Registrant: Irwin, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: October 19 1965		12. Signature of Notary: Gary L. Kinghorn	13. Notary Commission expires: June 30 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of church membership record		By whom issued and signed: LDS Church, E.R. Bithell, ward clerk.	Date Issued: -----	Date Orig. Entry: baptized Sept.19,1917
	Date of Birth: Feb.25,1909	Birth Place: Nampa, Idaho USA	Full Name of Mother: Helen I. Crandel	Name of Father: Wallace Ricks	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #377999	Date Issued: -----	Date Orig. Entry: child born Aug.20,1943
	Date of Birth: Age 34	Birth Place: Nampa, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of military discharge paper, Idaho Military		By whom issued and signed: Bonneville Co. Battalion, Idaho Volunteer Reserves	Date Issued: Dec.6,1943	Date Orig. Entry: enlisted Jan. 12, 1943
	Date of Birth: Age 33	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	October 28,1965

FORM BH 56067 (R) 9-8-65. nm

NOV 8 1965

BARY S. KITCHOW
STATE OF IDAHO

394-220-40-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-818

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Jane Timken		2. Date of Birth (month) (day) (year): Sept. 20 1909
	3. Color or Race: W.	4. Sex: F	5. Place of Birth a. County: Kellogg, Idaho Shoshone b. City or Town of Birth: Kellogg Idaho
FATHER	6. Full Name of Father: Charles H. Timken		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Mollie Ann Kindswater		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys T. Mix	11. Present Address of Registrant: Box 495 Pinehurst, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 13 19 65	12. Signature of Notary: Walter F. Staerck	13. Notary Commission expires: January 25 19 68

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of transcript of school record	By whom issued and signed: University of Idaho	Date Issued: -----	Date Orig. Entry: matriculated Sept.16,1927
	Date of Birth: Sept.20,1909 / Birth Place: Kellogg, Idaho	Full Name of Mother: -----	Name of Father: Charles H. Timken	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #533 690 801	By whom issued and signed: The Prudential Insurance Co. Of America	Date Issued: Sept.7,1953	Date Orig. Entry: July 28,1953
	Date of Birth: Sep.20,1909 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. C. H. Timken	Date Issued: Nov.1,1965	Date Orig. Entry: -----
	Date of Birth: Sep.20,1909 / Birth Place: Kellogg, Idaho	Full Name of Mother: Molly Ann Timken	Name of Father: Charles H. Timken	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov. 9, 1965

FORM BH 56067

9-25-65

NOV 9 1965

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335-227-001-862

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-849

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruby Florence Llewellyn
2. Date of Birth: (month) January (day) 27 (year) 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Boise Idaho, Ada; b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: William James Llewellyn
7. State or Country of Father's Birth: Utah, Salt Lake City

MOTHER

8. Full Maiden Name of Mother: Pearl Cordelia Hobbs
9. State or Country of Mother's Birth: Georgia, Van Wert

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant (age) -78- Mary Irene Goodyear
11. Present Address of Registrant: 378 Ramona Ave S.L.C. Utah

NOTARY (Seal)

Subscribed and sworn to before me on 15th November 1965
12. Signature of Notary: Lenna H. Clark
13. Notary Commission expires: 9/28 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. 9/8/67	Marriage Record	Davis County, Utah, Dora M. Goodfellow, dep. clerk	Jan.20,1944	Jan.28, 1928
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 19 / -----	-----	-----	
SUPPORTING RECORD 2.	Certificate of Baptism and Confirmation	LDS Church, 14th ward, Salt Lake Stake. Elden Yergensen, Elder	Sept.4,1938	baptized Sept.3,1938
	Jan.27,1909 / Boise, Idaho	Pearl Hobbs	William J. Llewellyn	
SUPPORTING RECORD 3.	family genealogy sheet filed with LDS Church	family records	---	sealed May 15,1959
	Jan.27,1909 / Boise, Ada ~~County, Idaho~~	Pearle Cordelia Hobbs	William James Llewellyn	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	Nov. 22, 1965

FORM BH 56067

NOV 24 1965
NOV 27 2002

695-105 : 016-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-856

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: **Delwin Elmer Field**			2. Date of Birth (month) June (day) 5 (year) 1909
	3. Color or Race: **White**	4. Sex: **Male**	5. Place of Birth a. County: **Cassia**	b. City or Town of Birth: **Burley**
FATHER	6. Full Name of Father: **Levi Edward Field**			7. State or Country of Father's Birth: **Utah**
MOTHER	8. Full Maiden Name of Mother: **Mary Amelia Larson**			9. State or Country of Mother's Birth: **Utah**
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Delwin E. Field		11. Present Address of Registrant: 2874 Grantsville Utah
NOTARY (Seal)	Subscribed and sworn to before me on: October 7 1965	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge from U.S. Army	By whom issued and signed: Earl G. Linhart, Major Ord. Dept.	Date Issued: Dec.19,1945	Date Orig. Entry: inducted June 2,1942
	Date of Birth: June 5,1909 / Birth Place: Bunley, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, William H. Manning, Elder	Date Issued: ----	Date Orig. Entry: baptized Aug.12,1920
	Date of Birth: June 5,1909 / Birth Place: Burley, Idaho Cassia County	Full Name of Mother: Mary Emelia Larson	Name of Father: Levi Edward Field	
SUPPORTING RECORD 3.	Type of Document: Affidavit by relative who lived close by at time of birth	By whom issued and signed: Carl Alfred Rasmussen Age78	Date Issued: Nov.19,1964	Date Orig. Entry: -----
	Date of Birth: June 5,1909 / Birth Place: Burley, Idaho	Full Name of Mother: Mary Emelia Larson	Name of Father: Levi Edward Field	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov.29, 1965

FORM BH 56067 I.C.C paid-Rec #1073 (F) 11-8-65 20 (

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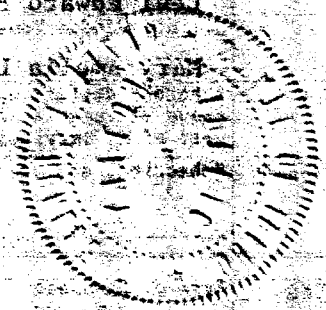

285-22-014-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-870

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Elizabeth Shenk			2. Date of Birth: (month) Sept. (day) 28 (year) 1909	
	3. Color or Race: white	4. Sex: F	5. Place of Birth: a. County: Canyon	b. City or Town of Birth: Nampa, Idaho	
FATHER	6. Full Name of Father: Reuben J. Shenk			7. State or Country of Father's Birth: Ohio	
MOTHER	8. Full Maiden Name of Mother: Myrtle Diltz			9. State or Country of Mother's Birth: Ohio	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace L. Brown		11. Present Address of Registrant: 915 W. Park, Pasco, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: October 26 1962	12. Signature of Notary: Dolores L. Brown		13. Notary Commission expires: 11-5 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #271211		Date Issued: -----	Date Orig. Entry: child born Sept.2,1938
	Date of Birth: Age 28	Birth Place: Nampa, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy 4 817 770	By whom issued and signed: The Northwestern Mutual Life Ins. Co.		Date Issued: Mar.30,1956	Date Orig. Entry: Mar.301056
	Date of Birth: Sep.28,1909	Birth Place: Nampa, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Reuben J. Shenk		Date Issued: Oct.26,1962	Date Orig. Entry: -----
	Date of Birth: Sept.28,1909	Birth Place: Nampa, Idaho	Full Name of Mother: Myrtle Diltz Shenk	Name of Father: Reuben J. Shenk	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Glenda Larson	Date Filed: Nov.30,1965

FORM BH 56067

10-25-62

DEC 7 1965

DECEASED

265-220-022-632

(Be sure the information is complete and accurate)

State File No. DE-65-888

Local Reg. No.

Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location): Home

3. CHILD'S NAME (Type or print)
a. (First): Cleo
b. (Middle): Myrtle
c. (Last): Bonneau

4. SEX: Female

5a. THIS BIRTH: SINGLE [ ] TWIN [X] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [X] 3RD [ ]

6. DATE OF BIRTH: (Month) Oct (Day) 20 (Year) 1909

FATHER OF CHILD

7. FULL NAME
a. (First): Christian
b. (Middle): Hellard
c. (Last): Bonneau

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Salina Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Myrtle
b. (Middle): Sophia
c. (Last): Olsen

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Bunt Creek, Ida

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? None
b. How many OTHER children were born alive but are now dead? None
c. How many children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Christian Hellard Bonneau None

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: E. L. Stangis

18c. ADDRESS: Ashton Idaho

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED: Aug 9 1965

19. DATE REC'D BY LOCAL REG.: Dec. 3, 1965

20. REGISTRAR'S SIGNATURE: W. W. Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar): Aug 9 1965

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: WEEKS

22b. WEIGHT AT BIRTH: LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [X]

Approximate date

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum: Silver Nitrate

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Form DPH-48001

DEC 17 1965

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

493-205-038-667

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-904

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Amber Izola Dilts		2. Date of Birth: (month) May (day) 5 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Payette	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: George E. Dilts		7. State or Country of Father's Birth: Colorado	
MOTHER	8. Full Maiden Name of Mother: Nina Fox		9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amber Izola Dilts	11. Present Address of Registrant: 7615 Fox Point Drive Spokane, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: DECEMBER 3 1965	12. Signature of Notary: K. L. Robinson	13. Notary Commission expires: FEBRUARY 18 1966	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #532-10-4860	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Nov.27,1936
	Date of Birth: May 5,1909 / Birth Place: Payette, Idaho	Full Name of Mother: Nina Westanna Fox	Name of Father: George Elmer Dilts	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage record	By whom issued and signed: Spokane County, Washington	Date Issued: Oct.22,1965	Date Orig. Entry: Sept.6,1936
	Date of Birth: Age 27 / Birth Place: Idaho	Full Name of Mother: Nina W. Fox	Name of Father: G. E. Diltz	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: City of Seattle, Washington	Date Issued: Feb.26,1945	Date Orig. Entry: child born Feb.13,1945
	Date of Birth: Age 35 / Birth Place: Payette, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: Dec. 10, 1965	

FORM BH 56067

Burgomaster

DEC 10 1985

155-225-072-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-915

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Isabell Jensen			2. Date of Birth (month) October (day) 25 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont (now Madison)	b. City or Town of Birth: Teton
FATHER	6. Full Name of Father: Peter Jensen			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Margaret McKinley			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Isabell Smith		11. Present Address of Registrant: 496 North State Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 24 1965	12. Signature of Notary: Edward W Pike		13. Notary Commission expires: Mar 6 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #58144-JX	By whom issued and signed: Gen State Mutual Life Association Inc., Pocatello, Idaho		Date Issued: June 15,1955	Date Orig. Entry: June 10,1955
	Date of Birth: Oct.25,1909	Birth Place: Teton City, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #217196		Date Issued: -----	Date Orig. Entry: child born Nov. 8, 1933
	Date of Birth: Age 24	Birth Place: Teton	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Margaret McKinley Jensen		Date Issued: Mar.11,1963	Date Orig. Entry: -----
	Date of Birth: Oct.25,1909	Birth Place: Teton, Idaho Fremont (now Madison) County	Full Name of Mother: Margaret McKinley Jensen	Name of Father: Peter Jensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	Dec. 14, 1965

FORM BH 56067

JAN 25 1966

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

689-229-014-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-921

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elma Katherine White
2. Date of Birth (month) 6 (day) 29 (year) 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Roswell Idaho, Canyon
b. City or Town of Birth: Roswell

FATHER

6. Full Name of Father: Thomas Henry White
7. State or Country of Father's Birth: Canada

MOTHER

8. Full Maiden Name of Mother: Lydia Coutts
9. State or Country of Mother's Birth: Canada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elma Katherine Peer
11. Present Address of Registrant: Meridian Idaho RR 3

NOTARY (Seal)

Subscribed and sworn to before me on December 20 1965
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy #22262	Idaho Mutual Benefit Assn.	Sept. 15 1943	Sept. 15 1943
	Date of Birth: June 6 1909 / Birth Place: Roswell, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Own childs birth certificate	By whom issued and signed: on file with state of Idaho # 365446	Date Issued: --------	Date Orig. Entry: child born Aug 1, 1931
	Date of Birth: Age 22 / Birth Place: Roswell, Idaho	Full Name of Mother: --------	Name of Father: ----------	
SUPPORTING RECORD 3.	Affidavit by attendant at birth age 51	By whom issued and signed: Mrs. Elma Dougal	Date Issued: Aug 5, 1960	Date Orig. Entry: ------
	Date of Birth: June 29 1909 / Birth Place: Roswell, Idaho	Full Name of Mother: Lydia Coutts	Name of Father: Thomas Henry White	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Dec. 20, 1965

FORM BH 56067

DEC 21 1965

FEB 11 1966

DEC 05 2007

Date of Birth	Place of Birth	Date Issued	Date Orig. Entry
Insurance Policy #22262		Sept. 15 1943	Sept. 15 1943
Date of Birth: June 6 1909	Birth Place: Roswell, Idaho	Full Name of Mother: ----------	Name of Father: ----------
Type of Document: Own childs birth certificate		By whom issued and signed: on file with state of Idaho #365446	Date Issued: ----------
Date of Birth: Age 22	Birth Place: Roswell, Idaho	Full Name of Mother: ----------	Name of Father: ----------
Type of Document: Affidavit by attendant at birth		By whom issued and signed: Mrs. Elma Bunyal	Date Issued: Aug 5, 1960
Date of Birth: June 29 1909	Birth Place: Roswell, Idaho	Full Name of Mother: Lucia Coutts	Name of Father: Thomas Henry White

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date filed
T. W. Benson	Florence Cartright	Dec. 20, 1965

795-106-003 -693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-928

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Glen LeRoy Green
2. Date Of Birth: (month) Oct (day) 6 (year) 1909
3. Color or Race: White
4. Sex: M.
5. Place of Birth: a. County: Grace Idaho Bannock
   b. City or Town of Birth: Grace Idaho Bannock

FATHER

6. Full Name of Father: Mark Leroy Green
7. State or Country of Father's Birth: Kaysville Davis Co Utah

MOTHER

8. Full Maiden Name of Mother: Mary Elizabeth Williams
9. State or Country of Mother's Birth: Portage Box Elder Co Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Glen LeRoy Green
11. Present Address of Registrant: Harrison Idaho #2

NOTARY (Seal)

Subscribed and sworn to before me on [redacted] Nov. 24 1965

12. Signature of Notary: Vern A. Adams
13. Notary Commission expires: April 13 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	LDS Church, C.H.Paulsen, Bishop	-----	blessed Dec.5,1909
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.6,1909 / Grace, Bannock County, Idaho	Mary E. Williams	Roy Green	
SUPPORTING RECORD 2.	Affidavit by mother	Mary Elizabeth Williams Green	Nov.15,1965	-----
	Oct.6,1909 / Grace, Idaho Bannock County	Mary Elizabeth Williams Green	Mark Leroy Green	
SUPPORTING RECORD 3.	Certificate of Baptism and Confirmation	LDS Church, John L. Lloyd, Bishop	---	baptized Oct.22,1917
	Oct.6,1909 / Grace, Idaho	Mary Elizabeth Williams	Le-Roy Mark Green	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Dec. 23, 1965

FORM BH 56067 1 CPR rec # 25-24

DEC 23 1985

291-209-040-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-944

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Agnes Brandstatter		2. Date of Birth (month) May (day) 9 (year) 1909	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Burke
FATHER	6. Full Name of Father: Bartl Brandstatter		7. State or Country of Father's Birth: Austria	
MOTHER	8. Full Maiden Name of Mother: Mary Winter		9. State or Country of Mother's Birth: Austria	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Agnes Roeglin	11. Present Address of Registrant: 5111 W. National Ave	
NOTARY (Seal)	Subscribed and sworn to before me on: November 22 1965	12. Signature of Notary: Gertrude M. Kluge	13. Notary Commission expires: July 31 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of marriage certificate	By whom issued and signed: State of Wisconsin, Wm.J.Cary county clerk	Date Issued: -----	Date Orig. Entry: May 25,1965
	Date of Birth: Age 20 / Birth Place: Idaho	Full Name of Mother: Mary Winter	Name of Father: Bartel Brandstatter	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy 394 239 996	By whom issued and signed: The Prudential Ins. Co. of America	Date Issued: Oct.16,1939	Date Orig. Entry: Sept.23,1939
	Date of Birth: May 9,1909 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate#10388	By whom issued and signed: Milwaukee County, Wisconsin Clyde M.Haberman, Reg. of Deeds	Date Issued: Dec.14,1965	Date Orig. Entry: child born July 2,1931
	Date of Birth: Age 22 / Birth Place: Burke, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Dec. 28, 1965

FORM BH 56067

30-

Roeglin

DEC 28 1965

362-22-042-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-950

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Avis Margaret Cosler		2. Date of Birth (month) Sept. (day) 22 (year) 1909	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Filer
FATHER	6. Full Name of Father: Walter Edward Cosler		7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Nora Morris		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief	10. Signature of Registrant: Avis Alice Margaret Corrion	11. Present Address of Registrant: 220 Stewart, Medford, Ore	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 22 1965	12. Signature of Notary: Thelma C. McIntyre	13. Notary Commission expires: August 1 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Nora Cosler	Date Issued: Sept.9,1965	Date Orig. Entry: -----	
	Date of Birth: Sept.22,1909	Birth Place: Filer, Twin Falls County, Idaho	Full Name of Mother: Nora Morris	Name of Father: Walter Edward Cosler	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Oct.11,1965	Date Orig. Entry: Jan.1,1920	
	Date of Birth: Age 10	Birth Place: Idaho	Full Name of Mother: Nora Cosler	Name of Father: W. E. Cosler	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: Oregon State Tuberculosis Hosp. Salem,	Date Issued: Dec.7,1965	Date Orig. Entry: Sept.6,1960	
	Date of Birth: Sept.22,1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: Dec. 30, 1965		

FORM BH 56067

DEC 30 1965

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRAR (Person whose Birth is being registered)	1. Registrant's Full Name of Birth: [illegible]	2. Date (month) (day) (year): [illegible]	
	3. Color or Race: [illegible]	4. Sex: Female	5. Place of Birth (a. County): Twin Falls
	6. Place of Birth (b. Town of Birth): Filer		
FATHER	7. Full Name of Father: [illegible]	8. State or Country of Father's Birth: Nebraska	
MOTHER	9. Full Name of Mother: Nora Morris	10. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	11. Declare upon oath that the above statements are true to the best of my knowledge and belief	12. Signature of Registrant: [illegible]	13. Present Address of Registrant: 220 Hayward, Medford, Ore
NOTARY (Seal)	14. Subscribed and sworn to before me on: [illegible]	15. Signature of Notary: [illegible]	16. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Nora Cosler	Date Issued: Sept. 9, 1965	Date Orig. Entry: ----
	Date of Birth: Sept. 22, 1900	Full Name of Mother: Nora Morris	Name of Father: Walter Edward Cosler	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Oct. 11, 1965	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: Nora Cosler	Name of Father: W. E. Cosler
SUPPORTING RECORD 3.	Type of Document: Department regarding Cosler Records	By whom issued and signed: [illegible]	Date Issued: Dec. 1, 1965	Date Orig. Entry: Sept. 6, 1940
	Date of Birth: [illegible]	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: [illegible]

695229.037-557

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE66-0014

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Stella Frederick			2. Date Of Birth (month) 11 (day) 29 (year) 09
	3. Color or Race: white	4. Sex: F	5. Place of Birth: Grandview a. County: Owyhee	b. City or Town of Birth: Grandview, Idaho
FATHER	6. Full Name of Father: Charles F. Frederick			7. State or Country of Father's Birth: Pennsylvania Union
MOTHER	8. Full Maiden Name of Mother: Cary Engen			9. State or Country of Mother's Birth: Skillingsfors, Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Stella Broesder		11. Present Address of Registrant: Big Sandy, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: 8/2 19 65	12. Signature of Notary: H. E. Strain		13. Notary Commission expires: 6/10/69 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of Baptism		By whom issued and signed: Samuel E. Long, Congregational Minister	Date Issued: -----	Date Orig. Entry: baptism Dec.20,1911
	Date of Birth: Nov.29,1909	Birth Place: Grand View, Idaho	Full Name of Mother: Carrie	Name of Father: Charles Frederick	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: Charles F. Frederick	Date Issued: Aug.28,1965	Date Orig. Entry: -----
	Date of Birth: Nov.29,1909	Birth Place: Grandview, Idaho	Full Name of Mother: Carrie Frederick	Name of Father: Charles F. Frederick	
SUPPORTING RECORD 3.	Type of Document: Marriage license and Certificate #2737		By whom issued and signed: Chouteau County, Montana Caroline M. Varns, Dep.Clerk	Date Issued: Dec.23,1965	Date Orig. Entry: Mar.26,1932
	Date of Birth: Age 22	Birth Place: Grand View, Idaho	Full Name of Mother: Carrie Egen	Name of Father: Charles Fredericks	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Jan. 10, 1966

FORM BH 56067 1 cp pd file # 19099 (B) 8-19-[illegible]

CORRECTED FILE # FROM DE65-0014 TO DE66-0014. 6/4/12 KMC

JAN 1 1 1966

954-117-001-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-037

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marion Clark Inman			2. Date Of Birth (month) (day) (year): Feb 17 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Payette Ida (Ada at time)	b. City or Town of Birth: Payette, Idaho
FATHER	6. Full Name of Father: Guy LeRoy Inman			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Jane Barbara Bowers			9. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marion Clark Inman		11. Present Address of Registrant: 1560 Church Baker, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 17 1965	12. Signature of Notary: Dennis L Fuller		13. Notary Commission expires: Baker County Clerk State of Oregon 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance Policy 10-335-459		By whom issued and signed: New York Life Ins. Co.	Date Issued: -----	Date Orig. Entry: July 25, 1928
	Date of Birth: Feb.17,1909	Birth Place: Payette, Idaho	Full Name of Mother: Jane	Name of Father: Guy L.	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Jane Barbara Inman	Date Issued: Dec.17,1965	Date Orig. Entry: -----
	Date of Birth: Feb.17,1909	Birth Place: Payette, Idaho	Full Name of Mother: Jane Barbara Inman (Bowers)	Name of Father: Guy LeRoy Inman	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage record		By whom issued and signed: Baker County, Oregon, Dennis L. Fuller, Clerk	Date Issued: Dec.17,1965	Date Orig. Entry: Aug.18,1945
	Date of Birth: Feb.17,1909	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Jan. 14, 1966

FORM BH 56067

JAN 14 1966

251-122-006-292

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-062

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DELMAR DANIEL SNARR		2. Date Of Birth (month) May (day) 22 (year) 1909
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Wooodville Bingham; b. City or Town of Birth: at home in Woodville, Idaho
FATHER	6. Full Name of Father: Arland Daniel Snarr		7. State or Country of Father's Birth: Utah, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Annie E. Bishop		9. State or Country of Mother's Birth: Utah, U.S.A
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Delmar Daniel Snarr	11. Present Address of Registrant: Rte. 5, Box 160, Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 10 1966	12. Signature of Notary: Nathala C. Brunt	13. Notary Commission expires: August 28 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Annie E. Snarr	Date issued: Jan.10,1966	Date Orig. Entry: -----
	Date of Birth: May 22,1909 / Birth Place: Woodville, Idaho Bingham County	Full Name of Mother: Annie E. Snarr	Name of Father: Arland Daniel Snarr	
SUPPORTING RECORD 2.	Type of Document: photocopy of page of Life Ins. Policy #30658145	By whom issued and signed: Metropolitan Life Ins. Co.	Date issued: Feb.10,1913	Date Orig. Entry: -----
	Date of Birth: age next bd. 4 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital certificate of own child's birth.	By whom issued and signed: Idaho Falls LDS Hospital, Idaho	Date issued: -----	Date Orig. Entry: child born June 21,1936
	Date of Birth: May 22,1909 / Birth Place: Woodville, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Jan. 19, 1966

FORM BH 56067

1 cpy fwd 1-7-66

1-13-66 gml

JAN 19 1966

255-125 1006-557

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-102

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Winston Lowell Benson			2. Date Of Birth (month) (day) (year): October 25 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Moreland
FATHER	6. Full Name of Father: Hans Andrew Benson			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Ida Adelinda England			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Winston Lowell Benson		11. Present Address of Registrant: 365 North Shilling, Blackfoot
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 24, 1966	12. Signature of Notary: Grace Williams		13. Notary Commission expires: Jan 14 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church	Date Issued: Jan.19,1966	Date Orig. Entry: Nov.4,1917
	Date of Birth: Oct.25,1909 / Birth Place: Moreland, Idaho Bingham County	Full Name of Mother: Ida England	Name of Father: Hans Andrew Benson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #262807	Date Issued: -----	Date Orig. Entry: child born Jan.9,1938
	Date of Birth: Age 28 / Birth Place: Moreland	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Andrew P. Benson, Elder, Moreland Ward	Date Issued: -----	Date Orig. Entry: blessed Dec.5,1909
	Date of Birth: Oct.25,1909 / Birth Place: Bingham County Moreland, Idaho	Full Name of Mother: Ida England	Name of Father: Hans A. Benson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 7, 1966

FORM BH 56067

FEB 7 1966

918-226-009-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-110

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ione Raymond			2. Date Of Birth (month) June (day) 26 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Sandpoint
FATHER	6. Full Name of Father: Edwin D. Raymond			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Minnie Selle			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ione Parkin		11. Present Address of Registrant: 5336 Village Road Snow Beach - Calif
NOTARY (Seal)	Subscribed and sworn to before me on: January 27, 1966	12. Signature of Notary: Everett T. Miller		13. Notary Commission expires: Jan. 15, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records		By whom issued and signed: Bonner County Class A Dist.82 Make Lamanna, Asst. Supt.	Date issued: July 9,1963	Date Orig. Entry: Sept.1917
	Date of Birth: June 26, 1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: E. D. Raymond	
SUPPORTING RECORD 2.	Type of Document: Marriage License and Certificate		By whom issued and signed: Gallatin County, Montana	Date issued: Sep.28,1945	Date Orig. Entry: Sept.27,1945
	Date of Birth: Age 36	Birth Place: Sand Point, Idaho Bonner County	Full Name of Mother: Minnie Selle Raymond	Name of Father: E. D. Raymond	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy application		By whom issued and signed: Royal Neighbors of America	Date issued: -----	Date Orig. Entry: Feb.12,1927
	Date of Birth: June 26,1909	Birth Place: Sand Point, Idaho Bonner County	Full Name of Mother: Minnie Louise Raymond	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Feb. 9, 1966

FORM BH 56067 NM. (P) 1-24-66 gml

FEB 9 1966

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-116

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CARL ALFRED HOOBING			2. Date of Birth (month) APRIL (day) 12 (year) 1909	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: IDAHO ADA	b. City or Town of Birth: BOISE	
FATHER	6. Full Name of Father: JACOB HOOBING			7. State or Country of Father's Birth: OHIO	
MOTHER	8. Full Maiden Name of Mother: PAULINA HULTSTROM			9. State or Country of Mother's Birth: SWEDEN	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Carl Alfred Hoobing	11. Present Address of Registrant: 1811 N. 14th St	
NOTARY (Seal)	Subscribed and sworn to before me on: February 9 1966		12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: New York Life Ins. Policy		By whom issued and signed: New York Life	Date Issued: Sept.9,1929	Date Orig. Entry: Sept. 9,1929
	Date of Birth: Apr.12,1909	Birth Place: Boise, Idaho	Full Name of Mother: ----------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Church Record		By whom issued and signed: H.Karl Ladwig, Pastor Immanual Evangelical Luthern	Date Issued: March 24 1965	Date Orig. Entry: Baptized April 14, 1911
	Date of Birth: Apr. 12,1909	Birth Place: Boise, Idaho	Full Name of Mother: Lena Hultstrom Hoobing	Name of Father: Jacob Hoobing	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: T. C. Bird, Supt. School Dist. of Boise	Date Issued: Feb. 7 1966	Date Orig. Entry: Attended school Sept. 1915
	Date of Birth: Apr.12,1909	Birth Place: Boise, Idaho	Full Name of Mother: Paulina Hultstrom	Name of Father: Jacob Hoobing	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb. 9, 1966

FORM BH 56067

FEB 10 1966

386-116-040-653

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-129

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Daniel Darrow Thomas		2. Date of Birth (month) (day) (year): January 16 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shoshone; b. City or Town of Birth: Gem
FATHER	6. Full Name of Father: William Henry Thomas		7. State or Country of Father's Birth: California - (Scotts Bar)
MOTHER	8. Full Maiden Name of Mother: Martha Caroline Felstead		9. State or Country of Mother's Birth: Logan, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Daniel Darrow Thomas	11. Present Address of Registrant: Pingree, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 17th January 19 66	12. Signature of Notary: Rhea W. Murdock	13. Notary Commission expires: 21 June 19 67

APPLICANT— DO NOT WRITE BELOW THIS LINE

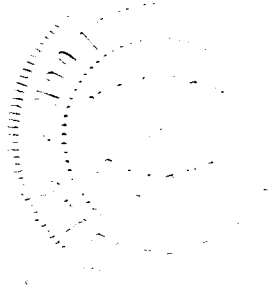
SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Bankers Life Company, Des Moines, Iowa	Date Issued: Oct.3,1931	Date Orig. Entry: Oct. 3, 1931
	Date of Birth: Jan.16,1909 / Birth Place: Gem, Idaho	Full Name of Mother: Martha C. Thomas	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: transcript of school record	By whom issued and signed: Ricks College, Rexburg, Idaho Bryce B. Orton, Registrar	Date Issued: Sep.10,1953	Date Orig. Entry: matriculated Fall 1928
	Date of Birth: Jan.16,1909 / Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Martha Caroline Thomas Walters	Date Issued: Jan.27,1966	Date Orig. Entry: -----
	Date of Birth: Jan.16,1909 / Birth Place: Gem, Idaho	Full Name of Mother: Martha Caroline Felstead Thomas	Name of Father: William Henry Thomas	
QUALIFYING INFORMATION	own child's birth certificate on file Idaho #416676 child born Feb. 26, 1946 gives age of father as 37 born in Gem, Idaho.			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: Feb. 11, 1966

FORM BH 56067

1-24-66 mc

FEB 1 1 1966



165-225 019-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-133

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Phyllis Addelene Jones		2. Date Of Birth (month) Aug. (day) 25 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Custer; b. City or Town of Birth: Mackay Idaho
FATHER	6. Full Name of Father: Caleb R. Jones		7. State or Country of Father's Birth: Maladcity County Oneida, Idaho
MOTHER	8. Full Maiden Name of Mother: Addie Mabel Clark		9. State or Country of Mother's Birth: Mt Pleasant - ~~San Pete~~ SANPETE Co. Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Phyllis Jones Langley	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: January 20 1965	12. Signature of Notary: Anne Barratt Anne Barratt	13. Notary Commission expires: January 26 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: Child born in California. Calaveras County.	Date issued: ----	Date Orig. Entry: child born May 19, 1946
	Date of Birth: Age 36	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend of mother at time of birth	By whom issued and signed: Ethel J. Coburn Age 81	Date issued: Mar.8,1965	Date Orig. Entry: -----
	Date of Birth: Aug.25,1909	Birth Place: Mackay, Idaho Custer County	Full Name of Mother: Addie Mabel Clark	Name of Father: Caleb R. Jones
SUPPORTING RECORD 3.	Type of Document: copy of Certificate of Baptism and Confirmation	By whom issued and signed: IDS Church, Neil Davis, San Andreas Branch clerk	Date issued: ----	Date Orig. Entry: baptized Aug.26,1917
	Date of Birth: Aug.25,1909	Birth Place: Macay, Idaho	Full Name of Mother: Addie Mable Clark	Name of Father: Caleb R. Jones
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

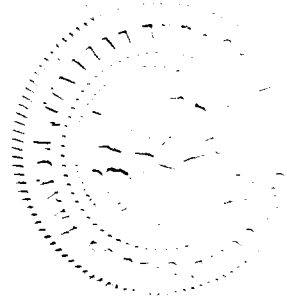
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Feb. 11, 1966

FORM BH 56067 1 cp pd rec # 2845 (H) 11-27-65 gml

Hearty, Atty

FEB 11 1966



795-217.028-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-138

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vesta Mae Gregg
2. Date Of Birth (month) (day) (year): November 17, 1909
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Kootenai County
b. City or Town of Birth: Athol, Idaho

FATHER

6. Full Name of Father: James Henry Gregg
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Evelyn Delvee
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vesta Mae Gregg Hart
11. Present Address of Registrant: 614 N. Clayton Wichita, Kansas

NOTARY (Seal)

Subscribed and sworn to before me on: February 2 19 66
12. Signature of Notary: Thelma Flemery
13. Notary Commission expires: Dec. 22 19 66

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of marriage license bookQ-2 page 408	Montgomery County, Kansas Betty L. McQuire,Dep. Clerk	May 2,1953	July 21,1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 24	-----	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for ins. policy	Royal Neighbors of America	-----	Nov.16,1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.17,1909	Athol, Idaho	Evelyn Gregg	James H. Gregg

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister	Dollie Martin Age 66	Sep.17,1962	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.17,1909	Athol, Idaho Kootenai County	Evelyn Delvee	James Henry Gregg

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Feb. 14, 1966

FORM BH 56067

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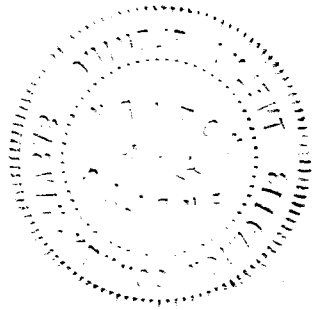

669-219-042 85K

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-144

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alberta Adelia Worley
2. Date of Birth (month) (day) (year): Aug 19 1909
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Twin Falls
b. City or Town of Birth: Twin Falls, Idaho.

FATHER

6. Full Name of Father: Frederick Worley
7. State or Country of Father's Birth: ~~Idaho~~ Oregon

MOTHER

8. Full Maiden Name of Mother: Lillian Francis Hefling
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alberta Adelia Worley Childers
11. Present Address of Registrant: 6322 Tanglewood California

NOTARY (Seal)

Subscribed and sworn to before me on: 15 February 1966

12. Signature of Notary: Julia M. Goains
13. Notary Commission expires: June 30 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	LDS Church, Cleve Harold Chase, Elder	June 4, 1961	baptized June 2, 1961

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 19, 1909	Twin Falls, Idaho	Lillian Frances Heffling	Frederick E. Worley

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neice (born 7-26-1891)	Ida May Hobson	Dec. 1, 1965	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 19, 1909	Twin Falls, Idaho	Lillian Francis (Hefling) Worley	Frederick Worley

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
copy of application for insurance policy	Forest Law Life Ins. Co. Glendale, Calif.	----	Nov. 29, 1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 19, 1909	Idaho	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	Feb. 16, 1966

FORM BH 56067

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FEB 16 1965

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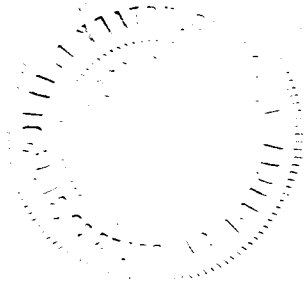

249-225-003-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-147

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Burton		2. Date of Birth (month) (day) (year): Mar 25 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Cleveland
FATHER	6. Full Name of Father: George Burton		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Ransom		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera Burton McKay	11. Present Address of Registrant: Weston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 16 1966	12. Signature of Notary: Ted B. Larsen	13. Notary Commission expires: May 12 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother Age 77	By whom issued and signed: John A. Ransom	Date Issued: Feb. 16, 1966	Date Orig. Entry: -----	
	Date of Birth: Mar. 25, 1909	Birth Place: Cleveland, Idaho Bannock County	Full Name of Mother: Mary Elizabeth Ransom	Name of Father: George Burton	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Cleveland Ward, Edgar Nelson, Clerk	Date Issued: June 6, 1909	Date Orig. Entry: blessed June 6, 1909	
	Date of Birth: Mar. 25, 1909	Birth Place: Cleveland, Idaho Bannock County	Full Name of Mother: Mary Ransom	Name of Father: George Burton	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #341945	Date Issued: --------	Date Orig. Entry: child born March 15, 1942	
	Date of Birth: Age: 32	Birth Place: Cleveland, Idaho	Full Name of Mother: -------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	Feb. 18, 1966

FORM BH 56067

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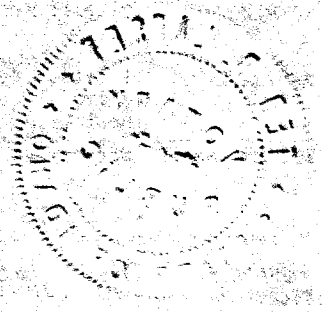
2-9-66

Mrs. C. Kay

FEB 18 1966



BOT'H DELAYED

Dup of 09 D81-291

962-224-027-915 10-11-12-13

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-162

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VADA JOYCE ROBINSON		2. Date of Birth (month) December (day) 24 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Jerome, Idaho — a. County: Jerome — b. City or Town of Birth: Jerome
FATHER	6. Full Name of Father: Edmond Ralph Robinson		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Geraldine Randolph		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vada Joyce Parran	11. Present Address of Registrant: Lusby, Md
NOTARY (Seal)	Subscribed and sworn to before me on: February 9 1966	12. Signature of Notary: Virginia Panan	13. Notary Commission expires: July 1 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend who took care of mother after birth	By whom issued and signed: Lulu E. Updegraff Age 78	Date issued: Oct.15,1965	Date Orig. Entry: -----
	Date of Birth: Dec.24,1909 — Birth Place: Jerome, Idaho	Full Name of Mother: Geraldine Robinson	Name of Father: Edmond Ralph Robinson	
SUPPORTING RECORD 2.	Type of Document: photocopy of school records	By whom issued and signed: Jerome High School, E.F. Grider, Principal	Date issued: 10-17-61	Date Orig. Entry: entered Sept.6,1923
	Date of Birth: Dec.24,1909 — Birth Place: -----	Full Name of Mother: -----	Name of Father: E. R. Robinson	
SUPPORTING RECORD 3.	Type of Document: federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Nov.3,1965	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age 10 — Birth Place: Idaho	Full Name of Mother: Geraldine Robinson	Name of Father: Edmund R. Robinson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Feb. 28, 1966

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FEB 28 1966

663-224-028-663

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-167

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HELEN IVERINE WOLLAN			2. Date of Birth (month) March (day) 24 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Post Falls
FATHER	6. Full Name of Father: Nels R. Wollan			7. State or Country of Father's Birth: MINNESOTA
MOTHER	8. Full Maiden Name of Mother: Cora E. Wollan			9. State or Country of Mother's Birth: SOUTH DAKOTA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen I. Luther		11. Present Address of Registrant: Route 5 Box 497 Spokane, Wash. 99208
NOTARY (Seal)	Subscribed and sworn to before me on: February 11 1966	12. Signature of Notary: C. Ogvie Luckini		13. Notary Commission expires: April 20 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Baptismal record	By whom issued and signed: Carl M. Fosmark, Pastor Coeur d'Alene, Idaho	Date Issued: -----	Date Orig. Entry: baptized June 4, 1911	
	Date of Birth: March 24, 1909	Birth Place: -----	Full Name of Mother: Cora Wollan	Name of Father: Nels Wollan	
SUPPORTING RECORD 2.	Type of Document: Book 1 page 282 Birth register Kootenai Co. of her own birth	By whom issued and signed: E. W. Larson, County Recorder Kootenai County, Idaho	Date Issued: June 12, 1963	Date Orig. Entry: -----	
	Date of Birth: March 24, 1909	Birth Place: Post Falls, Idaho Kootenai County	Full Name of Mother: Cora Wollen	Name of Father: Nels R. Wollen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Cora Wollan	Date Issued: Feb. 11, 1966	Date Orig. Entry: -----	
	Date of Birth: Mar. 24, 1909	Birth Place: Post Falls, Idaho	Full Name of Mother: Cora Wollan	Name of Father: Nels Wollan	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Feb. 28, 1966

FORM BH 56067

MAR 1 1966

418-207-022-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

GRACE SMITH
Notary Public
LOS ANGELES COUNTY
CALIFORNIA

State File No. DE 66-181

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Geneva Dayley		2. Date of Birth (month) September (day) 7 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County Parker Fremont; b. City or Town of Birth Parker
FATHER	6. Full Name of Father: Myron Maine Dayley		7. State or Country of Father's Birth: Oakley, Idaho 12 April 1885
MOTHER	8. Full Maiden Name of Mother: Phoebe Ann Stoddard		9. State or Country of Mother's Birth: Parker, Idaho 19 Aug 1888
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geneva Dayley Pratt	11. Present Address of Registrant: 627 W. 4th St. Long Beach, California
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 29 1965	12. Signature of Notary: Grace Smith	13. Notary Commission expires: GRACE SMITH, Notary Public 19 ~~MY COMMISSION EXPIRES APRIL 25, 1967~~

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of marriage record		By whom issued and signed: Yuma County, Arizona	Date issued: -----	Date Orig. Entry: Aug.14,1931
	Date of Birth: Age 21	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of church record		By whom issued and signed: LDS Church, Long Beach Stake #684	Date issued: ----	Date Orig. Entry: Nov.25,1956
	Date of Birth: Sept.7,1909	Birth Place: Parker, Fremont County, Idaho	Full Name of Mother: Phoebe Ann Stoddard	Name of Father: Maine Myron Dayley	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Phoebe Ann Stoddard Dayley	Date issued: Feb.18,1966	Date Orig. Entry: -----
	Date of Birth: Sept.7,1909	Birth Place: Parker, Idaho Fremont County	Full Name of Mother: Phoebe Ann Stoddard Dayley	Name of Father: Myron Maine Dayley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	March 4, 1966

FORM BH 56067 NM

12-1-65 gml

MAR 17 1966

435229-028-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-205

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SARAH ALICE MCNEIL			2. Date of Birth (month) (day) (year): DECEMBER 29 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: KOOTENAI b. City or Town: COEUR D'ALENE	COEUR D'ALENE, IDAHO
FATHER	6. Full Name of Father: John Henery McNeil			7. State or Country of Father's Birth: Ontario, Canada (Guelf)
MOTHER	8. Full Maiden Name of Mother: Viola L Monroe			9. State or Country of Mother's Birth: Jackson County, Michigan (Springport
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarah alice Routson		11. Present Address of Registrant: RT2 BX322 SPRINGFIELD, OREGON
NOTARY (Seal)	Subscribed and sworn to before me on: FEBRUARY 26 1946	12. Signature of Notary: Dorothy J. Chitwood		13. Notary Commission expires: DECEMBER 22 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #127 320 FAHW	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: Oct.12,1959	Date Orig. Entry: Sept.4,1959
	Date of Birth: Dec.29,1909	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On File Idaho #385476		Date Issued: ----	Date Orig. Entry: child born Jan.20,1944
	Date of Birth: Age 34	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: John Henry McNeil		Date Issued: Feb.7,1966	Date Orig. Entry: ------
	Date of Birth: Dec.29,1909	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Viola L. McNeil	Name of Father: John Henry McNeil	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	March 15, 1966

FORM BH 56067

1-21-66

MAR 15 1966

915719 006-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-301

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles Norman Randall
2. Date of Birth (month) (day) (year): Aug 19 1909
3. Color or Race: White
4. Sex: M.
5. Place of Birth: a. County: Groveland Bingham
b. City or Town of Birth: ~~Straight Creek~~

FATHER

6. Full Name of Father: Thomas William Randall
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Ida Bringhurst [redacted]
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles Norman Randall
11. Present Address of Registrant: Pocatello Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: September 1 1965
12. Signature of Notary: Loretta L. Fletcher
13. Notary Commission expires: December 13 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application for insurance policy	Beneficial Protective Association, Inc., Pocatello, Idaho	Aug.1,1938	July 31, 1938
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.19,1909 / Groveland,Idaho	-----	-----	
SUPPORTING RECORD 2.	Temple Recommend	LDS Church, Boyd F.Henderson, Bishop or branch president	Nov.20,1960	baptized Aug.4,1917
	Aug.19,1909 / Groveland, Idaho Bingham County	Ida Bringhurst	Thomas William Randall	
SUPPORTING RECORD 3.	Own child's birth certificate	On file Idaho #412249	-----	child born Oct.21,1945
	Age 36 / Groveland, Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	April 13, 1966

K FORM BH 56067

9-23-65

APR 13 1966

813820-006-767

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66- 324

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alberna Marthastale		2. Date of Birth (month) (day) (year): August 20 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Blackfoot Idaho Bingham
			b. City or Town of Birth: Blackfoot Idaho
FATHER	6. Full Name of Father: Horace Leslie Hale		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Agnes Pearl Pope		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alberna Anderson	11. Present Address of Registrant: Cascade Mont
NOTARY (Seal)	Subscribed and sworn to before me on: April 13 1966	12. Signature of Notary: E M McCollum	13. Notary Commission expires: 11-5 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Horace Leslie Hale	Date Issued: Apr.13,1966	Date Orig. Entry: -----
	Date of Birth: Aug.20,1909	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Agnes Pearl Pope Hale	Name of Father: Horace Leslie Hale	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: Loretta Wirtala, Co. Supt. of Schools, Cascade Co., Montana	Date Issued: Apr.13,1966	Date Orig. Entry: 1923
	Date of Birth: Aug.20,1909	Birth Place: -----	Full Name of Mother: Agnes Hale	Name of Father: Horace Hale	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Application for License to Marry #57273		By whom issued and signed: Salt Lake County Clerk, Jacob Weiler, Utah	Date Issued: Apr.20,1966	Date Orig. Entry: June 10,1920
	Date of Birth: Aug.20,1909	Birth Place: Blackfoot, Idaho	Full Name of Mother: Agnes P. Poke	Name of Father: Harace T. Hale	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	April 21, 1966

FORM BH 56067 Revised - 4-11-66

4-11-66

APR 21 1966

Anderson

296-20-1028-622

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-349

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Weltha May Brown.			2. Date of Birth (month) 11 (day) 07 (year) 09	
	3. Color or Race: Cauc.	4. Sex: Female	5. Place of Birth: a. County Emida - Idaho . Kootenai	b. City or Town of Birth: Emida - Idaho.	
FATHER	6. Full Name of Father: Charles . H. Brown			7. State or Country of Father's Birth: Missouri.	
MOTHER	8. Full Maiden Name of Mother: Zilla Ethelda Osborne.			9. State or Country of Mother's Birth: Missouri.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Weltha M. Maninger	11. Present Address of Registrant: Montara. Calif. Box 936.	
NOTARY (Seal) A. JOLINE LYONS My Commission Expires Feb. 15, 1969	Subscribed and sworn to before me on 9 Feb. 1966		12. Signature of Notary: a. Joline Lyons	13. Notary Commission expires: Feb. 15 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage record		By whom issued and signed: Multnomah County, Oregon Vital Statistics Section	Date Issued: Feb.16,1966	Date Orig. Entry: April 22,1928
	Date of Birth: Age 18 yrs 5 mos.1day	Birth Place: Emida, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Bible	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Nov.7,1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person who remembers birth (9yrs.11mos.older)		By whom issued and signed: Frank Brown	Date Issued: Mar.28,1966	Date Orig. Entry: ----
	Date of Birth: Nov.7,1909	Birth Place: Emida, Idaho	Full Name of Mother: Zilla Ethelda Brown	Name of Father: Charles H. Brown	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: April 26, 1966

FORM BH 56067

3-4-66 gml

APR 26 1966

DECEASED

994-208-014-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-392

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: OPAL ALICE ZIMMERMAN		2. Date Of Birth (month) APRIL (day) 8 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: CANYON b. City or Town of Birth: MIDDLETON IDAHO
FATHER	6. Full Name of Father: LEO INGERSOL ZIMMERMAN		7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: Lucy FRONA Phillips		9. State or Country of Mother's Birth: WEST VIRGINIA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Opal A. Boot	11. Present Address of Registrant: Box 479 Arlington, ORE
NOTARY (Seal)	Subscribed and sworn to before me on: March 25 1966	12. Signature of Notary: Leslie E Grant	13. Notary Commission expires: July 19 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #225063	Date Issued: ------	Date Orig. Entry: child born Sept.11,1934
	Date of Birth: Age 25,	Birth Place: Middleton, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage return	By whom issued and signed: Malheur County Clerk's office Oregon	Date Issued: Mar.15,1966	Date Orig. Entry: Dec.26,1931
	Date of Birth: Age 22 yrs. 8 mo.,18 da.	Birth Place: Middleton, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Lucy Zimmerman	Date Issued: Apr.22,1966	Date Orig. Entry: --------
	Date of Birth: Apr.8,1909	Birth Place: Middleton, Idaho	Full Name of Mother: Lucy Frona Phillips	Name of Father: Leo Ingersol Zimmerman
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	May 4,1966

FORM BH 56067

Nice 4-19-66 gml. no other corres.

MAY 4 1966

276-205-043-843

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-395

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myra Haldeen Spoor			2. Date of Birth (month) April (day) 5 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Valley	b. City or Town of Birth: Smiths Ferry
FATHER	6. Full Name of Father: Gideon Robert Spoor			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Mabel Clare Rule			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Haldeen S. Chapman		11. Present Address of Registrant: P.O. Box 82 Emmett, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: May 10 1966	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of family		By whom issued and signed: Lora McKie Hill Age 68	Date Issued: Nov. 24, 1964	Date Orig. Entry: -------
	Date of Birth: Apr. 5, 1909	Birth Place: Smiths Ferry	Full Name of Mother: Mabel Clare Rule	Name of Father: Gideon Robert Spoor	
SUPPORTING RECORD 2.	Type of Document: Hospital Statement		By whom issued and signed: Walter Knox Memorial Hosp. James H. Carlson, Adminis.	Date Issued: Nov. 21 1964	Date Orig. Entry: Patient June 1957
	Date of Birth: Apr. 5, 1909	Birth Place: -------	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: # 5445 Insurance Policy		By whom issued and signed: Continental Life Co.	Date Issued: Jan. 19 1955	Date Orig. Entry: ----
	Date of Birth: Apr. 5, 1909	Birth Place: Smiths Ferry, Ida.	Full Name of Mother: ---------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 10, 1966

FORM BH 56067

MAY 1 0 1966

NOV 1 5 1973

862-124-031-352

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-443

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thomas Albert Hosley			2. Date Of Birth (month) November (day) 24 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Forest	
FATHER	6. Full Name of Father: Robert Andrew Hosley			7. State or Country of Father's Birth: Aurora, Illinois	
MOTHER	8. Full Maiden Name of Mother: Mae Etta Lesco			9. State or Country of Mother's Birth: Neodesha, Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thomas Albert Hosley		11. Present Address of Registrant: 1323 Centinela ave, Inglewood, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 29 1965	12. Signature of Notary: C. J. Pitz		13. Notary Commission expires: Oct. 26 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mae Etta Hosley		Date Issued: Dec.26,1941	Date Orig. Entry: -----
	Date of Birth: Nov.24,1909	Birth Place: Forest, Lewis County, Idaho	Full Name of Mother: Mae Etta Lesco	Name of Father: Robert Andred Hosley	
SUPPORTING RECORD 2.	Type of Document: notarized photocopy of page from Bible	By whom issued and signed: Family Bible		Date Issued: Oct.5,1965	Date Orig. Entry: obviously old
	Date of Birth: Nov.24,1909	Birth Place: -----	Full Name of Mother: Mrs. R. A. Hosley	Name of Father: Robert A. Hosley	
SUPPORTING RECORD 3.	Type of Document: photocopy of federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the census		Date Issued: Apr.15,1966	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age 4 mos.	Birth Place: Idaho	Full Name of Mother: M. E. Hosley	Name of Father: Robert Hosley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

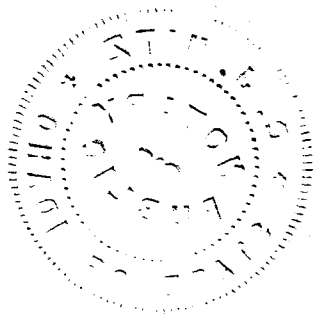
State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	gml Glenda Larson	May 18, 1966

FORM BH 56067

11-5-65 gml

Harding

MAY 18 1966



369-219-020-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-447

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl Gladys Twiss			2. Date of Birth (month) April (day) 19 (year) 1909
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Mountain Home Elmore	b. City or Town of Birth: Mountain Home, Idaho
FATHER	6. Full Name of Father: Ulsey Grant Twiss			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Anna Sophia Swenson			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl G. Mapson		11. Present Address of Registrant: c/o Hyland Park - 5th Cheyenne, Wyoming
NOTARY (Seal)	Subscribed and sworn to before me on: December 16 19 57	12. Signature of Notary: [illegible]		13. Notary Commission expires: Dec. 2nd 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page of family records	By whom issued and signed: Family Records	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Apr.19,1909 / Birth Place: -----	Full Name of Mother: Anna S. Twiss	Name of Father: Ulsey W. G. Twiss	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Anna S. Twiss	Date Issued: Apr.27,1966	Date Orig. Entry: -----
	Date of Birth: Apr.19,1909 / Birth Place: Mountain Home, Elmore Co., Idaho	Full Name of Mother: Anna Sophia Swenson	Name of Father: Ulsey Grant Twiss	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-14-7665	By whom issued and signed: Social Security Adm.	Date Issued: Apr.21,1938	Date Orig. Entry: Apr.21,1938
	Date of Birth: Apr.19,1909 / Birth Place: Mtn. Home, Idaho	Full Name of Mother: Anna Sophia Swenson	Name of Father: Ulsey Grant Twiss	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Glenda Larson	Date Filed: May 18, 1966

FORM BH 56067

MAY 1 8 1966

643-210-009-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-474

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Elizabeth Fuchs			2. Date of Birth (month) Sept. (day) 10th (year) 1909
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Idaho Bonner	b. City or Town of Birth: Laclede
FATHER	6. Full Name of Father: August Fuchs			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Frances Staudenmeier			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary E. Boothe		11. Present Address of Registrant: Sagle, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 24th 19 66	12. Signature of Notary: Ida C. Lumby		13. Notary Commission expires: July 15th 19 66

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #187895		Date Issued: ------	Date Orig. Entry: child born Jan.5,1931
	Date of Birth: Age 21	Birth Place: Laclede, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism (Roman Catholic)	By whom issued and signed: Church of St. Aloysius, Spokane Wash., Rev. Balestra		Date Issued: Mar.1,1930	Date Orig. Entry: baptized Sept.26,1909
	Date of Birth: Sept.10,1909	Birth Place: -----	Full Name of Mother: Frances Staudenmeier	Name of Father: August Fuchs	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Frances Fuchs		Date Issued: May.6,1966	Date Orig. Entry: -----
	Date of Birth: Sep.10,1909	Birth Place: Laclede, Idaho	Full Name of Mother: Frances Fuchs	Name of Father: August Fuchs	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	June 1, 1966

FORM BH 56067

1 Cy Pd Rec. #8467

3-25-66 gml

Burke

JUN 1 1966

284-205-022-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-477

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jennie Cecil Shurtliff		2. Date of Birth (month) April (day) 5 (year) 1909
	3. Color or Race: W	4. Sex: Fem.	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Lewisville
FATHER	6. Full Name of Father: Pleasant Ray Shurtliff		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Eliza Dorey Kinghorn		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jennie C. Nelson	11. Present Address of Registrant: 839 State St., Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 7 1966	12. Signature of Notary: E. E. Bowerman	13. Notary Commission expires: January 18 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #11 079 017		By whom issued and signed: New York Life Ins. Co.	Date Issued: Apr.21,1930	Date Orig. Entry: April 16,1930
	Date of Birth: Apr.5,1909	Birth Place: Lewisville,Idaho	Full Name of Mother: Dorcy K. Shurtliff	Name of Father: P. Ray Shurtliff	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: Pleasant Ray Shurtliff	Date Issued: Feb.4,1966	Date Orig. Entry: ------
	Date of Birth: Apr.5,1909	Birth Place: Lewisville, Idaho Jefferson County	Full Name of Mother: Eliza Dorcy Kinghorn (Shurtliff)	Name of Father: Pleasant Ray Shurtliff	
SUPPORTING RECORD 3.	Type of Document: federal census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Apr.27,1966	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age 1	Birth Place: Idaho	Full Name of Mother: Doray Shurtliff	Name of Father: P. Ray Shurtliff	
QUALIFYING INFORMATION					

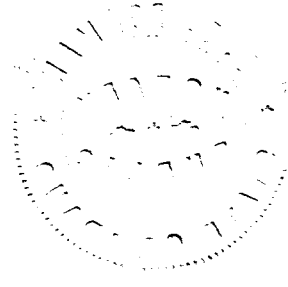
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: June 1, 1966

FORM BH 56067

1-26-66

JUN 1 1966

-Nelson



DECEASED

213-230-029-756

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-550

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orpha May Baldwin		2. Date Of Birth (month) (day) (year): November 30 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Moscow Latah; b. City or Town of Birth: Moscow, Idaho
FATHER	6. Full Name of Father: William James Baldwin		7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Orpha Odella George		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orpha May Miller	11. Present Address of Registrant: N 504 Railroad Ave., St. Maries, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 3 19 66	12. Signature of Notary: Marjorie C. Smith	13. Notary Commission expires: Feb. 19 19 67

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Co. Supt. of Schools, Dewey Scheibe, Asotin, Washington	Date issued: May 16,1966	Date Orig. Entry: May 1,1922
	Date of Birth: Nov.30,1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: W. J. Baldwin
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age 78	By whom issued and signed: Alta Almeda Craven	Date issued: Apr.28,1966	Date Orig. Entry: -----
	Date of Birth: Nov.30,1909	Birth Place: Moscow, Idaho	Full Name of Mother: Orpha Odella George	Name of Father: William James Baldwin
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #236847	Date issued: -----	Date Orig. Entry: child born Oct.18,1935
	Date of Birth: Age 25	Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	June 20, 1966

FORM BH 56067 1 cp pd. rec. #13343 (M) 6-8-66 gml

JUN 20 1966

659-230-014-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-560

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Blanche Elma Ferguson		2. Date Of Birth (month) June (day) 30 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon, Caldwell; b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Frank Ferguson		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Nancy Elma L. Crawford		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Blanche E. Trager	11. Present Address of Registrant: Rt 1 Box 242 Boise
NOTARY (Seal)	Subscribed and sworn to before me on: June 20 1966	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notorized copy of County Record of birth	By whom issued and signed: Canyon County Recorder Loona Sayre, Deputy	Date Issued: May 3, 1961	Date Orig. Entry: ------
	Date of Birth: June 30,1909 / Birth Place: Caldwell, Idaho	Full Name of Mother: Elma Nancy L. Crawford	Name of Father: Frank Ferguson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by attendant at birth	By whom issued and signed: Maymie Douglas Age 70	Date Issued: Sept.5,1962	Date Orig. Entry: ---------
	Date of Birth: June 30,1909 / Birth Place: Caldwell, Idaho	Full Name of Mother: Elma Nancy L. Crawford	Name of Father: Frank Ferguson	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: # 284355 on file with State of Idaho	Date Issued: ------	Date Orig. Entry: child born Aug. 23,1939
	Date of Birth: Age 30 / Birth Place: Caldwell, Idaho	Full Name of Mother: ---------	Name of Father: ---------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W Benson	Florence Curtright	June 20,1966

FORM BH 56067

JUN 20 1966

264-219-009-816

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-565

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GRACE MARION SOUTHMAYD	2. Date Of Birth (month) JULY (day) 19 (year) 1909
	3. Color or Race: Caucasian; 4. Sex: Female; 5. Place of Birth: IDAHO; a. County: BONNER	b. City or Town of Birth: SANDPOINT
FATHER	6. Full Name of Father: JOHN BULKLEY SOUTHMAYD	7. State or Country of Father's Birth: WISCONSIN
MOTHER	8. Full Maiden Name of Mother: MINNIE LEE HAWKER SOUTHMAYD	9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Marion Stevens; 11. Present Address of Registrant: 146 34th Avenue East Seattle, Washington 98102
NOTARY (Seal)	Subscribed and sworn to before me on: June 1 1966	12. Signature of Notary: Sylvia A. Campbell; 13. Notary Commission expires: Sept 1 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of statement regarding hospital records	By whom issued and signed: The Swedish Hospital, Seattle, Washington, M. Hillman, Med. Rec.	Date issued: Apr. 23, 1966	Date Orig. Entry: Jan. 14, 1941
	Date of Birth: July 19 Age 31; Birth Place: Sandpoint, Idaho	Full Name of Mother: Minnie Hawker	Name of Father: John Southmayd	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record	By whom issued and signed: University of Washington, Seattle	Date issued: Apr. 26, 1966	Date Orig. Entry: Oct. 1, 1929
	Date of Birth: July 19, 1909; Birth Place: Sandpoint, Idaho	Full Name of Mother: Mrs. M. L. Southmayd	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of social security application #537 05 5176	By whom issued and signed: Social Security Adm.	Date issued: ----	Date Orig. Entry: July 7, 1937
	Date of Birth: July 19, 1909; Birth Place: Sandpoint, Idaho	Full Name of Mother: Minnie L. Hawker	Name of Father: Mr. John Bulkeley Southmayd	

QUALIFYING INFORMATION

Affidavit by mother, Minnie Lee Hawker Southmayd, issued May 27, 1966 gives date of birth as July 19, 1909 in Sandpoint, Idaho. Father's name as John Bulkley Southmayd.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	June 22, 1966

FORM BH 56067 In office - No Record - no [illegible]

JUN 22 1966

695202-035--295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-603

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Mary Wintersteen		2. Date of Birth (month) (day) (year): Aug. 2, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: NEZ PERCE; b. City or Town of Birth: Culdesac, Idaho
FATHER	6. Full Name of Father: Orin Byron Wintersteen		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Rachel Belle King		9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. R. M. Quigley	11. Present Address of Registrant: 1804 14th Ave. Lewiston
NOTARY (Seal)	Subscribed and sworn to before me on: 2nd. June 19 66	12. Signature of Notary: J. E. Nicholson	13. Notary Commission expires: 8-31-68 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy page from family Bible	By whom issued and signed: Family Bible	Date Issued: June 2,1966	Date Orig. Entry: obviously old	
	Date of Birth: Aug.2,1909	Birth Place: ------	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: photocopy of school census records	By whom issued and signed: Nez Perce county clerk's office Idaho	Date Issued: June 2,1966	Date Orig. Entry: Oct.22,1915	
	Date of Birth: Age 6	Birth Place: -----	Full Name of Mother: Rachel L. Wintersteen	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Rachel K. Watt	Date Issued: June 24,1966	Date Orig. Entry: ----	
	Date of Birth: Aug.2,1909	Birth Place: Culdesac, Idaho	Full Name of Mother: Rachel Belle King Wintersteen	Name of Father: Orin Byron Wintersteen	

QUALIFYING INFORMATION: Own child's birth certificate on file Idaho #217999 gives place of birth as Idaho and age as 24. Child was born on December 8, 1933

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	July 7, 1966

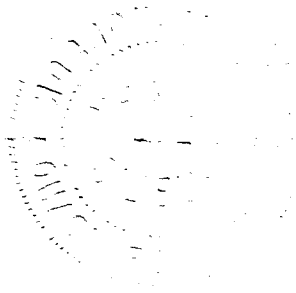
FORM BH 56067

IQ) 5-12-66. one copy pd. rec. #9545.

Q 6-17-66

Quigley

JUL 7 1966



363-128-018-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-622

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Miles Archibald Cochran		2. Date of Birth (month) (day) (year): Sept. 28 1909
	3. Color or Race: white	4. Sex: m	5. Place of Birth a. County: Clearwater; b. City or Town of Birth: Orofino, Idaho
FATHER	6. Full Name of Father: Miles L. Cochran		7. State or Country of Father's Birth: Maine
MOTHER	8. Full Maiden Name of Mother: Nessie Dunlap		9. State or Country of Mother's Birth: Nova Scotia, Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Miles A Cochrane	11. Present Address of Registrant: Orofino, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 26, 1966	12. Signature of Notary: Lucia O. Breitenstein	13. Notary Commission expires: 10-18 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On File Idaho #275945	Date Issued: -----	Date Orig. Entry: child born Jan. 18, 1939
	Date of Birth: Age 29	Birth Place: Orofino, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Nessie D. Cochran	Date Issued: June 29, 1966	Date Orig. Entry: -----
	Date of Birth: Sept. 28, 1909	Birth Place: Orofino, Idaho	Full Name of Mother: Nessie Dunlap Cochran	Name of Father: Miles Archibald Cochran
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible	Date Issued: Mar. 16, 1966	Date Orig. Entry: obviously old
	Date of Birth: Sept. 28, 1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	July 8, 1966

FORM BH 56067

JUL 8 1966

462-227-021-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-626

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orvilla Moser		2. Date of Birth (month) April (day) 27 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: was Oneida now Franklin	b. City or Town of Birth: Whitney
FATHER	6. Full Name of Father: Edward Pius Moser		7. State or Country of Father's Birth: Switzerland	
MOTHER	8. Full Maiden Name of Mother: Mary Ann Chadwick		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: Mrs Orilla M. Hess	11. Present Address of Registrant: Rt. 5 Nampa, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: July 11 1966	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Edward Pius Moser	Date Issued: Feb.25,1966	Date Orig. Entry: -----
	Date of Birth: Apr.27,1909 / Birth Place: Whitney, Idaho	Full Name of Mother: Mary Ann Chadwick	Name of Father: Edward Pius Moser	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On File Idaho #49-6921	Date Issued: -----	Date Orig. Entry: child born June 15,1949
	Date of Birth: Age 40 / Birth Place: Whitney, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, George Benson, Bishop, Whitney Ward	Date Issued: -----	Date Orig. Entry: blessed Aug.1,1909
	Date of Birth: Apr.27,1909 / Birth Place: Whitney, Idaho	Full Name of Mother: Annie Chadwick	Name of Father: Edward P. Moser	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	gml Glenda Larson	July 11, 1966

FORM BH 56067

NM Rec# 15976. (H) 6-22-66 gml

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DEC 2 7 2007

264-219-021-75

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-636

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donna Bodily			2. Date of Birth (month) April (day) 19 (year) 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Wilford Bodily			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Albena Peterson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donna Nielsen		11. Present Address of Registrant: Emmett, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 22 1966	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: # 249163 on file with State of Idaho	Date Issued: -----	Date Orig. Entry: child born Nov. 20, 1936
	Date of Birth: Age 27	Birth Place: Preston, Idaho	Full Name of Mother: --------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother Age 74		By whom issued and signed: Albena P. Bodily	Date Issued: Mar. 22, 1966	Date Orig. Entry: -------
	Date of Birth: April 19, 1909	Birth Place: Preston, Idaho	Full Name of Mother: Albena Peterson	Name of Father: Wilford Bodily	
SUPPORTING RECORD 3.	Type of Document: Curch Record Notorized Statement		By whom issued and signed: L. D. S. Church First Ward - Weiser Stake	Date Issued: July 15 1966	Date Orig. Entry: Blessed July 4, 1909
	Date of Birth: Apr. 19, 1909	Birth Place: Preston, Idaho	Full Name of Mother: Albena Peterson	Name of Father: Wilford Bodily	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: July 15, 1966

FORM BH 56067

In office - no carbon

JUL 15 1966

Childs Cert # 249163

381-22-5019-457

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-651

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lula Rose Chandler		2. Date of Birth: (month) July (day) 25 (year) 1909	
	3. Color or Race: WHITE	4. Sex: Female	5. Place of Birth: a. County: Custer	b. City or Town of Birth: Lost River
FATHER	6. Full Name of Father: George Chandler		7. State or Country of Father's Birth: Logan Utah	
MOTHER	8. Full Maiden Name of Mother: Rose Hannah Lavina M eacham		9. State or Country of Mother's Birth: Oak Creek Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lula Rose Hemmert	11. Present Address of Registrant: Soda Springs, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 25 19 66	12. Signature of Notary: Kenneth M. Fowler Lydia Ellis, Deputy	13. Notary Commission expires: 19	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church, Alvin Parker, Ward Clerk, Soda Springs, Ida.	Date Issued: Mar.1,1966	Date Orig. Entry: baptized June 1, 1918	
	Date of Birth: Jul.25,1909	Birth Place: Lost River, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age 71	By whom issued and signed: Sophia Lindgren	Date Issued: May 27,1966	Date Orig. Entry: -----	
	Date of Birth: July 25,1909	Birth Place: Lost River, Idaho	Full Name of Mother: Rose Anna L. Chandler	Name of Father: George Chandler	
SUPPORTING RECORD 3.	Type of Document: federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: July 5,1966	Date Orig. Entry: Jan.1,1920	
	Date of Birth: Age 10	Birth Place: Idaho	Full Name of Mother: Rose Chandler	Name of Father: George Chandler	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	July 26, 1966

FORM BH 56067

5-16-

JUL 26 1966

699-128-009-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-659

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond Lloyd Wrights			2. Date Of Birth (month) Feb. (day) 28 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonner County, Idaho	b. City or Town of Birth: Sandpoint
FATHER	6. Full Name of Father: Charles Wrights (Charles Henry Wrights			7. State or Country of Father's Birth: Du Bois, Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Margaret E. Smith (Margaret Estelle Smith)			9. State or Country of Mother's Birth: Sykesville, Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond Lloyd Wrights		11. Present Address of Registrant: E. 9415 Mission Spokane, Washington 99206
NOTARY (Seal)	Subscribed and sworn to before me on: July 11 1966	12. Signature of Notary: G. F. Schoenfeld		13. Notary Commission expires: June 20 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of insurance policy application		By whom issued and signed: Western States Life Ins. Co.	Date Issued: ----	Date Orig. Entry: Apr.11,1931
	Date of Birth: Feb.28,1909	Birth Place: Idaho	Full Name of Mother: Mrs. Margaret E. Wrights	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding lodge records		By whom issued and signed: The Ancient & Accepted Scottish Rite of Freemasonry, Spokane	Date Issued: July 1,1966	Date Orig. Entry: Mar.12,1947
	Date of Birth: Feb.28,1909	Birth Place: Sandpoint, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: federal census record		By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Jul.26,1952	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age 1	Birth Place: Idaho	Full Name of Mother: Margaret E. Wrights	Name of Father: Charles Wrights	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	July 26, 1966

FORM BH 56067 1 copy pd #12586 11-19-63

JUL 26 1966

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-672

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rella Mary Gray Jenkins		2. Date Of Birth (month) (day) (year): Dec. 15, 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Oakley, Idaho, Cassia; b. City or Town of Birth: Oakley, Idaho
FATHER	6. Full Name of Father: Jesse LeRoy Jenkins		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Jeanette H. Stapley		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rella M. Gray	11. Present Address of Registrant: 4004 N. E. Failing Portland 12, Oregon 97212
NOTARY (Seal)	Subscribed and sworn to before me on: March 19, 1966	12. Signature of Notary: Byron Wright	13. Notary Commission expires: March 28 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

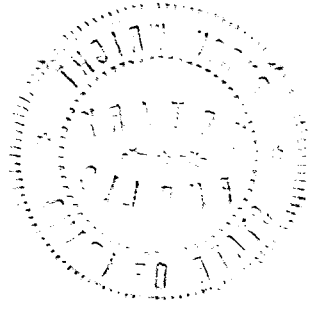
SUPPORTING RECORD 1.	Type of Document: photocopy of child's birth certificate		By whom issued and signed: State of Oregon	Date issued: -----	Date Orig. Entry: child born Jan. 13, 1942
	Date of Birth: Age 32	Birth Place: Oakley, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage certificate B6419		By whom issued and signed: Clark County, Washington	Date issued: May 20, 1966	Date Orig. Entry: Sept. 2, 1933
	Date of Birth: Age 23	Birth Place: Oakley, Idaho	Full Name of Mother: Janet Stapley	Name of Father: LeRoy Jenkins	
SUPPORTING RECORD 3.	Type of Document: Statement regarding church records		By whom issued and signed: LDS Church, Joseph W. Harris Jr., Bishop, Portland, Oregon	Date issued: July 11, 1966	Date Orig. Entry: blessed Mar. 6, 1910
	Date of Birth: Dec. 15, 1909	Birth Place: Oakley, Idaho	Full Name of Mother: Nettie Stapley	Name of Father: Jesse LeRoy Jenkins	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: July 27, 1966

FORM BH 56067 1 CP Ad Rec #9938 (C) 7-7-66

Gray

JUL 28 1966



653-106-001-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-702

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Paul E. Feltner			2. Date of Birth (month) March (day) 6 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Ernest B. Feltner			7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Jennie Belle Priest			9. State or Country of Mother's Birth: Greeley, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Paul E. Feltner		11. Present Address of Registrant: 1108 N 9th #6 Boise
NOTARY (Seal)	Subscribed and sworn to before me on: August 3 1966	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: September 28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: #235828 on file with state of Idaho	Date Issued: ----	Date Orig. Entry: child born Aug 23, 1935
	Date of Birth: Age 26	Birth Place: Boise, Idaho	Full Name of Mother: --------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Bible Record		By whom issued and signed: Family Bible	Date Issued: ---	Date Orig. Entry: Obviously old
	Date of Birth: Mar.6,1909	Birth Place: Boise, Idaho	Full Name of Mother: Jennie Belle Priest	Name of Father: Ernest B. Feltner	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Mutual of New York #831 18 62F	Date Issued: May 5 1958	Date Orig. Entry: May 5, 1958
	Date of Birth: Mar.6, 1909	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Aug.3, 1966

FORM BH 56067

1 CP pd.

AUG 3 1966

634-205-028-769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-724

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Ila Olmstead		2. Date of Birth (month) October (day) 5 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Athol
FATHER	6. Full Name of Father: George Washington Olmstead		7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Mollie Effie Porter		9. State or Country of Mother's Birth: California	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Alice Olmstead Burns	11. Present Address of Registrant: Yakima, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: March 14 1966	12. Signature of Notary: S. Armitage	13. Notary Commission expires: 9/27 1966	

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (14 yrs. old at time of birth)	By whom issued and signed: Marguerite DeWolf	Date Issued: Aug.23,1965	Date Orig. Entry: -----	
	Date of Birth: Oct.5,1909	Birth Place: Athol, Kootenai County, Idaho	Full Name of Mother: Mollie Effie Porter Olmstead	Name of Father: George Washington Olmstead	
SUPPORTING RECORD 2.	Type of Document: photocopy of page of insurance policy #35057827	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Jan.2,1933	Date Orig. Entry: Jan. 2, 1933	
	Date of Birth: age next bd. 24	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own childs birth certificate	By whom issued and signed: State of Washington	Date Issued: June 8,1966	Date Orig. Entry: child born May 7,1929	
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	August 18, 1966

FORM BH 56067

1 supplies # 25-9

(K)

4-13-66 gm

AUG 18 1966

293-201-210-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-735

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: STELLA KILLIAN			2. Date of Birth (month) (day) (year): June 1 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Poplar
FATHER	6. Full Name of Father: HENRY LYBIUS KILLIAN			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: SARAH ELIZABETH STAPLES			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Stella Killian Garrett		11. Present Address of Registrant: Lewisville, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 1 August 1966	12. Signature of Notary: Michael J. VanHoe, Jr.		13. Notary Commission expires: 26 February 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at time of birth	By whom issued and signed: Rose E. Smith Age 72	Date Issued: 28 May 60	Date Orig. Entry: -----
	Date of Birth: June 1,1909 / Birth Place: Poplar, Idaho	Full Name of Mother: Sarah E. Staples	Name of Father: Henry E. Killian	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #266181	Date Issued: -----	Date Orig. Entry: child born Mar.28,1938
	Date of Birth: Age 28 / Birth Place: Poplar, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Lewisville Ward, Rigby Stake	Date Issued: Dec.1,1940	Date Orig. Entry: baptized Nov.30,1940
	Date of Birth: June 1,1909 / Birth Place: Bonneville County Poplar, Idaho	Full Name of Mother: Sarah Elizabeth Staples	Name of Father: Henery Lybies Killian	
QUALIFYING INFORMATION				

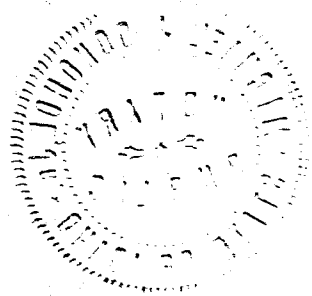
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	August 19, 1966

FORM BH 56067

AUG 23 1966



4-5412-022-434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-789

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wayne Don Davis			2. Date Of Birth: (month) June (day) 12 (year) 1909	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: Idaho a. County: Fremont	b. City or Town of Birth: St Anthony	
FATHER	6. Full Name of Father: John Gould Davis			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Charlotte Alice Mc Daniel			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wayne Don Davis		11. Present Address of Registrant: Chester, Idaho . Box 5	
NOTARY (Seal)	Subscribed and sworn to before me on: August 19 1966	12. Signature of Notary: S J Hathaway		13. Notary Commission expires: Apr. 10 1967	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church, Arlo Dee Blanchard Bishop	Date Issued: -----	Date Orig. Entry: baptized June 30, 1917	
	Date of Birth: June 12,1909	Birth Place: St. Anthony, Idaho Fremont County	Full Name of Mother: Charlotte Alice McDaniel Davis	Name of Father: John Gould Davis	
SUPPORTING RECORD 2.	Type of Document: Notification of personnel action	By whom issued and signed: Dept. of the Air Force, G.F. Dyer, Chief, Adm. Section	Date Issued: Sept.9,1952	Date Orig. Entry: Sept.9,1952	
	Date of Birth: June 12,1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister (more than 10 years older)	By whom issued and signed: Vera Davis Loveland	Date Issued: Aug.15,1966	Date Orig. Entry: -----	
	Date of Birth: June 12,1909	Birth Place: St.Anthony, Idaho Fremont County	Full Name of Mother: Charlotte Alice McDaniel Davis	Name of Father: John Gould Davis	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 6, 1966

FORM BH 56067

SEP 6 1966

693-106-001-854

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-796

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henry Wilhelm		2. Date of Birth (month) (day) (year): August 6 1909	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Star Idaho
FATHER	6. Full Name of Father: Peter Wilhelm		7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Katharina Margaret Hempel		9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Henry Wilhelm	11. Present Address of Registrant: Othello Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: July 5 - 19 66	12. Signature of Notary: James P. Bellberg	13. Notary Commission expires: Sept 18 - 66 19	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Rev. Luth. Pastor George Koehler	Date Issued: ------	Date Orig. Entry: Oct.24,1909
	Date of Birth: Aug.6,1909	Birth Place: Star, Idaho	Full Name of Mother: Katharina Marg. Hempel	Name of Father: Peter Wilhelm
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: State of Nebraska	Date Issued: June 9,1966	Date Orig. Entry: child born Apr.30,1929
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 70	By whom issued and signed: Margaret Gier Odem	Date Issued: Aug.24,1966	Date Orig. Entry: ------
	Date of Birth: Aug.6,1909	Birth Place: Star, Idaho	Full Name of Mother: Katharina Margaret Hempel Wilhelm	Name of Father: Peter Wilhelm
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	Sept. 8, 1966

FORM BH 56067

1 cp pd rec #15916 (w) 8-18-66 gml

SEP 8 1966

652-120-022-218

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-797

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Fred F. Oestman
2. Date Of Birth: (month) May (day) 20, (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Ashton

FATHER

6. Full Name of Father: Henry Oestman
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Caroline Bahr
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Fred F Oestman
11. Present Address of Registrant: Box 16, Marshall, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on July 11, 1966

12. Signature of Notary: Harvey Erickson
13. Notary Commission expires: Jan. 20 1968

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding school records	Supt. of Schools, Ruby Dubois, Stevens County, Washington	July 1, 1966	May 1, 1916

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 20, 1909	-----	-----	H. Ostman

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
federal census record	U.S. Department of Commerce Bureau of the Census	Oct. 25, 1962	Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 10	Idaho	-----	Henry Oestman

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy Group No. 388-GD	Northern Life Ins. Co. of Seattle, Washington	Jan. 1, 1960	Sept. 30, 1959

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 20, 1909	Ashton, Idaho	-----	-----

QUALIFYING INFORMATION

certified copy of marriage certificate issued by Spokane Co. Washington county clerk's office #45744 A on Aug. 25, 1966 gives place of birth as Idaho and age as 22 on Nov. 18, 1931. Parents names: Carolina Bahr and Henry Oestman.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Sept. 8, 1966

FORM BH 56067

1 copy paid rec. 16162 (E) 7-26-66

SEP 8 1966

Erickson, Attorney

154-217-030-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-818

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Louise Laura Anderson
2. Date of Birth (month) (day) (year): 3 17 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Salmon Lemhi
b. City or Town of Birth: Salmon

FATHER

6. Full Name of Father: Emmett Theodore Anderson
7. State or Country of Father's Birth: U. S.

MOTHER

8. Full Maiden Name of Mother: Alice Ann Richardson
9. State or Country of Mother's Birth: U. S.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louise Laura White
11. Present Address of Registrant: 2109 Morlan Dr. Napa, Cal

NOTARY (Seal)

Subscribed and sworn to before me on: August 18 1966
12. Signature of Notary: Don R. Stufft
13. Notary Commission expires: DON R. STUFFT My Commission Expires May 27, 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of marriage license #918552	Silver Bow County, Montana	-----	June 5,1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 19	Salmon, Idaho	Alice Anderson(Richardson)	Emmet Anderson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of membership form	State Employees' Retirement Systen, California	-----	Apr. 1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.17,1909	-----	Alice Ann Anderson	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Civilian Defense Identification card #6246	Contra Costa County,Calif. Sheriff's Office	Oct.9,1942	Oct.9,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 33	Idaho	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Sept. 9, 1966

FORM BH 56067

F-5-66

SEP 9 1966

249-209-024-641

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-822

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Erma Mary Smith			2. Date Of Birth (month) June (day) 9 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: (now Gooding) Lincoln	b. City or Town of Birth: Wendell
FATHER	6. Full Name of Father: Robert P. Smith			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Bernadette O'Daniel			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Erma M. (Smith) Simpson		11. Present Address of Registrant: 420 Thatcher, Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 8 1966	12. Signature of Notary: Carol Jean Schwoebel		13. Notary Commission expires: 12-7 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Age 71 Affidavit by cousin - Neighbor		By whom issued and signed: Regina E. Wilcox	Date Issued: Aug 2,1966	Date Orig. Entry: --------
	Date of Birth: Jun.9,1909	Birth Place: Wendell, Idaho	Full Name of Mother: Bernadette O'Daniel	Name of Father: Robert P. Smith	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: 428006 on file with state of Idaho	Date Issued: ---	Date Orig. Entry: child born Nov.18,1946
	Date of Birth: Age37	Birth Place: Wendell, Idaho	Full Name of Mother: --------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy 49349-Y		By whom issued and signed: Gem State Mutual	Date Issued: Jul.16,1948	Date Orig. Entry: July 14,1948
	Date of Birth: Age 39	Birth Place: Wendell, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

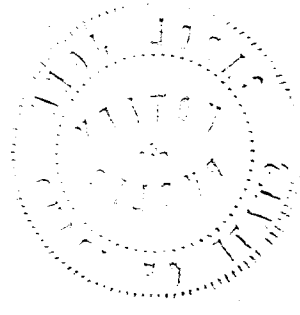
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Sept.12,1966

FORM BH 56067 1 cp pd rec 19629

SEP 12 1966



544-218-022-544

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-841

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Florence Eddington
2. Date of Birth (month) (day) (year): Sept 18 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Driggs Ida Fremont
b. City or Town of Birth: ~~Salt Lake City Utah~~ DRIGGS

FATHER / MOTHER

6. Full Name of Father: Jeanette Emily Griggs
7. State or Country of Father's Birth: Salt Lake City Utah

MOTHER / FATHER

8. Full Maiden Name of Mother: ~~EDDINGTON~~ WALTER NESBIT ~~Florence Rummel~~
9. State or Country of Mother's Birth: ~~SALT LAKE CITY UTAH~~ ~~3031 Georgia St Oakland Calif~~

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Florence Rummel
11. Present Address of Registrant: 3031 Georgia St. Oakland Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 10 1966

12. Signature of Notary: Britt E. Malm

13. Notary Commission expires: BRITT E. MALM, Notary Public Alameda County My Commission Expires August 10, 1969

BRITT E. MALM
Notary Public
Alameda County
State of California

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	LDS Church, Driggs Ward, I. Barnhart, clerk	-----	blessed Dec.5,1909
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Sep.18,1909 Driggs, Fremont County, Idaho	Nettie Griggs	W. N. Eddington	
SUPPORTING RECORD 2.	Certified copy of marriage records	County Recorder's office, Alameda County, California	Aug.31,1966	Oct.10,1925
	Age 16 Idaho	J. E. Griggs	W. N. Eddington	
SUPPORTING RECORD 3.	certified copy of own child's birth certificate	Alameda County, California County Recorder's Office	Sept.1,1966	child born Nov.18,1927
	Age 18 Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	Sept.19,1966

FORM BH 56067

SEP 20 1966

366-216-030-258

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-851

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Rosemary Elizabeth Cowen		2. Date of Birth (month) (day) (year): December 16, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Salmon, Ida. Lemhi b. City or Town of Birth: Salmon, Idaho
FATHER	6. Full Name of Father: Frederick Jay Cowen		7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Delia Teresina Kehoe		9. State or Country of Mother's Birth: Massachusetts
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rosemary C. Shull	11. Present Address of Registrant: 216 Cherry Moscow, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 17 1966	12. Signature of Notary: Margaret Walker	13. Notary Commission expires MARGARET WALKER, Notary Public Latah County, Moscow, Idaho My Commission Expires 10-19-67

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: transcript of school record	By whom issued and signed: Reed College, Portland, Oregon Ellen Johnson, registrar	Date Issued: Dec. 21, 1965	Date Orig. Entry: matriculated Sept. 19, 1927	
	Date of Birth: Dec. 16, 1909	Birth Place: Salmon, Idaho	Full Name of Mother: -----	Name of Father: F. J. Cowen	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license affidavit	By whom issued and signed: Latah County, Idaho	Date Issued: Aug. 18, 1966	Date Orig. Entry: Oct. 10, 1940	
	Date of Birth: Age 30	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin (more than 10 years older)	By whom issued and signed: Agnes Hart Wilson (bd. 2-22-1895)	Date Issued: Aug. 31, 1966	Date Orig. Entry: -----	
	Date of Birth: Dec. 16, 1909	Birth Place: Salmon, Idaho	Full Name of Mother: Delia Kehoe Cowen	Name of Father: Frederick Jay Cowen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	Sept. 28, 1966

FORM BH 56067

(9 3-3-66

SEP 29 1966

313-128-006-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-859

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Walter Stanley Callister
2. Date Of Birth (month) (day) (year): June 28 1909
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Bingham
b. City or Town of Birth: (Groveland) Blackfoot

FATHER

6. Full Name of Father: Walter Stanley Callister
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Grace Inez Carson ~~Callister~~
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Walter Stanley Callister
11. Present Address of Registrant: 3663 South 4000 West Salt Lake City Utah

NOTARY (Seal)

Subscribed and sworn to before me on: 9-16 1966
12. Signature of Notary: Mary Lou Erickson
13. Notary Commission expires: 1-13 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	certified copy of own child's birth certificate	State of Utah	July 21,1952	child born Dec.4,1930
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 21 / Groveland, Idaho	-----	-----	
SUPPORTING RECORD 2.	Affidavit by relative who was a neighbor	Marvin W. Elison Age 68	July 17,1962	-----
	June 28,1909 / Groveland	Grace Inez Carson	Walter Stanley Callister	
SUPPORTING RECORD 3.	photocopy of employment record	Utah Copper Company	----	July 30,1938
	June 28,1909 / Groveland, Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson
Evidence reviewed by: Glenda Larson
Date Filed: Sept.30,1966

FORM BH 56067

SEP 30 1968

817-210-030-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-867

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Matilda Hagel			2. Date Of Birth (month) August (day) 10 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Salmon, Idaho
FATHER	6. Full Name of Father: Elmer R. Hagel			7. State or Country of Father's Birth: Peoria, Illinois
MOTHER	8. Full Maiden Name of Mother: Blanch Edna Loucks			9. State or Country of Mother's Birth: Marshalltown, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna T. Westfall		11. Present Address of Registrant: Salmon Ida
NOTARY (Seal)	Subscribed and sworn to before me on: July 14th 1966	12. Signature of Notary: Frederick Hughes Snook		13. Notary Commission expires: 19

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Elmer R. Hagel	Date issued: June 25,1966	Date Orig. Entry: -----
	Date of Birth: Aug.10,1909 / Birth Place: Lemhi County Salmon, Idaho	Full Name of Mother: Blanch Edna Loucks	Name of Father: Elmer R. Hagel	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #153840	Date issued: -----	Date Orig. Entry: child born June 25,1927
	Date of Birth: Age 17 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement by physician	By whom issued and signed: Zach A. Johnson, M.D. Salmon, Idaho	Date issued: Sep.26,1966	Date Orig. Entry: 1954
	Date of Birth: Aug.10,1909 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Oct. 3, 1966	

FORM BH 56067 1 CR Pd. Ref #12653 8-24-66 gml

Hoagland

OCT 3 1966

259-210-028-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-870

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hannah Victoria Berg			2. Date of Birth (month) January (day) 10 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur d'Alene	
FATHER	6. Full Name of Father: Carl Victor Berg			7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Anna Augusta Swenson or Anderson			9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hannah V. Berg Prottead		11. Present Address of Registrant: 2613-16th Ave E St Paul	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 30 1966	12. Signature of Notary: Gene A. Weaver		13. Notary Commission expires: Notary Public, Hennepin County, Minn. My Commission Expires Sept 10, 197	

GENE A. WEAVER

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of church record	By whom issued and signed: John A. Willman, Pastor		Date Issued: ------	Date Orig. Entry: Feb.4,1909
	Date of Birth: Jan.10,1909	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Anna A. Berg	Name of Father: Carl V. Berg	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate #10391	By whom issued and signed: child born in Denver, Colorado		Date Issued: ------	Date Orig. Entry: child born Sept.26,1933
	Date of Birth: Age 24	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: photocopy of pages from family Bible	By whom issued and signed: Family Records		Date Issued: ------	Date Orig. Entry: Obviously old
	Date of Birth: Jan.10,1909	Birth Place: ------	Full Name of Mother: Anna Augusta Berg	Name of Father: Carl Viktor Berg	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 4, 1966

FORM BH 56067 1 copy paid rec. 17612 (P)

(P) 9-19-66

OCT 4 1966

Protteau
(Hannah Victoria Berg)

195-204-022-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-898

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Della Singleton		2. Date of Birth (month) (day) (year): August 4, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Wilford
FATHER	6. Full Name of Father: Charles William Singleton		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Nancy Salome Davis		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Della Singleton (Allphin)	11. Present Address of Registrant: Box 321 Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 29 1966	12. Signature of Notary: Jack B. Woodall	13. Notary Commission expires: May 10 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

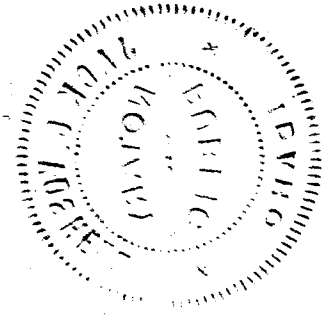
SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin (more than 10 years older)		By whom issued and signed: Mable Singleton Hathaway	Date Issued: Sep.26,1966	Date Orig. Entry: ------
	Date of Birth: Aug.4,1909	Birth Place: Wilford, Idaho Fremont County	Full Name of Mother: Nancy Salome Davis Singleton	Name of Father: Charles William Singleton	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Blessing		By whom issued and signed: LDS Church, Wilford Ward book C #591, S.W.Orme, Bishop	Date Issued: Nov.7,1909	Date Orig. Entry: blessed Nov.7,1909
	Date of Birth: Aug.4,1909	Birth Place: Wilford, Idaho Fremont County	Full Name of Mother: Nancy S. Davis	Name of Father: Chas. Wm. Singleton	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Basalt Ward Book A, Line 1229, Walter Dye, Clerk	Date Issued: Dec.11,1917	Date Orig. Entry: baptized Aug.3,1917
	Date of Birth: Aug.4,1909	Birth Place: Wilford, Idaho Fremont County	Full Name of Mother: Nancy S. Davis	Name of Father: Charles E. Singleton	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 25, 1966

FORM BH 56067

11-27-64

OCT 25 1966



945-110-014-347

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-900

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Maxwell Munro			2. Date of Birth (month) June (day) 10 (year) 1909
	3. Color or Race: Cau	4. Sex: Male	5. Place of Birth a. County: Caldwell Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: James Munro			7. State or Country of Father's Birth: Scotland
MOTHER	8. Full Maiden Name of Mother: Estelle Cupp			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James M Munro		11. Present Address of Registrant: 2575 E.Noo Hall S.C. Salem, Oregon 97302
NOTARY (Seal)	Subscribed and sworn to before me on: September 16 1966	12. Signature of Notary: Glenda J Leach		13. Notary Commission expires: MY COMMISSION EXPIRES MAY 12, 1969 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child*s birth certificate		By whom issued and signed: On file Idaho #52-5106	Date Issued: -----	Date Orig. Entry: child born May 13,1952
	Date of Birth: Age 42	Birth Place: Caldwell, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: photocopy of military discharge		By whom issued and signed: U.S. Navy Harold Bye, Captain, USN	Date Issued: Nov.20,1945	Date Orig. Entry: enlisted Nov.7,1942
	Date of Birth: June 10, 1909	Birth Place: Caldwell, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age 79		By whom issued and signed: Bertra Banks	Date Issued: Oct.11,1966	Date Orig. Entry: ------
	Date of Birth: June 10,1966	Birth Place: Caldwell, Idaho	Full Name of Mother: Estelle Cupp Munro	Name of Father: James Munro	
QUALIFYING INFORMATION					

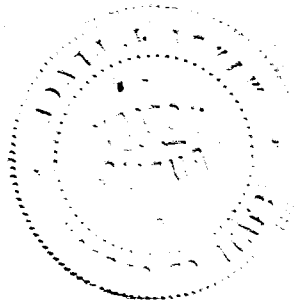
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Oct. 25, 1966

FORM BH 56067

P-1-6-6

- Illinois

OCT 25 1966



753-174-003-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-972

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: George Hessel Petersen			2. Date of Birth (month) (day) (year): May 24 1909	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: Michael Laurits Christian Petersen			7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Mette Marie Petersen			9. State or Country of Mother's Birth: Denmark	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Petersen		11. Present Address of Registrant: 957 Cahoon, Pocatello Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 7th 1966	12. Signature of Notary: A B Chase		13. Notary Commission expires: Jan. 29 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: honorable discharge	By whom issued and signed: United States Navy A.H.Douglas,Commander		Date Issued: May 23,1930	Date Orig. Entry: enlisted Jan.12,1927
	Date of Birth: May 24,1909	Birth Place: Pocatello, Idaho	Full Name of Mother: ———	Name of Father: ———	
SUPPORTING RECORD 2.	Type of Document: copy of official personnel action	By whom issued and signed: Navy Department, Naval Ordnance Plant, Pocatello, Idaho		Date Issued: Oct.19,1949	Date Orig. Entry: Oct.19,1949
	Date of Birth: May 24,1909	Birth Place: Pocatello, Idaho	Full Name of Mother: ———	Name of Father: ———	
SUPPORTING RECORD 3.	Type of Document: Certificate of Naturalization #48393	By whom issued and signed: Department of Commerce & Labor The United States of America		Date Issued: Nov.22,1910	Date Orig. Entry: Nov.22,1910
	Date of Birth: Age 1	Birth Place: ———	Full Name of Mother: Mettie Maria Petersen	Name of Father: Michael Laurits Christian Petersen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

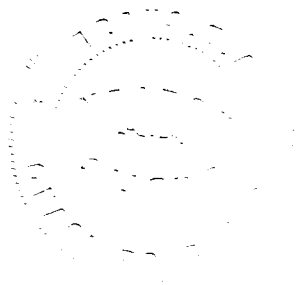
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Nov. 9, 1966

FORM BH 56067

11-4-66

NOV 10 1966



815-213-018-595

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-979

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EMMA ELINE HANSEN		2. Date Of Birth (month) MAY (day) 13 (year) 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: CLEARWATER; b. City or Town of Birth: OROFINO
FATHER	6. Full Name of Father: INGVART HANSEN		7. State or Country of Father's Birth: DENMARK
MOTHER	8. Full Maiden Name of Mother: HANSINE NIELSEN		9. State or Country of Mother's Birth: GEVER, DENMARK
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emma Eline Hansen	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 10, 1966	12. Signature of Notary: Hans Nielsen	13. Notary Commission expires: June 30, 1968

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #432660	Date Issued: -----	Date Orig. Entry: child born Jan. 30, 1947
	Date of Birth: Age 37	Birth Place: Orofino, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: Affidavit by person living with family at time of birth	By whom issued and signed: Charles H. Frensdorf (bd. 5-27-1880)	Date Issued: Oct. 25, 1966	Date Orig. Entry: -----
	Date of Birth: May 13, 1909	Birth Place: Orofino, Idaho	Full Name of Mother: Hansine Nielsen Hansen	Name of Father: Ingvart Hansen
SUPPORTING RECORD 3.	Type of Document: Baptismal certificate	By whom issued and signed: O. C. Hellekson	Date Issued: -----	Date Orig. Entry: June 6, 1910
	Date of Birth: May 13, 1909	Birth Place: Orofino, Idaho	Full Name of Mother: Mrs. I. Hansen	Name of Father: Mr. I. Hansen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml Glenda Larson	November 15, 1966

FORM BH 56067

NOV 15 1966

NOV 23 1966

331 - 203 - 012 - 993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-989

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rosella Leah Clapp		2. Date Of Birth (month) (day) (year): February 2 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Butte; b. City or Town of Birth: Moore Idaho - [redacted]
FATHER	6. Full Name of Father: Fred Wesley Clapp		7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Bertha Beatrice Richardson		9. State or Country of Mother's Birth: Sandy Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rosella Leah Garrison Clapp	11. Present Address of Registrant: 546 So. 7th Tremonton
NOTARY (Seal)	Subscribed and sworn to before me on: November 14 1966	12. Signature of Notary: [signature]	13. Notary Commission expires: June 5 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #355252	Date Issued: -----	Date Orig. Entry: child born Jan.16,1935
	Date of Birth: Age 25	Birth Place: Moore, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: St.Joseph's Church,Pocatello, Ida. Roman Catholic Church	Date Issued: Nov.13,1966	Date Orig. Entry: baptized Jan.9,1948
	Date of Birth: Feb.3,1909	Birth Place: Moore, Idaho	Full Name of Mother: Bertha Richardson	Name of Father: Fred Clapp	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age 80		By whom issued and signed: Clara Mae Langston	Date Issued: Nov.14,1966	Date Orig. Entry: -----
	Date of Birth: Feb.3,1909	Birth Place: Moore, Idaho	Full Name of Mother: Bertha Beatrice Richardson	Name of Father: Fred Wesley Clapp	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	Nov. 17, 1966

FORM BH 56067

NOV 17 1966

293672 — Childs Cert.

239-219-014-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-1018

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: IRENE BELLE STITZEL		2. Date of Birth (month) August (day) 19 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Amos T. D. Stitzel		7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Hazel I. Baldwin		9. State or Country of Mother's Birth: South Dakota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irene B. Stitzel	11. Present Address of Registrant: R#6 Caldwell, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: November 21 1966	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 18 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file with state of Idaho	Date Issued: -----	Date Orig. Entry: child born Feb.25,1937
	Date of Birth: Age 27	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother Age 76		By whom issued and signed: Hazel Irene Stitzel	Date Issued: Nov.21,1966	Date Orig. Entry: --------
	Date of Birth: Aug.19,1909	Birth Place: Caldwell, Idaho	Full Name of Mother: Hazel Irene Baldwin Stitzel	Name of Father: Amos T. D. Stitzel	
SUPPORTING RECORD 3.	Type of Document: Application for Insurance		By whom issued and signed: Olympic National Life Ins.	Date Issued: Jan.3,1957	Date Orig. Entry: ------
	Date of Birth: Aug 19,1909	Birth Place: Caldwell, Idaho	Full Name of Mother: ------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Nov.29,1966

FORM BH 56067

NOV 29 1966

07 712-111-004-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-021

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANDERS JOHN PASSEY			2. Date of Birth (month) December (day) 11 (year) 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: U.S.A. IDAHO Bear Lake	b. City or Town of Birth: Ovid
FATHER	6. Full Name of Father: Fredrick William Passey			7. State or Country of Father's Birth: U.S.A. Idaho
MOTHER	8. Full Maiden Name of Mother: Julia Ann Beck Passey			9. State or Country of Mother's Birth: U.S.A. Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anders J. Passey		11. Present Address of Registrant: ~~3512~~ 3512 Tulara Drive Boise, Idaho 83704
NOTARY (Seal)	Subscribed and sworn to before me on: January 12, 1967	12. Signature of Notary: Bernice J. McClure		13. Notary Commission expires: August 10, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 85	By whom issued and signed: Ada P. Budge		Date Issued: Jan 9, 1967	Date Orig. Entry: -----
	Date of Birth: Dec. 11, 1909	Birth Place: Ovid, Idaho	Full Name of Mother: Julia Ann Beck	Name of Father: Fredrick William Passey	
SUPPORTING RECORD 2.	Type of Document: Transcript of Grades	By whom issued and signed: University of Idaho		Date Issued: ---	Date Orig. Entry: Attended Sept. 21, 1936
	Date of Birth: Dec. 11, 1909	Birth Place: Ovid, Idaho	Full Name of Mother: -------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy AH013585481	By whom issued and signed: Equitable Life Assurance Co.		Date Issued: Dec. 1, 1951	Date Orig. Entry: Oct. 31, 1951
	Date of Birth: Dec. 11, 1909	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W Benson	Evidence reviewed by: Florence Curtright	Date Filed: Jan. 12, 1967

FORM BH 56067

JAN 12 1967

249-230-240-434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-038

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: *Adeline Cecelia Burke*			2. Date Of Birth (month) 11 (day) 30 (year) 1909	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Mullan	
FATHER	6. Full Name of Father: *Thomas Burke*			7. State or Country of Father's Birth: *Ireland*	
MOTHER	8. Full Maiden Name of Mother: *Winifred McDonnell*			9. State or Country of Mother's Birth: *Ireland*	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Adeline C Dykes	11. Present Address of Registrant: Route #2, Box 425 Prosser, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 9 1967		12. Signature of Notary	13. Notary Commission expires: 3/27 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Winifred Burke	Date Issued: Dec.24,1966	Date Orig. Entry: ----
	Date of Birth: Nov.30,1909 / Birth Place: Mullan, Idaho	Full Name of Mother: Winifred (McDonnell) Burke	Name of Father: Thomas Burke	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital record	By whom issued and signed: Prosser Memorial, Washington	Date Issued: ----	Date Orig. Entry: July 13,1959
	Date of Birth: Nov.30,1909 / Birth Place: Mullan, Idaho	Full Name of Mother: Winifred McDonald Burke	Name of Father: Thomas Burke	
SUPPORTING RECORD 3.	Type of Document: certified copy of own childs birth certificate 1084	By whom issued and signed: State of Washington, Dept. of Public Health	Date Issued: Jul.24,1952	Date Orig. Entry: child born June 14,1937
	Date of Birth: Age 27, / Birth Place: Mullan, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Jan. 20, 1967

FORM BH 56067

11-21-68

JAN 23 1967

863-219-009-597

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-041

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Francis Hoth (AKA Madge Urana Young)		2. Date of Birth (month) February (day) 19 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Athol a. County: Bonner b. City or Town of Birth: Athol
FATHER	6. Full Name of Father: William Hoth		7. State or Country of Father's Birth: Unknown
MOTHER	8. Full Maiden Name of Mother: Mary Nightengale		9. State or Country of Mother's Birth: Unknown
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Madge Y. Wiley	11. Present Address of Registrant: 85-16 65th Avenue Forest Hills, N.Y. 11374
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 29 1966	12. Signature of Notary: Jack Sherman	13. Notary Commission expires: March 30, 1967

JACK SHERMAN
Notary Public, State of New York
No. 3636800
Qualified in Queens County
Cert. Filed Clks. & Rec. - N. Y. & Bronx
Commission Expires March 30, 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's birth certificate #7346	By whom issued and signed: Washington State Dept. of Health	Date issued: -----	Date Orig. Entry: child born July 5,1945
	Date of Birth: Age 36	Birth Place: Athol, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #1419	By whom issued and signed: Federal Old Line Life Ins.Co. Seattle, Washington	Date issued: Nov.6,1939	Date Orig. Entry: Oct.30,1939
	Date of Birth: Feb.19,1909	Birth Place: Athol, Idaho	Full Name of Mother: Mary E. P. Young	Name of Father: George Young
SUPPORTING RECORD 3.	Type of Document: photocopy of Court Order of Adoption	By whom issued and signed: Francis J. Long, Probate Judge Bonner County, Idaho	Date issued: Sept.9,1939	Date Orig. Entry: adopted Oct.5,1912
	Date of Birth: Feb.19,1909	Birth Place: -----	Full Name of Mother: Mary Hoth	Name of Father: William Hoth

QUALIFYING INFORMATION

The Court Order of Adoption stated that Francis Hoth was to be adopted by George Young and Mary E. P. Young and that her name be changed to MADGE URANA YOUNG.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Jan. 24, 1967

FORM BH 56067

JAN 24 1967

814-126-007-562

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-045

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Paul Hamby			2. Date of Birth (month) October (day) 26 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Bellevue
FATHER	6. Full Name of Father: William Robert Hamby			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Jessie Mary Noble			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Paul Hamby		11. Present Address of Registrant: -
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 4 1967	12. Signature of Notary: Myrtle Alexof		13. Notary Commission expires: Jan 8 1968

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: copy of employment record		By whom issued and signed: Civil Service Commission Benicia Arsenal, Calif.	Date issued: -----	Date Orig. Entry: Sept.30,1950
	Date of Birth: Oct.26,1909	Birth Place: Bellevue, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage record		By whom issued and signed: Malheur County clerk's office, Oregon	Date issued: Dec.13,1966	Date Orig. Entry: Dec.12,1931
	Date of Birth: Age 22yrs. 1 mo.16 Days	Birth Place: Bellevue, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by cousin who lived nearby at time of birth		By whom issued and signed: F. H. McClure Age 67	Date issued: Jan.10,1967	Date Orig. Entry: -----
	Date of Birth: Oct.26,1909	Birth Place: Belleview, Idaho	Full Name of Mother: Jessie Mary (Noble) Hamby	Name of Father: William Robert Hamby	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Jan. 24, 1967

FORM BH 56067 Nm

(H) 1-3-667

JAN 25 1967

944-203-040-557

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-051

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beatrice Elizabeth Rudolph			2. Date of Birth (month) 12 (day) 3 (year) 1909	
	3. Color or Race: White	4. Sex: Fem	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Burke	
FATHER	6. Full Name of Father: Joseph Rudolph			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Nina Josepha Englert			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beatrice Elizabeth Sheldon		11. Present Address of Registrant: P.O. Box 47 McMinnville Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 2 1966	12. Signature of Notary: Cora Jean Cartwright		13. Notary Commission expires: 4/1/70	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate #4022	By whom issued and signed: Oregon State Board of Health Vital Statistics Section	Date Issued: Oct.12,1966	Date Orig. Entry: child born Dec.25,1934	
	Date of Birth: Age 25	Birth Place: Burke, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding marriage records	By whom issued and signed: County Clerk, Multnomah Co. Portland, Oregon	Date Issued: Oct.10,1966	Date Orig. Entry: Dec.22,1933	
	Date of Birth: Dec.3,1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Dec.21,1966	Date Orig. Entry: Jan.1,1920	
	Date of Birth: Age 10	Birth Place: Idaho	Full Name of Mother: Nina R. Rudolph	Name of Father: Joseph Rudolph	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	gml Glenda Larson	Jan. 25, 1967

FORM BH 56067

Application #

JAN 25 1967

664-217-016-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-083

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marvel Mary WOdskow [redacted]			2. Date Of Birth (month) May (day) 17 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Burley	
FATHER	6. Full Name of Father: James Henery Wodskow			7. State or Country of Father's Birth: Manti, Utah	
MOTHER	8. Full Maiden Name of Mother: Lillie Maria Hanks			9. State or Country of Mother's Birth: Burville , Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marvel Mary Wodskow Fowler		11. Present Address of Registrant: Heyburn, Idaho. Route #1	
NOTARY (Seal)	Subscribed and sworn to before me on: 11th, October 19 66	12. Signature of Notary: James W Henson		13. Notary Commission expires: April 10th 19 67	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate Certificate of Blessing	By whom issued and signed: IDS Church from records of Rupert 4th Ward		Date Issued: Oct. 12, 1966	Date Orig. Entry: blessed July 4, 1909
	Date of Birth: May 17, 1909	Birth Place: Burley, Cassia County, Idaho	Full Name of Mother: Lillie Hanks	Name of Father: James Wodskow	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt who assisted at time of birth	By whom issued and signed: Clara Hanks Bodenhamer Age 77		Date Issued: Jan. 30, 1967	Date Orig. Entry: -----
	Date of Birth: May 17, 1909	Birth Place: Burley, Idaho Cassia County	Full Name of Mother: Lillie Maria Hanks	Name of Father: James Henery Wodskow	
SUPPORTING RECORD 3.	Type of Document: Federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Jan. 3, 1967	Date Orig. Entry: April 15, 1910
	Date of Birth: Age 11 mos.	Birth Place: Idaho	Full Name of Mother: Lillie Wodskow	Name of Father: James Wodskow	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

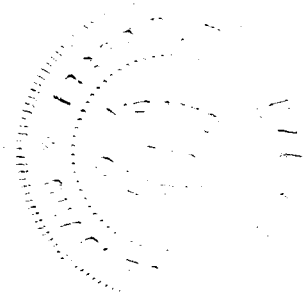
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Feb. 14, 1967

FORM BH 56067 1 applic. 2 gpl

(2) 10-26-66 gpl

FEB 1 4 1967



569-106-010-462

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-084

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wiley Moss Norton			2. Date Of Birth (month) (day) (year): February 6, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Lincoln, Idaho
FATHER	6. Full Name of Father: John Wiley Norton			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Jennie May Moss			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wiley Moss Norton		11. Present Address of Registrant: 4024 South Redwood Road Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: January 13, 1967	12. Signature of Notary: Newell K. Gaff		13. Notary Commission expires: May 25, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding marriage records Vol.26, page 260		By whom issued and signed: County Recorder's office, Stanislaus County, California	Date issued: May 10, 1961	Date Orig. Entry: Apr.29, 1935
	Date of Birth: Age 26	Birth Place: Idaho	Full Name of Mother: Jennie May Moss	Name of Father: John Wiley Norton	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Jennie May Moss Norton	Date issued: May 8, 1961	Date Orig. Entry: -----
	Date of Birth: Feb.6, 1909	Birth Place: Lincoln, Idaho Bonneville County	Full Name of Mother: Jennie May Moss	Name of Father: John Wiley Norton	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination as an elder		By whom issued and signed: LDS Church, Elden L. Ord, Ward Clark, Modesto Branch	Date issued: Aug.19, 1937	Date Orig. Entry: Aug.15, 1937
	Date of Birth: Feb.6, 1909	Birth Place: Lincoln, Idaho	Full Name of Mother: Jennie May Moss	Name of Father: John Wiley Norton	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Feb. 14, 1967

FORM BH 56067 5-4-61

FEB 1 5 1967

Norton

551-22-025-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-102

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Murrl Elizabeth Evans			2. Date of Birth (month) September (day) 22 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho County	b. City or Town of Birth: White Bird, Idaho
FATHER	6. Full Name of Father: John David Evans			7. State or Country of Father's Birth: Kansas, Mitchell County
MOTHER	8. Full Maiden Name of Mother: Ellen Virginia Lowther			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Orval H. Evans		11. Present Address of Registrant: Route 1, Caldwell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 16 19 66	12. Signature of Notary: Gladys Walker		13. Notary Commission expires: January 20 19 68

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor and relative	By whom issued and signed: Orval H. Evans Age: 77		Date Issued: Mar.16,1966	Date Orig. Entry: ------
	Date of Birth: Sep.22,1909	Birth Place: White Bird,Idaho	Full Name of Mother: Ellen Virginia Evans	Name of Father: John David Evans	
SUPPORTING RECORD 2.	Type of Document: photocopy of pages from family Bible	By whom issued and signed: Family Bible Records		Date Issued: ------	Date Orig. Entry: obviously old
	Date of Birth: Sep.22,1909	Birth Place: ------	Full Name of Mother: Ellen Virginia Lowther	Name of Father: John David Evans	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy 600,881,014M1	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: Aug.1,1960	Date Orig. Entry: June 1,1960
	Date of Birth: Sep.22,1909	Birth Place: Idaho	Full Name of Mother: Virginia E. Evans	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 16, 1967

FORM BH 56067

In office - No Record - No Search

FEB 16 1967

235-810-021-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-116

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jess John Steers			2. Date of Birth: August 10 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Franklin	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: William Edmond Steers			7. State or Country of Father's Birth: Franklin, Idaho
MOTHER	8. Full Maiden Name of Mother: Julia Hall			9. State or Country of Mother's Birth: Fairview, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jess John Steers		11. Present Address of Registrant: 4322 Balboa Street San Francisco, California, 94121
NOTARY (Seal)	Subscribed and sworn to before me on: FEBRUARY 10th 19 67	12. Signature of Notary: Joseph S. Connelly		13. Notary Commission expires: October 11, 1968 19

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: copy of application for insurance #c 221015	By whom issued and signed: Allstate Insurance Company	Date Issued: Mar.7,1957	Date Orig. Entry: Mar.7,1957
	Date of Birth: Aug.10,1909 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of family group record sheet	By whom issued and signed: LDS Church genealogy sheet Logan Utah Temple Rec.	Date Issued: -----	Date Orig. Entry: baptized Oct.6,1917
	Date of Birth: Aug.10,1909 / Birth Place: Preston, Idaho Franklin County	Full Name of Mother: Julia Hall	Name of Father: William Edmund Steers	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin Age 70	By whom issued and signed: Howard Hall	Date Issued: Jan.31,1967	Date Orig. Entry: -----
	Date of Birth: Aug.10,1909 / Birth Place: Preston, Idaho	Full Name of Mother: Julia Hall Steers	Name of Father: William Edmond Steers	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 17, 1967

FORM BH 56067

1 copy paid rec. 11093 (S) 2nd form sent 1-4-67 gml

FEB 17 1967

318-223-036-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-135

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lela Mae Taysom, ~~new~~ ~~Lela Mae Nelson~~		2. Date Of Birth (month) (day) (year): December 23d 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Rockland, Oneida County, now Power; b. City or Town of Birth: Rockland
FATHER	6. Full Name of Father: Arthur Taysom		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Luella Hartley		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lela Mae Nelson	11. Present Address of Registrant: Rockland, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 27, 19 67	12. Signature of Notary: W. C. Loofbourrow	13. Notary Commission expires: January 3d, 19 71.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #251427	Date issued: -----	Date Orig. Entry: child born Jan.13,1937
	Date of Birth: Age 27	Birth Place: Rockland, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Luella Taysom	Date issued: Jan.16,1967	Date Orig. Entry: -----
	Date of Birth: Dec.23,1909	Birth Place: Rockland, Oneida now Power Co., Ida.	Full Name of Mother: Luella Taysom (Hartley)	Name of Father: Arthur Taysom	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, J. Albert Ralphs, III, Priest, Rockland Ward	Date issued: -----	Date Orig. Entry: baptized June 3,1934
	Date of Birth: Dec.23,1909	Birth Place: Rockland, Power County, Idaho	Full Name of Mother: Luella Hartley	Name of Father: Arthur Taysom	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	March 6, 1967

FORM BH 56067

[illegible] #6252

(L) 2-15-67 [illegible]

MAR 6 1967

652-106-006-165

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-150
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Verl George Webster
2. Date Of Birth (month) (day) (year): May 6 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Blackfoot Bingham
b. City or Town of Birth: Blackfoot

FATHER

6. Full Name of Father: Louis P. Webster
7. State or Country of Father's Birth: Utah S.L.C.

MOTHER

8. Full Maiden Name of Mother: Maryjane Jones
9. State or Country of Mother's Birth: Utah S.L.C.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Verl G. Webster
11. Present Address of Registrant: 832 So 725 E. Sandy Ut.

NOTARY (Seal)

Subscribed and sworn to before me on: November 6 1963
12. Signature of Notary: Nola J Olsen
13. Notary Commission expires: August 8 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*_____	Certificate of birth	LDS Church, Union Ward Record of Baptisms and Confirmations	Feb.5,1948	Sept.2,1917
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 6,1909 / Blackfoot, Idaho Bingham County	Mary J. Jones	Louis P. Webster	
SUPPORTING RECORD 2. Class_____	Certificate of Blessing	LDS Church, Kimball Ward Wm.B.Taylor, Clerk	June 27,1909	blessed June 6,1909
	May 6,1909 / Blackfoot, Idaho Bingham County	Mary Jane Jones	Louis Webster	
SUPPORTING RECORD 3. Class_____	Certified copy of own child's birth certificate #54 18 9363	Utah State Department of Health, Vital Statistics	May 1,1961	child born Nov.29,1954
	Age 45 / Blackfoot, Idaho	-----	------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	gml Glenda Larson	March 8, 1967

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

(W) 2-16-67

MAR 8 1967

693-123-036-551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-175

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Franklin Dale Williams		2. Date Of Birth (month) April (day) 23 (year) 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Malad City, Idaho
FATHER	6. Full Name of Father: Thomas Oliver Williams		7. State or Country of Father's Birth: Malad, Idaho
MOTHER	8. Full Maiden Name of Mother: Elizabeth Ann Evans		9. State or Country of Mother's Birth: Mustage, Wales
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Franklin D Williams	11. Present Address of Registrant: 3647 200W Malad City, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 24 1967	12. Signature of Notary: Lynne Elcock	13. Notary Commission expires: 7-16- 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Malad Ward, F.E. Jones, Clerk	Date Issued: Oct.4,1909	Date Orig. Entry: blessed Oct.3,1909
	Date of Birth: Apr.23,1909	Birth Place: Malad, Idaho Oneida County	Full Name of Mother: Elizabeth Evans	Name of Father: Thomas O. Williams	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother (born 12-26-1896)		By whom issued and signed: John J. Williams	Date Issued: Jan.12,1967	Date Orig. Entry: -----
	Date of Birth: Apr.23,1909	Birth Place: Malad City, Idaho Oneida County	Full Name of Mother: Elizabeth Ann Evans Williams	Name of Father: Thomas Oliver Williams	
SUPPORTING RECORD 3.	Type of Document: family record sheet of genealogy		By whom issued and signed: Family Records (sealed in Logan Temple)	Date Issued: July 9,1948	Date Orig. Entry: July 9,1948
	Date of Birth: Apr.23,1909	Birth Place: Malad, Oneida County, Idaho	Full Name of Mother: Elizabeth Ann Evans	Name of Father: Thomas Oliver Williams	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: March 9, 1967

FORM BH 56067 nm (W) 2-16-65

MAR 1 0 1967

235-231-040-491

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-195

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Opal Bell Stearnes
2. Date Of Birth (month) 12 (day) 31 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Shoshone; b. City or Town of Birth: Mullen

FATHER

6. Full Name of Father: Harry Stearnes
7. State or Country of Father's Birth: United States

MOTHER

8. Full Maiden Name of Mother: Clara Imarzella Dial
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Opal Davis
11. Present Address of Registrant: 547 W. A. Fisher Okla. 74360

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 30 1967
12. Signature of Notary: Clarence J. Hamilton
13. Notary Commission expires: June 3 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy G87 692 013	the Prudential Insurance Co. of America	-----	Mar.30,1960

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.31,1909	Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt Age 72	Edna Raney	Mar.6,1967	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.31,1909	Mullan, Idaho	Clare Imarzella Dial	Harry Stearnes

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth certificate #39990	Vital Statistics, State of Missouri	Sep.26,1947	child born Sept.18,1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 19	Idaho	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Larson	gml Glenda Larson	March 17, 1967

FORM BH 56067

ICR file rec # 17244

(D) 2-15-67 m-1

MAR 17 1967

289-228-031-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-202

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Fayme Marie Shiflett
2. Date Of Birth (month) (day) (year): May 28, 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Reubens
a. County: Lewis
b. City or Town of Birth: Reubens, Idaho

FATHER

6. Full Name of Father: Henry Clifton Shiflett
7. State or Country of Father's Birth: Brownwood, Texas

MOTHER

8. Full Maiden Name of Mother: Dora Josephine Mortimore
9. State or Country of Mother's Birth: Eureka Flats, Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Fayme M Morris
11. Present Address of Registrant: Box 867-Eureka, Mont.

NOTARY (Seal)

Subscribed and sworn to before me on: 2nd of March 1967
12. Signature of Notary: Helen T Schagel
13. Notary Commission expires: October 13th 19 68

Residing in Eureka, Mont

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #SM 33918	By whom issued and signed: LaSalle Casualty Co., Chicago, Ill., Surgical and Medical	Date Issued: Jan.21,1953	Date Orig. Entry: Jan.15,1953	
	Date of Birth: May 28,1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license application #5802	By whom issued and signed: Flathead County, Montana	Date Issued: Jan.23,1967	Date Orig. Entry: Apr.26,1929	
	Date of Birth: May 28,1909	Birth Place: Rubens, Idaho	Full Name of Mother: Dora Moretimore	Name of Father: Henry Shiflett	
SUPPORTING RECORD 3.	Type of Document: Statement of recordsof Montana Childrens Orphans Home	By whom issued and signed: Fred J.Chapmen, Supvr.of Social Service	Date Issued: Feb.20,1967	Date Orig. Entry: Jan.20,1921	
	Date of Birth: May 28,1909	Birth Place: -----	Full Name of Mother: Mrs. Henry L. Shiflett	Name of Father: Mr. Henry L. Shiflett	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	March 21, 1967

FORM BH 56067

11-25-60 1 copy paid

MAR 2 1 1967

796-206-037-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-206

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ida Estella Groves			2. Date Of Birth (month) July (day) 6 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Bruneau
FATHER	6. Full Name of Father: Jesse Andrew Groves			7. State or Country of Father's Birth: Boise, Idaho
MOTHER	8. Full Maiden Name of Mother: Ethel Dunning			9. State or Country of Mother's Birth: Wickahoney, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: (Mrs.) Ida Estella Groves Butler		11. Present Address of Registrant: 619 Wash. Orangeville, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 2 1967	12. Signature of Notary: [signature]		13. Notary Commission expires: Sept. 18 1970

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle Age 73	By whom issued and signed: James Horace Dunning	Date Issued: Mar. 13, 1967	Date Orig. Entry: -----
	Date of Birth: July 6, 1909 / Birth Place: Bruneau, Idaho Owyhee County	Full Name of Mother: Ethel Dunning Groves	Name of Father: Jesse Andrew Groves	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for ins. policy #3-19-326 30F	By whom issued and signed: Beneficial Protection Assoc. Inc., Pocatello, Idaho	Date Issued: Jun. 19, 1953	Date Orig. Entry: June 17, 1953
	Date of Birth: July 6, 1909 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: transcript of school record	By whom issued and signed: Albion State Normal School Albion, Idaho	Date Issued: May 1, 1951	Date Orig. Entry: 1928-29
	Date of Birth: July 6, 1909 / Birth Place: Bruneau	Full Name of Mother: -----	Name of Father: Jesse Groves	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: March 24, 1967

FORM BH 56067

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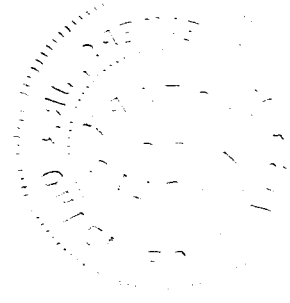
MAR 2 4 1967



143-203-001-559

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-213

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Celia Jullion		2. Date Of Birth (month) Nov (day) 3 (year) 1909
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Boise Ida; b. City or Town of Birth: Boise Idaho
FATHER	6. Full Name of Father: Ernest Joseph Jullion		7. State or Country of Father's Birth: France
MOTHER	8. Full Maiden Name of Mother: Mary Vermeersch		9. State or Country of Mother's Birth: Unknown
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna Jullion Sigmon	11. Present Address of Registrant: 154 W. Maple Elko Nev.
NOTARY (Seal)	Subscribed and sworn to before me on 17th AUGUST 1961	12. Signature of Notary: Kenneth E Bell	13. Notary Commission expires: 5-5- 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 75	By whom issued and signed: Mary V. Jullion	Date issued: Aug 17,1961	Date Orig. Entry: ------
	Date of Birth: Nov.3,1909 / Birth Place: Boise, Idaho	Full Name of Mother: Mary Vermeersch Jullion	Name of Father: Ernest Jullion	
SUPPORTING RECORD 2.	Type of Document: certified copy of baptismal certificate	By whom issued and signed: St. John's Cathedral - Boise	Date issued: Nov.21,1961	Date Orig. Entry: Baptized May 3,1910
	Date of Birth: Nov.3,1909 / Birth Place: Boise, Idaho	Full Name of Mother: Mary Vermeersch	Name of Father: Ernest Jullion	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 214926	Date issued: ----	Date Orig. Entry: child born July 30,1933
	Date of Birth: Age 23 / Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: ---------	
QUALIFYING INFORMATION				

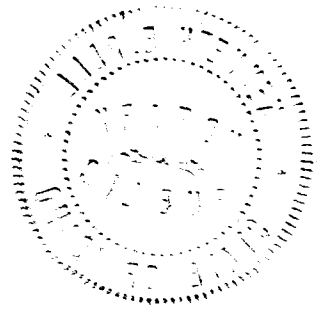
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 24,1967

FORM BH 56067

MAR 24 1967
NOV 13 2009x2



713-24-031-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-214

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLAYTON ISAAC GALARNEAU.		2. Date Of Birth (month) (day) (year): October. 24 1909
	3. Color or Race: WHITE	4. Sex: M.	5. Place of Birth a. County: NEZPERCE, IDAHO; b. City or Town of Birth:
FATHER	6. Full Name of Father: FRED A. GALARNEAU.		7. State or Country of Father's Birth: NORTH DAKOTA
MOTHER	8. Full Maiden Name of Mother: GLADYS VIOLETTE BILLOW		9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clayton Galarneau	11. Present Address of Registrant: Box 96 BASSANO, ALTA
NOTARY (Seal)	Subscribed and sworn to before me on: March. 11 1967	12. Signature of Notary: [signature]	13. Notary Commission expires: Dec. 31 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Fred A. Galarneau		Date Issued: Mar.10,1967	Date Orig. Entry: -----
	Date of Birth: Oct.24,1909	Birth Place: Nezperce,,Idaho	Full Name of Mother: -----	Name of Father: Fred A. Galarneau	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Certificate of Marriage #93945	By whom issued and signed: Edmonton, Alberta, Canada Vital Stat., reg.#38-08-402950		Date Issued: Feb.15,1967	Date Orig. Entry: Nov.3,1938
	Date of Birth: Age 29	Birth Place: Nezperce,Idaho USA	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Census records	By whom issued and signed: Ottawa, Canada, Census Division		Date Issued: Feb.16,1967	Date Orig. Entry: June 1,1921
	Date of Birth: Age 11	Birth Place: U.S.A.	Full Name of Mother: Gladys Galarneau	Name of Father: Fred Galarneau	
QUALIFYING INFORMATION					

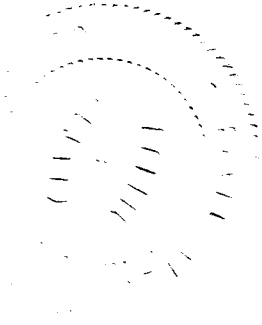
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Glenda Larson	March 24, 1967

FORM BH 56067

MAR 2 4 1967



789-25 1040 -318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-217

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jessie LaRose Phillips
2. Date Of Birth: (month) Aug (day) 15 (year) 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Shoshone; b. City or Town of Birth: Shoshone

FATHER

6. Full Name of Father: Bona Elbert Phillips
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: Susie Taylor
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jessie L Harmon
11. Present Address of Registrant: 3813 Forbes ave Santa Clara, Cal

NOTARY (Seal) Subscribed and sworn to before me on 3-10 1967

12. Signature of Notary: Erma Smiddy
13. Notary Commission expires: April 8 1967

ERMA SMIDDY
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
SANTA CLARA COUNTY

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #161787	-----	child born May 19, 1928
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 18 / Idaho	-----	-----	
SUPPORTING RECORD 2.	Certificate of Baptism	First Baptist Church, San Jose, Calif., Clarence Sands, Pastor	July 3, 1958	baptized June 8, 1958
	Aug. 15, 1909 / -----	-----	-----	
SUPPORTING RECORD 3.	Affidavit by mother	Mrs. Evelyn Adair	Mar. 8, 1967	-----
	Aug. 15, 1909 / Shoshone, Idaho	Evelyn Susie Adair	Bona Elbert Phillips	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	March 28, 1967

FORM BH 56067

2-22-67

MAR 2 8 1967

635-220-206-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-225

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maurine Oler			2. Date of Birth (month) Nov. (day) 20 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Shelley	
FATHER	6. Full Name of Father: Joseph Oler			7. State or Country of Father's Birth: U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Alice Green			9. State or Country of Mother's Birth: U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Maurine Searle	11. Present Address of Registrant: Shelley Idaho R#1	
NOTARY (Seal)	Subscribed and sworn to before me on: March 22 1967		12. Signature of Notary: Ruby Nielsen	13. Notary Commission expires: Jan. 2 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #242923	Date Issued: ------	Date Orig. Entry: child born Apr.21,1936
	Date of Birth: Age 26	Birth Place: Shelley, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: IDS Church, Shelley 2nd Ward W.J. Mallory, Bishop	Date Issued: ------	Date Orig. Entry: blessed Feb.6,1910
	Date of Birth: Nov.20,1909	Birth Place: Bingham County Shelley, Idaho	Full Name of Mother: Alice Green	Name of Father: Joseph Oler	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Bible Records	Date Issued: Mar.22,1967	Date Orig. Entry: obviously old
	Date of Birth: Nov.20,1909	Birth Place: Shelley, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: Glenda Larson	Date Filed: March 28, 1967

FORM BH 56067

3-21-67

MAR 2 8 1967

955-119-018-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-232

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lester David Reed		2. Date of Birth (month) (day) (year): September 19, 1909
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth a. County: Clearwater; b. City or Town of Birth: Greer
FATHER	6. Full Name of Father: Freeman Lester Reed		7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Elsie May McKinley		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Lester David Reed	11. Present Address of Registrant: Cottonwood, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 3/31 1967	12. Signature of Notary: William H Tacke	13. Notary Commission expires: 9-1 1967

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism	By whom issued and signed: Church of Holy Cross, Keuterville, Idaho, Roman Catholic	Date issued: -----	Date Orig. Entry: baptized Jan.28,1939
	Date of Birth: Sep.19,1909	Birth Place: Greer, Idaho	Full Name of Mother: Elsy Mae McKinley	Name of Father: Lester Frieman Reed
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Northern Life Ins. Co. Seattle, Washington	Date issued: Jan.10,1940	Date Orig. Entry: Jan.10,1940
	Date of Birth: Sep.19,1909	Birth Place: Greer, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Elsie M. McKinley Reed Stockard	Date issued: Feb.28,1967	Date Orig. Entry: -----
	Date of Birth: Sep.19,1909	Birth Place: Greer, Idaho	Full Name of Mother: Elsie May McKinley Reed Stockard	Name of Father: Freeman Lester Reed
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	March 29, 1967

FORM BH 56067 1 cp pd rec. #4551 (R) [illegible]

MAR 2 9 1967

291-228-029-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-236

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helena Maria Kraut		2. Date of Birth: (month) May (day) 28 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Genesee, Idaho
FATHER	6. Full Name of Father: Joseph Peter Kraut		7. State or Country of Father's Birth: Austria	
MOTHER	8. Full Maiden Name of Mother: Maria Helena Kunz		9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Maria Kraut	11. Present Address of Registrant: [illegible]	
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires [illegible] 19[illegible]	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notarized photocopy of Family record	By whom issued and signed: Family records	Date Issued: Jan. 11, 1965	Date Orig. Entry: Obviously old
	Date of Birth: May 28, 1909 / Birth Place: Genesee, Latha County, Idaho	Full Name of Mother: Maria Helena Kunze	Name of Father: Josepf Peter Kraut	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Age:71	By whom issued and signed: Alfred Joseph Kraut	Date Issued: Feb. 2, 1965	Date Orig. Entry: -----
	Date of Birth: May 28, 1909 / Birth Place: Genesee, Idaho	Full Name of Mother: Maria Helena Kunz	Name of Father: Joseph Peter Kraut	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Mary's Church, Genesee, Idaho, Roman Catholic Church	Date Issued: Feb. 19, 1967	Date Orig. Entry: baptized June 3, 1909
	Date of Birth: May 28, 1909 / Birth Place: Genesee, Idaho	Full Name of Mother: Helen M. Kuntz	Name of Father: Joseph P. Kraut	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: March 30, 1967

FORM BH 56067

1 copy paid rec. #5160

(R) 6-7-65

MAR 30 1967

396-221-021-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-237

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ila Crossley			2. Date of Birth: (month) April (day) 21 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Mound Valley; a. County: Franklin	b. City or Town of Birth	
FATHER	6. Full Name of Father: Emanuel Crossley			7. State or Country of Father's Birth: Weston, Idaho	
MOTHER	8. Full Maiden Name of Mother: Lucy Bennett			9. State or Country of Mother's Birth: Mound Valley, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Karl Warrington		11. Present Address of Registrant: Route 1 Box 116 Declo, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 14th 1967	12. Signature of Notary: Vern Carter		13. Notary Commission expires: April 29th 1969	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by midwife Age 83	By whom issued and signed: Orpha O. Izatt		Date Issued: Sept.24,1966	Date Orig. Entry: -----
	Date of Birth: Apr.21,1909	Birth Place: Mound Valley, Idaho	Full Name of Mother: Lucy Bennett Crossley	Name of Father: Emanuel Crossley	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #150352	By whom issued and signed: Gem State Mutual Life Assn.		Date Issued: Oct.27,1938	Date Orig. Entry: Oct 27,1938
	Date of Birth: Apr.21,1909	Birth Place: Mound Valley,Idaho	Full Name of Mother: -----	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Own childs birthcertificate	By whom issued and signed: on file - Idaho # 397538		Date Issued: ----	Date Orig. Entry: child born April 18,1944
	Date of Birth: Age 34	Birth Place: Mound Valley, Ida.	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: March 30,1967

FORM BH 56067 Non office 10-30-66 1 cp Pd. rec. #1823

397538 childs cert. [illegible]

MAR 30 1967

JUL 15 2002

796-2181026-286

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-246

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie Evelyn Groom			2. Date of Birth (month) October (day) 18 (year) 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Jefferson County	b. City or Town of Birth: Garfield
FATHER	6. Full Name of Father: Percy Groom			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: ADella R. Short			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Elsie Ruggs	11. Present Address of Registrant: Rigby, Ida. RD-1
NOTARY (Seal)	Subscribed and sworn to before me on: March 31 1967		12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: L.D.S.Church	Date Issued: Nov.4,1917	Date Orig. Entry: Baptized Nov.3,1917
	Date of Birth: Oct.18,1909	Birth Place: Garfield, Idaho	Full Name of Mother: Della R. Short	Name of Father: Percy Groom	
SUPPORTING RECORD 2.	Type of Document: Transcript - College		By whom issued and signed: Ricks College	Date Issued: Aug 21,1959	Date Orig. Entry: Grades entered 1929-30
	Date of Birth: Oct.18,1909	Birth Place: -------	Full Name of Mother: ---------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 249265	Date Issued: ---	Date Orig. Entry: child born Nov.11,1936
	Date of Birth: Age 27	Birth Place: Garfield, Idaho	Full Name of Mother: --------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 31, 1967

FORM BH 56067

APR 5 1967

25V 236-211-014-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-252

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANNABELLE STORIE		2. Date of Birth (month) (day) (year): FEB. 11 1909	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: CALDWELL CANYON	b. City or Town of Birth: CALDWELL
FATHER	6. Full Name of Father: JESSE WILBER STORIE		7. State or Country of Father's Birth: MISSOURI	
MOTHER	8. Full Maiden Name of Mother: AMANDA LOUISE GREEN		9. State or Country of Mother's Birth: MISSOURI	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Annabelle Smith	11. Present Address of Registrant: Rt 2. Hampton Rd	
NOTARY (Seal)	Subscribed and sworn to before me on: March 3rd 1967	12. Signature of Notary: A. L. Modin	13. Notary Commission expires: My Commission Expires ~~September 2, 1969~~ 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age 70	By whom issued and signed: Bertha Ida Parker	Date Issued: Mar.3,1967	Date Orig. Entry: -----
	Date of Birth: Feb.11,1909 / Birth Place: Caldwell, Idaho	Full Name of Mother: Amanda Louise Green	Name of Father: Jesse Wilber Storie	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: Patricia Ross, Librarian St. Luke's Hospital	Date Issued: Mar.30,1967	Date Orig. Entry: admitted Jan.1930
	Date of Birth: Feb.11,1909 / Birth Place: ----	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: on file -- Idaho # 188596	Date Issued: ----	Date Orig. Entry: child born Feb.14,1931
	Date of Birth: Age 22 / Birth Place: Caldwell, Idaho	Full Name of Mother: -----	Name of Father: --------	
QUALIFYING INFORMATION	Lodge Record from Boise Auxiliary # 115, Fraternal Order of Eagles gives age as 38 years on March 18, 1947. Oleta Root, Sec.. Notorized copy issued April 3, 1967			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: April 11, 1967	

FORM BH 56067

3-16-60

APR 1 1 1967

845-109-022-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-254

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edward Warren Hunziker			2. Date of Birth (month) June (day) 9 (year) 1909
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Edward Alma Hunziker			7. State or Country of Father's Birth: Fremont Idaho
MOTHER	8. Full Maiden Name of Mother: Matilda Jane Taylor			9. State or Country of Mother's Birth: Fremont Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edward Warren Hunziker		11. Present Address of Registrant: 2017 East Whiting Ave Fullerton California
NOTARY (Seal)	Subscribed and sworn to before me on: October 17, 1966	12. Signature of Notary		13. Notary Commission expires: ROBERT N. WOODRING My Commission Expires Nov 19 26, 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Alma Edward Hunziker	Date Issued: Oct.19,1943	Date Orig. Entry: -----
	Date of Birth: June 9,1909 / Birth Place: Rexburg, Idaho	Full Name of Mother: Matilda Jane Tayler	Name of Father: Alma Edward Hunziker	
SUPPORTING RECORD 2.	Type of Document: photocopy of employment record	By whom issued and signed: D.G.Selwood,Gen.Supvr.Personnel,Columbia Steel Corp.	Date Issued: -----	Date Orig. Entry: June 18,1927
	Date of Birth: June 9,1909 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Nov.28,1966	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age 10 / Birth Place: Idaho	Full Name of Mother: T. J. Hunziker	Name of Father: E. A. Hunziker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	gml Glenda Larson	April 12, 1967

FORM BH 56067

1-PC-one-#8430

3-20-67 mp

APR 1 2 1967

813-102-1006-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-255

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LAVINTZ MILTON HATMAKER			2. Date Of Birth (month) 6 (day) 2 (year) 1909
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BINGHAM	b. City or Town of Birth: BLACKFOOT
FATHER	6. Full Name of Father: PETER F. HATMAKER			7. State or Country of Father's Birth: TENNESSEE
MOTHER	8. Full Maiden Name of Mother: MARY LUCINDA GRANT			9. State or Country of Mother's Birth: TENNESSEE
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lavintz M. Hatmaker		11. Present Address of Registrant: SHOSHONE IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: Mar 23 19 67	12. Signature of Notary: [illegible]		13. Notary Commission expires: 6/5 19 70

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy #17-794-426	By whom issued and signed: New York Life Ins. Co.	Date Issued: -----	Date Orig. Entry: Jan.10,1941
	Date of Birth: June 2,1909 / Birth Place: Blackfoot, Idaho	Full Name of Mother: Mary L. Hatmaker	Name of Father: Peter F. Hatmaker	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister who was present at time of birth	By whom issued and signed: Margaret Brownlee Age:72	Date Issued: Mar.15,1967	Date Orig. Entry: -----
	Date of Birth: June 2,1909 / Birth Place: Blackfoot, Idaho	Full Name of Mother: Mary L. Hatmaker	Name of Father: Peter F. Hatmaker	
SUPPORTING RECORD 3.	Type of Document: Statement regarding selective service registration	By whom issued and signed: W.P.McDaniel, Maj-FC, Chief, Adm. Div. Selective Service	Date Issued: Mar.20,1967	Date Orig. Entry: Oct.16,1940
	Date of Birth: June 2,1909 / Birth Place: Blackfoot, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	April 12,1967

FORM BH 56067 1 copy paid rec.7787 (H) 3-6-67 gml

APR 12 1967
JUL 1 1974

(Hatmaker)
LaVintz Milton Hatmaker
June 2, 1909
Blackfoot, Idaho

759-109-010-252

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-258

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond Clay Perkins		2. Date of Birth (month) August (day) 9 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho, Bonneville b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: James Emery Perkins		7. State or Country of Father's Birth: Johnson city, Tennessee
MOTHER	8. Full Maiden Name of Mother: Lila Luella Bess		9. State or Country of Mother's Birth: Salt Lake city, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond Clay Perkins	11. Present Address of Registrant: 133 - 7th strut Ogden, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: March 9 1967	12. Signature of Notary: Richard W. Brown Jr. Ogden, Utah	13. Notary Commission expires: Jan. 20 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate #14817	By whom issued and signed: City of Ogden, Utah, City Bureau of Vital Statistics	Date Issued: Sept.2,1964	Date Orig. Entry: child born June 17,1938	
	Date of Birth: Age 28,	Birth Place: Idaho Falls,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, William Johnson, Clerk	Date Issued: Jan.15,1945	Date Orig. Entry: baptized Jan.15,1945	
	Date of Birth: Aug.9,1909	Birth Place: Idaho Falls,Idaho	Full Name of Mother: Lila Luella Bess	Name of Father: James Emery Perkins	
SUPPORTING RECORD 3.	Type of Document: photocopy of face of insurance policy #191 941	By whom issued and signed: Occidental Life Ins. Co.	Date Issued: Nov.1,1954	Date Orig. Entry: -----	
	Date of Birth: Age: 45	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	April 12, 1967

FORM BH 56067

(P) 3-24-67

APR 12 1967

685-206-029-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-266

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Blanche Wynne		2. Date Of Birth (month) 10 (day) 6 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Latah; b. City or Town of Birth: Potlatch
FATHER	6. Full Name of Father: Wade Hampton Wynne		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Rosa Kidwell		9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Blanche W. Palmer	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: March 22, 1967	12. Signature of Notary: Wayne Bishop	13. Notary Commission expires: Feb 1, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage return	By whom issued and signed: Lane County, Oregon		Date Issued: Feb.1,1966	Date Orig. Entry: Dec.31,1929
	Date of Birth: Age 20	Birth Place: Potlatch, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt who took (sister of father) care of her	By whom issued and signed: Dixie Wynne Goude		Date Issued: Mar.21,1967	Date Orig. Entry: -----
	Date of Birth: Oct.6,1909	Birth Place: Potlatch, Latah County, Idaho	Full Name of Mother: Rosa Kidwell	Name of Father: Wade Hampton Wynne	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate #310	By whom issued and signed: State of Washington		Date Issued: Mar.20,1967	Date Orig. Entry: child born Sept.22,1942
	Date of Birth: Age 32	Birth Place: Potlatch, Idaho	Full Name of Mother: -----	Name of Father: -----	

QUALIFYING INFORMATION

Statement regarding school records by Orville J. Widman, Co. Supt. Whitman County, Colfax, Washington dated January 28, 1966 gives date of birth as October 6, 1909 as shown by the census taken May 1, 1918, (no parents names guardian was listed as E.B. Goude.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	April 17, 1967

FORM BH 56067

3-10-67

APR 1 8 1967

551-210-003-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-280

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Adelia Evans			2. Date of Birth (month) Sept (day) 10 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida Bannock Co	b. City or Town of Birth: Arimo Idaho	
FATHER	6. Full Name of Father: Alexander Evans.			7. State or Country of Father's Birth: Idaho Bannock	
MOTHER	8. Full Maiden Name of Mother: Isabel Jenkins			9. State or Country of Mother's Birth: Idaho Bannock	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Adelia Daniels		11. Present Address of Registrant: 21 Fordham Pocatello	
NOTARY (Seal)	Subscribed and sworn to before me on: May 1 1967	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept 28 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Birth	By whom issued and signed: L.D. S. Church		Date Issued: Jan.29,1967	Date Orig. Entry: Entered on Record Jan.2,1910
	Date of Birth: Sept.10,1909	Birth Place: Bannock County	Full Name of Mother: Isabel Jenkins	Name of Father: Alexander Evans	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 174567		Date Issued: -----	Date Orig. Entry: child born July 24,1929
	Date of Birth: 19	Birth Place: Arimo, Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy 321844	By whom issued and signed: United Benefit Life. Co.		Date Issued: Nov.24,1941	Date Orig. Entry: Nov.14,1941
	Date of Birth: Sept.10,1909	Birth Place: Arimo, Idaho	Full Name of Mother: -----	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	May 1, 1967

MAY 9 1967

314-228-038-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-292

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Janet (Janette) Marie Campbell			2. Date of Birth (month) May (day) 28 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Denison Gage Campbell			7. State or Country of Father's Birth: Minneapolis, Minn.
MOTHER	8. Full Maiden Name of Mother: Elizabeth Margaret Burrall			9. State or Country of Mother's Birth: Prarie Farm, Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Janette Marie Campbell (Mrs.)		11. Present Address of Registrant: 115 Lindkaye Drive Kingsport, Tenn.
NOTARY (Seal)	Subscribed and sworn to before me on: December 27 1963	12. Signature of Notary: Frances J. Mooney		13. Notary Commission expires: November 15 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Denison G. Campbell	Date Issued: June 2, 1961	Date Orig. Entry
	Date of Birth: May 28,1909 / Birth Place: Payette, Idaho	Full Name of Mother: -----	Name of Father: Denison G. Campbell	
SUPPORTING RECORD 2.	Type of Document: Photo copy of application for life insurance	By whom issued and signed: Mutual Life Insurance Company of New York	Date Issued: June 27, 1933	Date Orig. Entry
	Date of Birth: May 28,1909 / Birth Place: Payette, Idaho	Full Name of Mother: ------	Name of Father: D. G. Campbell	
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of Bible record	By whom issued and signed: Family Bible Record	Date Issued: ------	Date Orig. Entry: obviously old
	Date of Birth: May 28,1909 / Birth Place: Payette, Idaho	Full Name of Mother: Elizabeth M. Burrall	Name of Father: Denison G. Campbell	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Glenda Larson	May 2, 1967

FORM BH 56067

MAY 2 1967

967-226-014-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-301

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lois L. Rogers
2. Date Of Birth (month) (day) (year): March 26 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Caldwell Idaho Canyon
b. City or Town of Birth: Iowa Caldwell -

FATHER

6. Full Name of Father: Wesley S. Rogers
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Edith E. Burns
9. State or Country of Mother's Birth: Iowa -

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Lois L. Rogers (Shultz)
11. Present Address of Registrant: Rt 6 Caldwell - Idaho 83605

NOTARY (Seal)

Subscribed and sworn to before me on: April 1967
12. Signature of Notary: L. Anderson
13. Notary Commission expires: 18 April 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
County Record of Birth	Canyon County, Lavona Sayre	May 3, 1967	Recorded Mar. 27, 1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 26, 1909	Caldwell, Idaho	Edith Burns	Wesley S. Rogers

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital Record	Carleta Hungerford, Librarian Samaritan Community Hospital	Apr. 26, 1967	Admitted May 31, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 26, 1909	Idaho	--------	- --------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	on file - Idaho # 329675	-----	child born Dec. 16, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 32	Caldwell, Idaho	-------	-------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 3, 1967

FORM BH 56067

MAY 9 1967

301

962-129-014-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-321

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN GUSTAFE ROST			2. Date of Birth (month) APRIL (day) 29 (year) 1909
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: CANYON	b. City or Town of Birth: NAMPA, IDAHO
FATHER	6. Full Name of Father: JOHN M ROST			7. State or Country of Father's Birth: NORWAY
MOTHER	8. Full Maiden Name of Mother: GUSTA LOVESTUEN			9. State or Country of Mother's Birth: NORWAY
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John M Rost		11. Present Address of Registrant: 1119 HIGHLAND VIEW DR BOISE IDAHO 83702
NOTARY (Seal)	Subscribed and sworn to before me on: May 9, 1967.	12. Signature of Notary: Karen Cook		13. Notary Commission expires: March 19, 1969.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement by attending Dr.	By whom issued and signed: Dr. H. P. Ross	Date Issued: Dec.1,1928	Date Orig. Entry: ---
	Date of Birth: Apr.29,1909 / Birth Place: Nampa, Idaho	Full Name of Mother: Gusta Lovestuen	Name of Father: John M. Rost	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy # 87599	By whom issued and signed: Business Men's Assurance Co.	Date Issued: ----	Date Orig. Entry: Aug.19 1929
	Date of Birth: Apr.29,1909 / Birth Place: Nampa, Idaho	Full Name of Mother: Gusta Lovestuen Rost	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Insurance Beneficiary Employment Record	By whom issued and signed: United States Post Office	Date Issued: Mar.22,1944	Date Orig. Entry: ----
	Date of Birth: Apr.29,1909 / Birth Place: -----	Full Name of Mother: ------	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 9, 1967

FORM BH 56067 nm. 5-5-67 (G)

MAY 9 1967

John Grost
April 29, 1909
Nampa, Idaho

213-128-006-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-336

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank B. Kalferd			2. Date of Birth (month) April (day) 28 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Peter B. Kalferd			7. State or Country of Father's Birth: Lithuania
MOTHER	8. Full Maiden Name of Mother: Bessie Kalferd			9. State or Country of Mother's Birth: Lithuania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of ~~Registrant~~ Notary: J. Elaine Jacobson		11. Present Address of Registrant: 908 Syringa; Idaho Falls, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: February 6 19 67	12. Signature of ~~Notary~~ Registrant: Frank B Kalferd		13. Notary Commission expires: January 1 19 70

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #371653		Date Issued: -----	Date Orig. Entry: child born Apr.18,1943
	Date of Birth: Age 33	Birth Place: Blackfoot, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Church of Holy Rosary, Idaho Falls, Idaho		Date Issued: Mar.24,1958	Date Orig. Entry: baptized May 6,1909
	Date of Birth: Apr.28,1909	Birth Place: Blackfoot, Idaho	Full Name of Mother: Barbara Bartosky	Name of Father: Peter Kalferd	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Bessie Kalferd		Date Issued: Feb.6,1967	Date Orig. Entry: -----
	Date of Birth: Apr.28,1909	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Bessie Kalferd	Name of Father: Peter B. Kalferd	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	May 11, 1967

FORM BH 56067

2-15-66

MAY 1 1 1967

299-210-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-351

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rosa Marie Birch
2. Date of Birth (month) (day) (year): November 10 1909
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Wilford

FATHER

6. Full Name of Father: Melvin Birch
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Rosa Belle Smith
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: R. Marie B. Staker
11. Present Address of Registrant: Teton City, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 1 1967
12. Signature of Notary: M. V. Johnston
13. Notary Commission expires: 19 March 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Wilford Ward S.W.Orme, Bishop	Date Issued: Feb.6,1910	Date Orig. Entry: Feb.6,1910 blessed	
	Date of Birth: Nov.10,1909	Birth Place: Wilford, Idaho Fremont County	Full Name of Mother: Rosa B. Smith	Name of Father: Melvin Birch	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #442956	Date Issued: -----	Date Orig. Entry: child born Sept.21,1947	
	Date of Birth: Age 37	Birth Place: Wilford, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by parents	By whom issued and signed: Melvin Birch and Rosa B.Birch	Date Issued: May 1,1967	Date Orig. Entry: -----	
	Date of Birth: Nov.10,1909	Birth Place: Wilford, Idaho	Full Name of Mother: Melvin Birch	Name of Father: Rosa B. Birch	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	May 15, 1967

FORM BH 56067

Replaces # 10972

4-27-67

MAY 1 5 1967

813211-041-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-357

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ada Mary Hatch			2. Date of Birth (month) Nov. (day) 11 (year) 1909	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Teton	b. City or Town of Birth: Victor	
FATHER	6. Full Name of Father: Lamoin Thadious Hatch			7. State or Country of Father's Birth: Utah Severe	
MOTHER	8. Full Maiden Name of Mother: Ida Agnes Johnson			9. State or Country of Mother's Birth: Utah Cache	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ada Hatch Anderson		11. Present Address of Registrant: Rigby, Idaho R2 Box 161	
NOTARY (Seal)	Subscribed and sworn to before me on: 4-17 1967	12. Signature of Notary: Lyle C. Whiting		13. Notary Commission expires: 6-28 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Victor Ward Nahum Curtis, Bishop		Date Issued: Dec.31,1909	Date Orig. Entry: blessed Dec.5,1909
	Date of Birth: Nov.11,1909	Birth Place: Victor, Fremont County, Idaho	Full Name of Mother: Ida Johnson	Name of Father: Lamoin Hatch	
SUPPORTING RECORD 2.	Type of Document: Hospital certificate of own child's birth record	By whom issued and signed: McKee Maternity Home, Rigby, Idaho		Date Issued: -----	Date Orig. Entry: child born Apr.8,1947
	Date of Birth: Nov.11,1909	Birth Place: Victor, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: School record student number #034175	By whom issued and signed: Brigham Young University, Provo, Utah		Date Issued: May 7,1962	Date Orig. Entry: May 7,1962
	Date of Birth: Nov.11,1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	May 15, 1967

FORM BH 56067

12-2-59 one copy paid #18102

MAY 15 1967

DECEASED

455-20-029-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-385

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARY VELMA MENDENHALL
2. Date of Birth (month) (day) (year): OCT 10 1909
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: Latah; b. City or Town of Birth: PRINCETON

FATHER

6. Full Name of Father: THOMAS SCOTT MENDENHALL
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: MARY ROSETTA COX
9. State or Country of Mother's Birth: SAMS VALLEY, OREGON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Velma Mendenhall Armstrong
11. Present Address of Registrant: E. 2303 Nebraska, Spokane, Wn.

NOTARY (Seal)

Subscribed and sworn to before me on: April 22 1967
12. Signature of Notary: Hazel Throop
13. Notary Commission expires: Mar 24 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Notorized Family Record	Family Record	Apr.22,1967	original Obviously old
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Oct.10,1909 / Princeton, Idaho	Mary Rosetta Cox Mendenhall	Thomas Scott Mendenhall	
SUPPORTING RECORD 2.	Affidavit by brother Age 73	Charles T. Mendenhall	Apr.22,1967	-------
	Oct.10,1909 / Princeton, Idaho	Mary Rosetta Cox	Thomas Scott Mendenhall	
SUPPORTING RECORD 3.	Own childs birth certificate	State of Washington # 446	Mar.22,1966	child born Mar 5, 1937
	Age 27 / Princeton, Idaho	--------	--------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 24, 1967

FORM BH 56067 8-25-60

MAY 25 1967

912-210-001-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-393

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mable Mary Rasmussen		2. Date of Birth (month) (day) (year): May 10 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Harry Edwin Rasmussen		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Mary Abigail King		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel M. Forsey	11. Present Address of Registrant: 216 Nectarine Nampa
NOTARY (Seal)	Subscribed and sworn to before me on: March 14 1967	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle Age 71	By whom issued and signed: J. W. King	Date Issued: Mar.14,1967	Date Orig. Entry: ------
	Date of Birth: May 10,1909 / Birth Place: Boise, Idaho	Full Name of Mother: Mary Abigail King	Name of Father: Harry Edwin Rasmussen	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Samaritan Community Hosp. Nampa, Idaho	Date Issued: Mar.15,1967	Date Orig. Entry: June 11,1930
	Date of Birth: May 10,1909 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: County Record of Birth	By whom issued and signed: Clarence A. Planting, Rec.	Date Issued: May 17,1967	Date Orig. Entry: May 10,1909
	Date of Birth: May 10, 1909 / Birth Place: Boise, Idaho	Full Name of Mother: Mary Abigail King	Name of Father: Harry Edwin Rasmussen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc gml Florence Curtright	Date Filed: May 31,1967

FORM BH 56067

1cp ph rec # 8648

MAY 31 1967

219-222-042-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-404

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Barnes			2. Date Of Birth (month) March (day) 22 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Filer, Idaho
FATHER	6. Full Name of Father: Byron Otis Barnes			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Price (Mamie)			9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Thelma B. Martin	11. Present Address of Registrant: Rt #3 Jerome Ida
NOTARY (Seal)	Subscribed and sworn to before me on: June 7 1967		12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother Age 68	By whom issued and signed: Mary Ellen Barnes Hunter	Date Issued: May 11,1955	Date Orig. Entry: ------
	Date of Birth: Mar.22,1909 / Birth Place: Filer, Idaho	Full Name of Mother: Mary Ellen Price Barnes	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Notorized copy of School Transcript	By whom issued and signed: Albion State Normal School	Date Issued: May 31,1967	Date Orig. Entry: Years 1927-28
	Date of Birth: Mar.22,1909 / Birth Place: Filer, Idaho	Full Name of Mother: -----	Name of Father: Byron Otis Barnes	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 309168	Date Issued: ----	Date Orig. Entry: child born Feb. 2, 1941
	Date of Birth: Age 31 / Birth Place: Filer, Idaho	Full Name of Mother: ------	Name of Father: - -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florance Curtright	June 7,1967

FORM BH 56067

JUN 8 1967

DEC 4 1973

154-230-033-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-434

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Genevieve Pearl Anderson			2. Date Of Birth (month) (day) (year): September 30 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Indepence now Madison (was Fremont)	b. City or Town of Birth: Independence
FATHER	6. Full Name of Father: Wilford Christian Anderson			7. State or Country of Father's Birth: Utah Redmond Sievere Cnty.
MOTHER	8. Full Maiden Name of Mother: Mary Pearl Bowen			9. State or Country of Mother's Birth: Utah Beaverdam
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Genevieve Lacuey		11. Present Address of Registrant: Route #2, Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 5th day of May 19 67	12. Signature of Notary: Wm T Taylor		13. Notary Commission expires: 9-11 19 67

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of church records of blessings	By whom issued and signed: LDS Church, Independence Ward Fremont Stake		Date Issued: May 5,1967	Date Orig. Entry: blessed Dec.5,1909
	Date of Birth: Sep.30,1909	Birth Place: Independence, Ida. Fremont County	Full Name of Mother: Pearl Bowen	Name of Father: Wilford C. Anderson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #266317		Date Issued: -----	Date Orig. Entry: child born Apr.13,1938
	Date of Birth: Age 28	Birth Place: Independence, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt (15 yrs. old at time of birth)	By whom issued and signed: Claire Nelson		Date Issued: May5,1967	Date Orig. Entry: -----
	Date of Birth: Sep.30,1909	Birth Place: Independence, Ida. Fremont County	Full Name of Mother: Mary Pearl Bowen Anderson	Name of Father: Wilford Christian Anderson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	June 13, 1967

FORM BH 56067

6-15-67

JUN 13 1967

864-216-031-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-437

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Kelsey Young			2. Date Of Birth (month) December (day) 16 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Kamiah
FATHER	6. Full Name of Father: John Starin Young			7. State or Country of Father's Birth: New York
MOTHER	8. Full Maiden Name of Mother: Martha Koch			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary K Goodspeed		11. Present Address of Registrant: Rt 2, Bx 297, Elma, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: May 8, 19 67	12. Signature of Notary: Lowell L Leslie		13. Notary Commission expires: Sept. 6 19 67

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #772	By whom issued and signed: State of Washington, Vital Statistics		Date Issued: Apr. 26, 1967	Date Orig. Entry: child born Sept. 24, 1930
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister (12 years older)	By whom issued and signed: Evelyn Marie Lansing		Date Issued: May 8, 1967	Date Orig. Entry: ------
	Date of Birth: Dec. 16, 1909	Birth Place: Kamiah, Idaho	Full Name of Mother: Martha Koch	Name of Father: John Starin Young	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage Certificate License #8371	By whom issued and signed: Grays Harbor County, Wash.		Date Issued: Apr. 24, 1967	Date Orig. Entry: March 8, 1930
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: Martha Koch	Name of Father: John Young	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	June 13, 1967

FORM BH 56067

4-20-67

JUN 13 1967

347-22-1004-647

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-461

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucile Tippets		2. Date Of Birth (month) June (day) 24 (year) 1909	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Georgetown, ~~Bear~~ Lake	b. City or Town of Birth: Georgetown, Idaho
FATHER	6. Full Name of Father: Joseph Maurice Tippets		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Hannah Emorette (Retta) Wixom		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucile Tippets Bassett	11. Present Address of Registrant: Afton, Wyo.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 1 1967	12. Signature of Notary: Elma Neumander	13. Notary Commission expires: Jan 2 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of driver's license	By whom issued and signed: State of Wyoming #647551	Date Issued: Aug.10,1962	Date Orig. Entry: Aug.10,1962	
	Date of Birth: June 24, 1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Alma Hayes, Bishop Georgetown Ward Book 1,198	Date Issued: Sep.5,1909	Date Orig. Entry: blessed Sept.5,1909	
	Date of Birth: June 24,1909	Birth Place: Georgetown, Idaho Bear Lake County	Full Name of Mother: Retta Wixom	Name of Father: Maurice Tippets	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Harrison Tippets Bishop, Georgetown Ward	Date Issued: July 20,1918	Date Orig. Entry: baptized July 6,1918	
	Date of Birth: June24,1909	Birth Place: Georgetown, Idaho	Full Name of Mother: Retta Wixom	Name of Father: J. Maurice Tippets	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	June 19, 1967

FORM BH 56067

ICP addition = 95%

4-12-67

JUN 19 1967

665-229-001-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-491

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Lucille Ownbey		2. Date Of Birth (month) (day) (year): April 29 1909
	3. Color or Race: Caucasian female	4. Sex	5. Place of Birth a. County: Ada — b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Jackson Ownbey		7. State or Country of Father's Birth: Tennessee
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Smith		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel L. Marlatt	11. Present Address of Registrant: Rt #1 Eagle, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 27 1967	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: 9-28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 379164	Date Issued: ---	Date Orig. Entry: child born Sept. 2, 1943
	Date of Birth: Age 34	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Age 72		By whom issued and signed: Clifford Aaron Ownbey	Date Issued: June 27,1967	Date Orig. Entry: ----
	Date of Birth: Apr.29, 1909	Birth Place: Boise, Idaho	Full Name of Mother: (Smith) Mary Elizabeth Ownbey	Name of Father: Jackson Ownbey	
SUPPORTING RECORD 3.	Type of Document: School Transcript		By whom issued and signed: University of Idaho	Date Issued: Jun.16,1960	Date Orig. Entry: Matriculation Sept.16,1927
	Date of Birth: Apr.29,1909	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: Jackson Ownbey	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	June 27,1967

FORM BH 56067

6-26-67

JUL 6 - 1967

243-212-035-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-493

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pauline Evelyn Butler		2. Date of Birth (month) Dec (day) 12th (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Nez Perce County, Idaho b. City or Town of Birth: near Culdesac, Idaho
FATHER	6. Full Name of Father: Clarence Adelbert Butler		7. State or Country of Father's Birth: Linn County, Oregon
MOTHER	8. Full Maiden Name of Mother: Carrie Geiger		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pauline Evelyn Baker	11. Present Address of Registrant: 124 No. Columbia Connell, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: March 21, 1966 19	12. Signature of Notary: David W. Ross	13. Notary Commission expires: Feb 26, 1970 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: Sacred Heart Hospital, Spokane Washington, S. Higgin, Med. Rec.	Date issued: May 9, 1966	Date Orig. Entry: Dec. 17, 1957
	Date of Birth: Dec. 12, 1909 / Birth Place: Idaho	Full Name of Mother: Carrie Geiger	Name of Father: Clarence Butler	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Clarence Adelbert Butler	Date issued: May 5, 1966	Date Orig. Entry: -----
	Date of Birth: Dec. 12, 1909 / Birth Place: rural in Nez Perce County	Full Name of Mother: Carrie Geiger	Name of Father: Clarence Adelbert Butler	
SUPPORTING RECORD 3.	Type of Document: Marriage License #70365	By whom issued and signed: Salt Lake County, Utah	Date issued: May 12, 1966	Date Orig. Entry: Mar. 12, 1935
	Date of Birth: Age 25 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

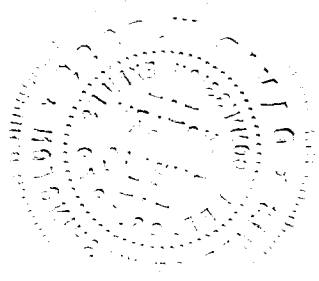
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	hh Glenda Larson	June 28, 1967

FORM BH 56067 #9652 (25) 4-25-66

JUN 28 1967



345-109-026-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-534

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LUNDQUIST, Oscar Earl
2. Date Of Birth (month) (day) (year): February 9 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Jefferson; b. City or Town of Birth: LaBelle, Idaho

FATHER

6. Full Name of Father: LUNDQUIST, Frans Gustaf
7. State or Country of Father's Birth: Vastmanland County V Farnebo, Sweden

MOTHER

8. Full Maiden Name of Mother: MATSON, Johanna Mathilda
9. State or Country of Mother's Birth: Upland Upsala Town, Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Oscar Earl Lundquist
11. Present Address of Registrant: Rt 4 Box 92, Idaho Falls, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: May 24th. 1967
12. Signature of Notary: Doris M Southwick
13. Notary Commission expires: Sept. 18th. 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #217876	-----	child born Dec. 19, 1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 24	La Bell, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister (bd. 1-18-1889)	Florence Christina Olsen	May 29, 1967	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 9, 1909	Labelle, Idaho Fremont County	Johanna Mathilda Matson Lundquist	Frans Gustaf Lundquist

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of first page of insurance policy	Gem State Mutual Life Assoc. INC. Pocatello, Idaho	Jan. 21, 1961	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 9, 1909	-----	-----	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	July 17, 1967

FORM BH 56067

JUL 17 1967

271-280-039-286

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-535

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Elizabeth Spalding		2. Date of Birth (month) (day) (year): April 30th 1909
	3. Color or Race: White-Am.	4. Sex: Female	5. Place of Birth a. County: Power; b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: Paul P. Spalding		7. State or Country of Father's Birth: Missouri - U.S.
MOTHER	8. Full Maiden Name of Mother: Carrie Elizabeth Short		9. State or Country of Mother's Birth: Missouri - U.S
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen E. Berlin	11. Present Address of Registrant: 311 W Main, Ribby Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 29 1967	12. Signature of Notary: [illegible]	13. Notary Commission expires: Sept. 19 196[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #1902291	By whom issued and signed: The Penn Mutual Life Ins.Co of Philadelphia	Date Issued: Feb.25,1935	Date Orig. Entry: Feb.11,1935
	Date of Birth: Apr.30,1909 / Birth Place: American Falls, Power Co., Idaho	Full Name of Mother: ---- -	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Carrie E. Spalding	Date Issued: May 15,1967	Date Orig. Entry: -----
	Date of Birth: Apr.30,1909 / Birth Place: American Falls, Idaho	Full Name of Mother: Carrie E. Short Spalding	Name of Father: Paul Persinger Spalding	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Record	Date Issued: May 31,1967	Date Orig. Entry: Obviously old
	Date of Birth: Apr.30,1909 / Birth Place: -----	Full Name of Mother: Carrie E. Spalding	Name of Father: Paul Persinger Spalding	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	July 17, 1967

FORM BH 56067

1 Copy Issued

JUL 17 1967

239-223-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-67-613

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALICE ODETTE STRONG		2. Date Of Birth (month) (day) (year): MARCH 23 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: ST. ANTHONY FREMONT; b. City or Town of Birth: ST. ANTHONY - IDAHO
FATHER	6. Full Name of Father: EDWARD ALLAN STRONG		7. State or Country of Father's Birth: IOWA
MOTHER	8. Full Maiden Name of Mother: SARAH SMITH		9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice O. Herrera	11. Present Address of Registrant: 433 NO. CHESTER - PASADENA
NOTARY (Seal)	Subscribed and sworn to before me on March 23 19 67	12. Signature of Notary: Freda M. Belangy Freda M. Belangy	13. Notary Commission expires: Freda M. Belangy My Commission Expires May 27, 1969

FREDA M. BELANGY
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Sarah Smith Strong	Date issued: Mar.23,1967	Date Orig. Entry: ———
	Date of Birth: Mar.23,1909 / Birth Place: St. Anthony, Idaho Fremont County	Full Name of Mother: Sarah "Smith" Strong	Name of Father: Edward Allen Strong	
SUPPORTING RECORD 2.	Type of Document: Cradle Roll Certificate	By whom issued and signed: 1st Methodist Episcopal Sunday School, Rev. Martin	Date issued: July 1,1909	Date Orig. Entry: July 1,1909
	Date of Birth: Mar.23,1909 / Birth Place: St.Anthony, Idaho	Full Name of Mother: Mrs. E. A. Strong	Name of Father: Mr. E. A. Strong	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #M183718	By whom issued and signed: John Hancock Mutual Life Ins. Co. of Boston, Mass.	Date issued: Mar.15,1939	Date Orig. Entry: Feb.23,1939
	Date of Birth: Mar.23,1909 / Birth Place: St.Anthony, Idaho	Full Name of Mother: Sarah Strong	Name of Father: ———	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	August 1, 1967

FORM BH 56067 1 cp [illegible] 366 (H) 7-17-67 gml

AUG 1 1967

617-118-031-964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-632

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Franklin Wagner			2. Date of Birth (month) July (day) 18 (year) 1909
	3. Color or Race	4. Sex: male	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Craigmont
FATHER	6. Full Name of Father: W. T. Wagner			7. State or Country of Father's Birth: Tennessee
MOTHER	8. Full Maiden Name of Mother: Maggie Romanger			9. State or Country of Mother's Birth: Tennessee
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Franklin Wagner		11. Present Address of Registrant: 312 26th Ave Lewiston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 20 1967	12. Signature of Notary		13. Notary Commission expires: 8-7- 1970

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: St. Joseph*s Hospital, Lewiston, Idaho	Date Issued: May 12, 1967	Date Orig. Entry: July 4, 1936	
	Date of Birth: Jul.18,1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding marriage records	By whom issued and signed: Walla Walla County, Washington	Date Issued: Apr.12, 1967	Date Orig. Entry: Nov.14,1931	
	Date of Birth: Age 22	Birth Place: Craigmont, Idaho	Full Name of Mother: Maggie Romanger	Name of Father: W. T. Wagner	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: W. T. Wagner	Date Issued: May 31, 1967	Date Orig. Entry: ------	
	Date of Birth: Jul.18,1909	Birth Place: Craigmont, Idaho	Full Name of Mother: Maggie Wagner	Name of Father: W. T. Wagner	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: August 18, 1967

FORM BH 56067

AUG 18 1967

432-227-010-614

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-646

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Wadsworth McKibben		2. Date of Birth (month) August (day) 27 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Bonneville	b. City or Town of Birth: Lincoln
FATHER	6. Full Name of Father: Charles McKibben		7. State or Country of Father's Birth: Ohio, U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Josephine Wadsworth		9. State or Country of Mother's Birth: Utah, U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Wadsworth McKibben	11. Present Address of Registrant: Box 104 Iona, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 10 19 67	12. Signature of Notary: Dixie Hunting	13. Notary Commission expires: April 1 19 70	

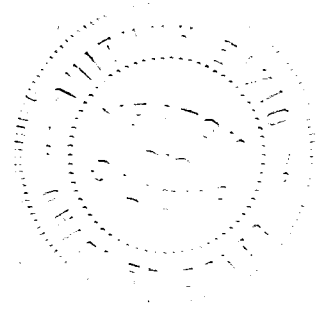
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of blessing	By whom issued and signed: IDS Church, Rex Odell Young, Clerk, Iona Ward	Date Issued: May 4,1967	Date Orig. Entry: blessed June 10,1910	
	Date of Birth: Aug.27,1909	Birth Place: Lincoln, Idaho Bonneville County	Full Name of Mother: Josephine Wadsworth	Name of Father: Charles McKibben	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend of family at time of birth	By whom issued and signed: Melissa Rockwood Age 81	Date Issued: Jul.10,1967	Date Orig. Entry: -----	
	Date of Birth: Aug.27,1909	Birth Place: Lincoln, Idaho	Full Name of Mother: Josephine Wadsworth	Name of Father: Charles McKibben	
SUPPORTING RECORD 3.	Type of Document: photocopy of first page of insurance policy	By whom issued and signed: Gem State Mutual Life Assoc. Inc. Pocatello, Idaho	Date Issued: Dec.20,1943	Date Orig. Entry: -----	
	Date of Birth: Aug.27,1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: August 21,1967

FORM BH 56067 Mailed (13 107) 6-7-67

AUG 2 1 1967



683-221-004-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-653

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marguerite Wyler			2. Date of Birth (month) March (day) 21 (year) 1909
	3. Color or Race: White	4. Sex: Fe	5. Place of Birth: a. County: Bear Lake; b. City or Town of Birth: Paris, Idaho	
FATHER	6. Full Name of Father: Charles Arthur Wyler			7. State or Country of Father's Birth: Switzer Land
MOTHER	8. Full Maiden Name of Mother: Louise Jonely			9. State or Country of Mother's Birth: Switzer Land
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marguerite Wyler Findlay		11. Present Address of Registrant: Soda Springs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on July 27 19 67	12. Signature of Notary: Kenneth M. Fowler Clerk of District Court; Lythe Eller Deputy		13. Notary Commission expires ____ 19 ____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #314173		Date Issued: -----	Date Orig. Entry: child born Mar.27,1941
	Date of Birth: Age 32	Birth Place: Paris, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age 71	By whom issued and signed: Edna L. Bolton		Date Issued: July 7,1967	Date Orig. Entry: -----
	Date of Birth: Mar.21,1909	Birth Place: Paris, Bear Lake County, Idaho	Full Name of Mother: Louise Jonely	Name of Father: Charles Arthur Wyler	
SUPPORTING RECORD 3.	Type of Document: Statement regarding employment records	By whom issued and signed: Ellis L.Williams,Supt. School Dist.#150 Soda Springs,Idaho		Date Issued: Jun.29,1967	Date Orig. Entry: Sept.1957
	Date of Birth: Mar.21,1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	August 21,1967

FORM BH 56067

5-5-67

AUG 22 1967

355-22-7016-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-697

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Boneta Lee		2. Date of Birth (month) May (day) 27 (year) 1909	
	3. Color or Race: Whtie	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Basin (Mail Oakley)
FATHER	6. Full Name of Father: Albert Doyle Lee		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Philadelphia Phillips		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bonita Day	11. Present Address of Registrant: Oakley, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 9, 1967	12. Signature of Notary: A R Nielson	13. Notary Commission expires: February 20 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of employment records	By whom issued and signed: Burley Processing Co., Idaho	Date Issued: -----	Date Orig. Entry: Feb. 26, 1962	
	Date of Birth: May 27,1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Record of Membership	By whom issued and signed: LDS Church, Dallis J.Christensen, Custodian of records	Date Issued: Jul.27,1967	Date Orig. Entry: blessed Oct.3,1909	
	Date of Birth: May 27,1909	Birth Place: Basin, Idaho	Full Name of Mother: Philadelphia Phillips	Name of Father: Albert D. Lee	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Burley Stake, 3rd Ward,Robert Ramsey,Bishop	Date Issued: Aug.20,1956	Date Orig. Entry: baptized Aug.4,1917	
	Date of Birth: May 27,1909	Birth Place: Basin, Idaho Cassia County	Full Name of Mother: Philadelphia Phillips	Name of Father: Albert D. Lee	

QUALIFYING INFORMATION: Statement regarding insurance policy made by Gem State Mutual Assoc. on July 17,1967 about policy #59294 issued Nov. 8, 1944 shows birthdate as May 27, 1909 and birthplace as Oakley, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Sept. 6, 1967

FORM BH 56067 nm. (D) 6-15-67 gml

SEP 6 1967

Bonita Day

Bonetta Lee Winter
May 27,1909
Basin, Idaho

553-215-023-513

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-700

OFFICIAL SEAL EDITH CONKLIN NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rhoda Caroline Nelson
2. Date Of Birth: (month) Apr. (day) 15 (year) 1909
3. Color or Race: White
4. Sex: F.
5. Place of Birth: a. County: Emmett, Idaho Gem; b. City or Town of Birth: Emmett

FATHER

6. Full Name of Father: David Nelson
7. State or Country of Father's Birth: Utah Utah County

MOTHER

8. Full Maiden Name of Mother: Rosannah Elvira Valentine
9. State or Country of Mother's Birth: Brigham, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rhoda Caroline Powell Nelson
11. Present Address of Registrant: 6541 Linwood st Bell Gardens Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: June 2 1967

12. Signature of Notary: Edith Conklin
13. Notary Commission expires: EDITH CONKLIN My Commission Expires Dec. 27, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: photocopy of own child's birth certificate #101439
By whom issued and signed: State of California, Sacramento County,
Date Issued: Jan.26,1949
Date Orig. Entry: child born June 9,1948
Date of Birth: Age 39
Birth Place: Idaho
Full Name of Mother: ——
Name of Father: ——

SUPPORTING RECORD 2.

Type of Document: photocopy of marriage license #59747
By whom issued and signed: Salt Lake County, Utah
Date Issued: Apr.10,1959
Date Orig. Entry: May 20,1930
Date of Birth: Age 21
Birth Place: ——
Full Name of Mother: ——
Name of Father: ——

SUPPORTING RECORD 3.

Type of Document: Duplicate of Certificate of Blessing
By whom issued and signed: LDS Church, Herman R. Langman Clerk, Grant Ward
Date Issued: Aug.1,1967
Date Orig. Entry: blessed July 4,1909
Date of Birth: Apr.15,1909
Birth Place: Emmett, Gem County, Idaho
Full Name of Mother: Rosanna Alvira Vallentine
Name of Father: David Nelson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: Sept. 6, 1967

FORM BH 56067 (P) 7-25-67 900

SEP 6 1967

154-101-022-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-706

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Perry James Anderson			2. Date of Birth (month) December (day) 1 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Clark
FATHER	6. Full Name of Father: James Christian Anderson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Martha Maud Perry			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Perry J. Anderson		11. Present Address of Registrant: Rt. 2 Box 161 Rigby Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 8-2 1967	12. Signature of Notary: Lyle Whiting		13. Notary Commission expires: 6-28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Inter-Mountain Life Ins. Co. Salt Lake City	Date issued: July 1,1925	Date Orig. Entry: July 1,1925
	Date of Birth: Dec.1,1909	Birth Place: Clark, Idaho	Full Name of Mother: Maud P. Anderson	Name of Father: James C. Anderson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Clark Ward, Nephi J. Bates, Clerk	Date issued: Feb.20,1918	Date Orig. Entry: baptized Dec.1,1917
	Date of Birth: Dec.1,1909	Birth Place: Clark, Idaho	Full Name of Mother: Martha M. Perry	Name of Father: James C. Anderson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth		By whom issued and signed: Lafey Anderson (bd.4/11/1893)	Date issued: Jun.22,1967	Date Orig. Entry: ------
	Date of Birth: Dec.1,1909	Birth Place: Clark, Idaho	Full Name of Mother: Martha Maud Perry Anderson	Name of Father: James Christian Anderson	
QUALIFYING INFORMATION					

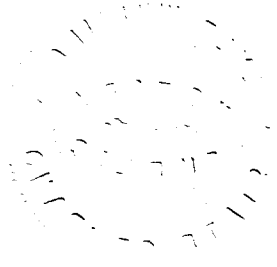
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Sept. 6, 1967

K FORM BH 56067 1 CP Pd rec # 15209 (A) 7-28-67

SEP 6 1967



DECLASSED

165-24-036-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-713

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ada Jones			2. Date of Birth (month) October (day) 24 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: George Wilford Jones			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Lillian Parry			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: × Ada Jones Hill		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: August 10 1967	12. Signature of Notary: Verne Crane		13. Notary Commission expires: Feb. 25 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Lillian Parry Jones	Date Issued: Aug 22,1960	Date Orig. Entry: ------
	Date of Birth: Oct.24,1909	Birth Place: Malad, Idaho	Full Name of Mother: Lillian Parry	Name of Father: George Wilford Jones	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 222449	Date Issued: ------	Date Orig. Entry: child born June 13, 1934
	Date of Birth: Age.24	Birth Place: Malad, Idaho	Full Name of Mother: --------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #101811		By whom issued and signed: Commercial Life Ins. Co. Phoenix, Arizona	Date Issued: Aug.27,1947	Date Orig. Entry: July 31,1946
	Date of Birth: Oct.24,1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: fc Glenda Larson	Date Filed: Sept. 6, 1967

FORM BH 56067

SEP 6 1967

819-130-015-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-730

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Denton Weaver Harris
2. Date Of Birth (month) (day) (year): Sept 30 1909
3. Color or Race: white
4. Sex: M
5. Place of Birth a. County: Caribou
b. City or Town of Birth: Davisville Soda Springs

FATHER

6. Full Name of Father: Franklin Weaver Harris
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Florence Pearl Balls
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Denton Weaver Harris
11. Present Address of Registrant: 51 N 2nd East Box 265 Soda Springs, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: June 26, 1967
12. Signature of Notary: Helen B. Kingsford
13. Notary Commission expires: August 14, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: duplicate of Certificate of Blessing
By whom issued and signed: LDS Church, Elder N.D.Thatcher Soda Springs 4th Ward
Date Issued: Jun.11,1967
Date Orig. Entry: blessed Jan.2,1910
Date of Birth: Sep.30,1909
Birth Place: Davisville, Idaho Caribou County
Full Name of Mother: Florence Pearl Balls
Name of Father: Franklin W. Harris

SUPPORTING RECORD 2.

Type of Document: Certified copy of application for license to marry #310
By whom issued and signed: Cache County Clerk's Office Utah
Date Issued: Jun.27,1961
Date Orig. Entry: Aug.2,1933
Date of Birth: Sep.30,1909
Birth Place: Idaho
Full Name of Mother: Florence Ball
Name of Father: F. W. Harris

SUPPORTING RECORD 3.

Type of Document: photocopy of hospital certificate of own child's birth
By whom issued and signed: Caribou County Hospital, Soda Springs, Idaho
Date Issued: ------
Date Orig. Entry: child born Aug.24,1955
Date of Birth: Sep.30,1909
Birth Place: Davisville, Idaho
Full Name of Mother: -----
Name of Father: -----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: Sept. 6, 1967

FORM BH 56067(H) 7-25-61 ... 1 appd no. #16102 (H) 7-31-67 gml

SEP 7 1967

Harris.

533-214-0664B

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-734

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ella Pinina Ellis		2. Date of Birth (month) February (day) 14 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Moreland
FATHER	6. Full Name of Father: Jesse Wiggle Ellis		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Augusta Bell Wall		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ella P. Ellis Hoffine	11. Present Address of Registrant: 625 West Pine, Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on June 26, 1967	12. Signature of Notary: Eula Lemmon	13. Notary Commission expires: June 7 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church certificate of birth		By whom issued and signed: LDS Church, Joseph Fielding Smith, Church Historian	Date Issued: Oct.5,1966	Date Orig. Entry: Feb.28,1915
	Date of Birth: Feb.14,1909	Birth Place: Moreland, Idaho Bingham County	Full Name of Mother: Augusta Wall	Name of Father: Jesse Ellis	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister (15 years older)		By whom issued and signed: Bessie E. Ellis Wheeler	Date Issued: Jun.26,1967	Date Orig. Entry: ----
	Date of Birth: Feb.14,1909	Birth Place: Mooreland, Idaho Bingham County	Full Name of Mother: Augusta Bell Wall	Name of Father: Jesse Wiggle Ellis	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record		By whom issued and signed: Bannock Memorial Hospital	Date Issued: ----	Date Orig. Entry: Jan.1,1959
	Date of Birth: Feb.14,1909	Birth Place: Moreland, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

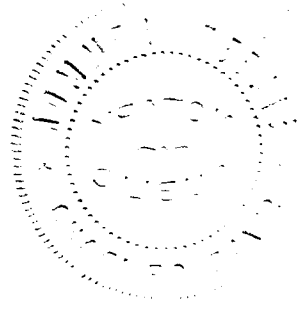
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Sept. 6, 1967

FORM BH 56067

E-20-66

SEP 6 1967



46623-003-42

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-757

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WALTER R. James MOORE [redacted]
2. Date Of Birth: (month) July (day) 23 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County IDAHO was BANNOCK (now Caribou); b. City or Town of Birth: Soda SPRINGS, Idaho

FATHER

6. Full Name of Father: ALBERT FRANKLIN MOORE
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: LAURA MABLE DIKE
9. State or Country of Mother's Birth: IOWA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Walter James Moore
11. Present Address of Registrant: Soda SPRINGS, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: June 26th 1967

12. Signature of Notary: [signature]
13. Notary Commission expires: July 1st, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of insurance record	Beneficial Protective Assoc. Pocatello, Idaho	Feb.25,1942	Feb.25,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jul.23,1909	Soda Springs,Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #237075	-----	child born Aug.15,1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 26	Soda Springs,Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for social security #518-22-4035	Social Security Adm.	-----	Dec.30,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jul.23,1909	Soda Springs,Ida. Caribou County	Laura Mable Dyke	Albert Frank Moore

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml Glenda Larson	Sept.22,1967

FORM BH 56067

(m) 7-31-67 gml

SEP 22 1967

819-22-1009-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-768

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Genevieve Mildred Hazen			2. Date of Birth (month) June (day) 27 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Sandpoint
FATHER	6. Full Name of Father: Raymond Marsh Hazen			7. State or Country of Father's Birth: Sioux City, Iowa
MOTHER	8. Full Maiden Name of Mother: Florence Bridget White			9. State or Country of Mother's Birth: Prescott, Ontario (Canada)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Genevieve Mildred Peters		11. Present Address of Registrant: 1910 NE 66th, Apt. A Portland, Oregon 97213
NOTARY (Seal)	Subscribed and sworn to before me on: March 20 19 67	12. Signature of Notary: Evelyn N. Lines		13. Notary Commission expires: Sept. 16 19 69

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy #421499	By whom issued and signed: Bankers Life Co., Des Moines Iowa		Date Issued: ----	Date Orig. Entry: Feb.10,1947
	Date of Birth: Jun.27,1909	Birth Place: Sandpoint, Idaho	Full Name of Mother: Florence B. Hazen	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage certificate #48768 A	By whom issued and signed: Spokane County, Washington		Date Issued: May 16,1966	Date Orig. Entry: May 7, 1934
	Date of Birth: Age 24	Birth Place: Idaho	Full Name of Mother: Florence White	Name of Father: Ray M. Hazen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt (bd. 1-28-1891)	By whom issued and signed: Rose White Heidloff		Date Issued: Mar.22,1967	Date Orig. Entry: ------
	Date of Birth: Jun.27,1909	Birth Place: Sandpoint, Idaho Bonner County	Full Name of Mother: Florence Bridget White Hazen	Name of Father: Raymond Marsh Hazen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Sept.22,1967

FORM BH 56067

4-7-68

SEP 22 1967

236-205-042-514

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-774

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Leone Stout			2. Date Of Birth (month) July (day) 5 (year) 1909
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: TwinFalls / a. County: Idaho ~~Jerome~~	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: David Allen Stout			7. State or Country of Father's Birth: Ogden Utah
MOTHER	8. Full Maiden Name of Mother: Lucy Eames Lucy (Stout) Zimmerman			9. State or Country of Mother's Birth: Almo, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma Leone (Stout) Hull		11. Present Address of Registrant: Portland Oregon 3707 S.W. 52nd Pl
NOTARY (Seal)	Subscribed and sworn to before me on: June 8th, 1967 19	12. Signature of Notary: Wyman J Fuzzy		13. Notary Commission expires: August 19th 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Ogden, Utah	Date Issued: ------	Date Orig. Entry: baptized Mar.31,1918
	Date of Birth: July 5,1909 / Birth Place: Twin Falls, Idaho	Full Name of Mother: Lucie Eames	Name of Father: David A. Stout	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Lucy Stout Zimmerman	Date Issued: Jul.28,1967	Date Orig. Entry: ------
	Date of Birth: July 5,1909 / Birth Place: Twin Falls, Idaho	Full Name of Mother: Lucy Eames Stout Zimmerman	Name of Father: David Allen Stout	
SUPPORTING RECORD 3.	Type of Document: Statement regarding employment records	By whom issued and signed: Hartfield Store, Portland, Oregon, M.Driscall, Manager	Date Issued: Aug.4,1967	Date Orig. Entry: Sept.18,1954
	Date of Birth: July 5,1909 / Birth Place: Twin Falls, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

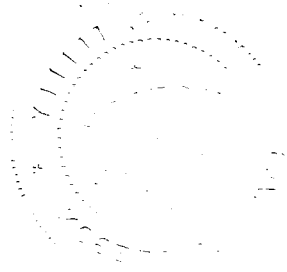
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept. 25,1967

FORM BH 56067

(12 ...)

(A) 9-7-67

SEP 25 1967



279-125-006-335

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67=784

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ernest Melchoir Spraker			2. Date of Birth: (month) April (day) 25 (year) 1909	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Bingham	b. City or Town of Birth: Blackfoot	
FATHER	6. Full Name of Father: Irvin J. Spraker			7. State or Country of Father's Birth: Mt. Pleasant, Iowa	
MOTHER	8. Full Maiden Name of Mother: Flora E. Clar			9. State or Country of Mother's Birth: Adel, Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ernest Melchoir Spraker		11. Present Address of Registrant: Route 4 North Box 61 Pocatello Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: September 5 1967	12. Signature of Notary: Vernon H. Powell		13. Notary Commission expires: My Commission expires March 30, 1971	

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: family records	By whom issued and signed: Family Records		Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Apr.25,1909	Birth Place: -----	Full Name of Mother: Flora Clar	Name of Father: Ervin J. Spraker	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #51-15072		Date Issued: -----	Date Orig. Entry: child born Dec.20,1951
	Date of Birth: Age 42	Birth Place: Blackfoot, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #141531	By whom issued and signed: The Capitol Life Ins. Co.		Date Issued: Nov.16,1945	Date Orig. Entry: Nov.16,1945
	Date of Birth: Apr.25,1909	Birth Place: Blackfoot, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept.27,1967

FORM BH 56067 2nd form sent 7-18,67 1 copy paid rec. 561

SEP 27 1967

555-207-036-551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-806

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Portia Neeley		2. Date of Birth (month) (day) (year): Feb. 7 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Riverdale
FATHER	6. Full Name of Father: Leslie Armenius Neeley		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Evans		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Portia N. Hull	11. Present Address of Registrant: 18 So. 2nd E. Preston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 5 1967	12. Signature of Notary: Glenn Evans	13. Notary Commission expires: Nov 17 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, A.M. Neeley, Elder	Date Issued: Apr.11,1909	Date Orig. Entry: blessing date April 4,1909
	Date of Birth: Feb.7,1909 / Birth Place: Riverdale, Oneida County, Idaho	Full Name of Mother: Mary Evans	Name of Father: Leslie A. Neeley	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, James Woolf, Elder	Date Issued: Mar.8,1911	Date Orig. Entry: baptized Feb.7,1917
	Date of Birth: Feb.7,1909 / Birth Place: Riverdale, Idaho	Full Name of Mother: Mary Evans	Name of Father: Leslie A. Neeley	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mary Evans Neeley	Date Issued: Sept.18,1967	Date Orig. Entry: -----
	Date of Birth: Feb.7,1909 / Birth Place: Riverdale, Idaho Oneida County	Full Name of Mother: Mary Evans Neeley	Name of Father: Leslie Armenius Neeley	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

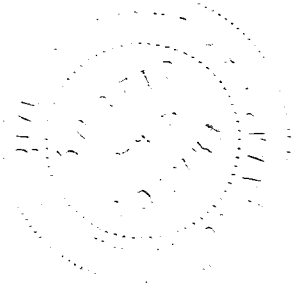
State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Sept.27,1967

FORM BH 56067 2 copy paid rec. 12166 (H) 5-5-67 gml #14843 (H) 6-12-

Hull

Portia Neeley
Feb. 7, 1909
Riverdale, Idaho

SEP 28 1967



829 -693-223-001-881

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-829

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Elizabeth Williams		2. Date of Birth (month) Oct. (day) 23 (year) 1909
	3. Color or Race: White	4. Sex	5. Place of Birth a. County: Eagle Idaho Ada; b. City or Town of Birth
FATHER	6. Full Name of Father: William Thomas Williams		7. State or Country of Father's Birth: Smith Co. Kansas
MOTHER	8. Full Maiden Name of Mother: Izetta May Clark Williams		9. State or Country of Mother's Birth: Rathborn, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Elizabeth Williams Wonacott	11. Present Address of Registrant: Rt 1 2119-N-24 St. Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 5, 1967	12. Signature of Notary: Van K Henderlider	13. Notary Commission expires: September 5, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle Age 70	By whom issued and signed: Thomas Orman Clark	Date Issued: Oct.5,1967	Date Orig. Entry: ----
	Date of Birth: Oct.23,1909 / Birth Place: Eagle, Idaho	Full Name of Mother: Izetta May Williams (Clark)	Name of Father: William Thomas Williams	
SUPPORTING RECORD 2.	Type of Document: Notorized copy of Family Record	By whom issued and signed: Family Bible	Date Issued: Oct.4,1967	Date Orig. Entry: Original obviously old
	Date of Birth: Oct.23,1909 / Birth Place: Eagle, Idaho	Full Name of Mother: Izetta May Clark	Name of Father: WIlliam Thomas Williams	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: St. Lukes Hospital - Boise	Date Issued: July 4,1946	Date Orig. Entry: July 4,1946
	Date of Birth: Oct. 23, 1909 / Birth Place: Eagle, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Oct. 5, 1967

FORM BH 56067

9-25-67

OCT 6 1967

391-219-021-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-838

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Agnes Afton Crawford			2. Date of Birth (month) December (day) 19 (year) 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Franklin
FATHER	6. Full Name of Father: William Wilson Crawford			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Rachel Sloan			9. State or Country of Mother's Birth: Scotland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 27 1967	12. Signature of Notary: Rosemary Albee		13. Notary Commission expires: 12-2 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L.D.S. Church- S.C. Parkinson (Bishop)	Date Issued: Jan.30,1910	Date Orig. Entry: Blessed Jan. 30,1910	
	Date of Birth: Dec.19,1909	Birth Place: Franklin, Idaho	Full Name of Mother: Rachel Sloan	Name of Father: William Wilson Crawford	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: William Wilson Crawford	Date Issued: Aug.25,1967	Date Orig. Entry: -----	
	Date of Birth: Dec.19,1909	Birth Place: Franklin, Idaho	Full Name of Mother: Rachel Sloan Crawford	Name of Father: William Wilson Crawford	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate #207	By whom issued and signed: State of Utah, Division of Vital Statistics	Date Issued: -----	Date Orig. Entry: child born Jan.17,1941	
	Date of Birth: Age 31	Birth Place: Franklin, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Larson	Evidence reviewed by: /c Glenda Larson	Date Filed: Oct. 5, 1967		

FORM BH 56067

OCT 6 1967

656-204-016-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-839

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Merna Fewkes		2. Date of Birth (month) Feb (day) 4 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Burley, Ida. Cassia; b. City or Town of Birth: View mail Burley
FATHER	6. Full Name of Father: James Herbert Fewkes		7. State or Country of Father's Birth: Upton, Summit Co. Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Elizabeth Bailey		9. State or Country of Mother's Birth: Jaub, Jaub Co. Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Merna Fewkes Warren	11. Present Address of Registrant: Route 3, Box 168, Burley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 25 19 67	12. Signature of Notary: Geo Searle Jr	13. Notary Commission expires: Jan. 22 19 68

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #183067	Date Issued: -----	Date Orig. Entry: child born June 7,1930
	Date of Birth: Age 21 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of baptism and confirmation	By whom issued and signed: IDS Church, View Ward, A.C. Woodbury, Bishop	Date Issued: -----	Date Orig. Entry: baptized June 30,1917
	Date of Birth: Feb.4,1909 / Birth Place: View, Cassia County, Idaho	Full Name of Mother: Elizabeth Bailey	Name of Father: J. Herbert Fewkes	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Mutual Life Ins. Co. of New York	Date Issued: -----	Date Orig. Entry: Apr.18,1941
	Date of Birth: Feb.4,1909 / Birth Place: near Burley, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Oct. 5, 1967

FORM BH 56067 [illegible] #16836 (W) 7-11-[illegible]

OCT 6 1967

Edith Merna Fewkes (Warren)
February 4, 1909
Cassia County, Idaho

468-22-035-659

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-840

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cecilia Clara Dwyer		2. Date Of Birth (month) 10 (day) 21 (year) 09
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Genesee, Idaho - Nez Perce; b. City or Town of Birth: Genesee, Idaho
FATHER	6. Full Name of Father: Thomas Dwyer		7. State or Country of Father's Birth: Ireland
MOTHER	8. Full Maiden Name of Mother: Mary Ferguson		9. State or Country of Mother's Birth: Ireland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mr. George Schulze	11. Present Address of Registrant: P.O. Box 602 Winchester, Id
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 28 1967	12. Signature of Notary: Wendell B. Smith	13. Notary Commission expires: Nov. 16, 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth		By whom issued and signed: Florence J. Bielenberg Age 73	Date Issued: Aug.2,1967	Date Orig. Entry: -----
	Date of Birth: Oct.21,1909	Birth Place: Genesee, Idaho	Full Name of Mother: Mary Ferguson Dwyer	Name of Father: Thomas Dwyer	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: Church of St. Marys, Genesee, Idaho, Roman Catholic Church	Date Issued: Jul.30,1967	Date Orig. Entry: baptized Oct.27,1909
	Date of Birth: Oct.21,1909	Birth Place: Genesee, Idaho	Full Name of Mother: Mary Ferguson	Name of Father: Thomas Dwyer	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance		By whom issued and signed: Blue Cross, Northwest Hospital Service	Date Issued: -----	Date Orig. Entry: Mar.27,1962
	Date of Birth: Oct.21,1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

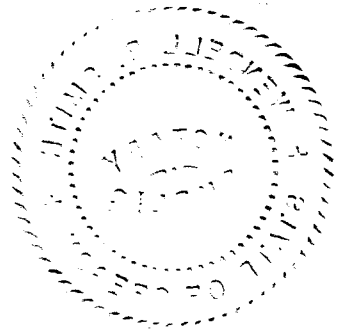
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 5, 1967

FORM BH 56067

7-21-67

Schulze

OCT 12 1967



319-107.016-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-869

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN CLYDE CARSON			2. Date Of Birth (month) 6 (day) 7 (year) 1909	
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: CASSIA	b. City or Town of Birth: OAKLEY IDA.	
FATHER	6. Full Name of Father: JOHN ALMA CARSON			7. State or Country of Father's Birth: UTAH U.S.A.	
MOTHER	8. Full Maiden Name of Mother: ANNIE LOUISE LARSON			9. State or Country of Mother's Birth: SWEDEN	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: John C. Carson	11. Present Address of Registrant: 1407 MAPLE AVE. TWIN FALLS IDA	
NOTARY (Seal)	Subscribed and sworn to before me on: October 3 1967		12. Signature of Notary: William J. Tongs	13. Notary Commission expires: May 3 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #243625	Date Issued: -----	Date Orig. Entry: child born Apr.22,1936
	Date of Birth: Age: 26	Birth Place: Oakley, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Records	Date Issued: -------	Date Orig. Entry: obviously old
	Date of Birth: June 7,1909	Birth Place: -----	Full Name of Mother: Annie L. Carson	Name of Father: John A. Carson	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy 330817		By whom issued and signed: Order of United Commercial Travelers of America	Date Issued: Apr.7,1942	Date Orig. Entry: Mar.20,1942
	Date of Birth: June 7,1909	Birth Place: Oakley, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	Glenda Larson	October 11, 1967

FORM BH 56067 NM1.

(C) 7-21-67 mmf

OCT 1 1 1967

87 363-214001-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-883

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Alberta Locke			2. Date of Birth (month) October (day) 14 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Edward Thomas Locke			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: May Melvina Maynard			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera Locke Wilson		11. Present Address of Registrant: 1717 SW Park Ave #514 Portland Oregon 97201
NOTARY (Seal)	Subscribed and sworn to before me on July 31, 1967	12. Signature of Notary: Elizabeth F. Jamie		13. Notary Commission expires 5-16 19~~69~~71

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age 68	By whom issued and signed: Stella Locke Adkins	Date Issued: Aug.3,1967	Date Orig. Entry: ----
	Date of Birth: Oct.14,1909 / Birth Place: Boise, Idaho	Full Name of Mother: May Melvina Maynard	Name of Father: Edward Thomas Locke	
SUPPORTING RECORD 2.	Type of Document: Appl for Social Security	By whom issued and signed: 519-12-9195 Treasury Dept.	Date Issued: Sept.27,1939	Date Orig. Entry: Sept.27,1939
	Date of Birth: Oct.14,1909 / Birth Place: Boise, Idaho	Full Name of Mother: May Maynard	Name of Father: Edward Locke	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 207543	Date Issued: ----	Date Orig. Entry: child born Nov.20,1932
	Date of Birth: Age 23 / Birth Place: Boise, Idaho	Full Name of Mother: -------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Sept 12,1967

FORM BH 56067

OCT 12 1967

José Birth Cert # 207543

653-108-013-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-884

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wade Glen Wells		2. Date of Birth (month) August (day) 8 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Camas; b. City or Town of Birth: Fairfield
FATHER	6. Full Name of Father: George Wylie Wells		7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Minnie Esterline Mink		9. State or Country of Mother's Birth: Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wade G. Wells	11. Present Address of Registrant: 117 Paasley St, Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 4th day of October 1967	12. Signature of Notary: Evelyn Nystrom	13. Notary Commission expires: October 15 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 82	By whom issued and signed: Carrie I. Patterson	Date Issued: Oct.12,1967	Date Orig. Entry: -----	
	Date of Birth: Aug 8,1909	Birth Place: Fairfield, Idaho	Full Name of Mother: Minnie E. Wells	Name of Father: George W. Wells	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Northwestern Mutual Life Ins.	Date Issued: Feb.7,1933	Date Orig. Entry: Feb.7,1933	
	Date of Birth: Aug 8,1909	Birth Place: Fairfield, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 280327	Date Issued: ----	Date Orig. Entry: child born May 20,1939	
	Date of Birth: Age29	Birth Place: Fairfield, Ida.	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

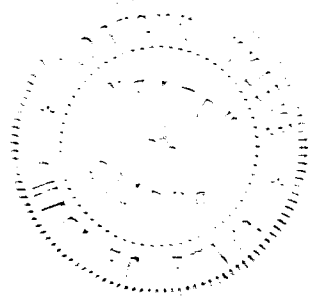
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Oct. 12, 1967

FORM BH 56067

called in 8/6/65 gml. nm. (Wells)

OCT 12 1967



351-124-033-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-889

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gilbert Berry Leatham			2. Date Of Birth (month) (day) (year): February 24 1909
	3. Color or Race: white	4. Sex: m	5. Place of Birth a. County: Fremont (now Madison)	b. City or Town of Birth: Hibbard Precinct (mail Rexburg)
FATHER	6. Full Name of Father: Rex Allen Leatham			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Julia May Berry			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gilbert Berry Leatham		11. Present Address of Registrant: Rt. 1, Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 27th of July 1967.	12. Signature of Notary: Lay w. Ligby		13. Notary Commission expires: January 26 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #263269	Date Issued: -----	Date Orig. Entry: child born Feb.1,1938	
	Date of Birth: Age 28	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #1387104	By whom issued and signed: Occidental Life Ins. Co. of California	Date Issued: Apr.21,1943	Date Orig. Entry: Apr.21,1943	
	Date of Birth: Feb.24,1909	Birth Place: Rexburg, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle Age:83	By whom issued and signed: Arthur F. Berry	Date Issued: Oct.9,1967	Date Orig. Entry: -----	
	Date of Birth: Feb.24,1909	Birth Place: Hibbard Precinct, Fremont now Madison, Idaho	Full Name of Mother: Julia May Berry Leatham	Name of Father: Rex Allen Leatham	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	October 16,1967

FORM BH 56067 (4) 10-5-

OCT 16 1967

236-212-014-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-911

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alzina Kloepfer		2. Date of Birth (month) December (day) 12 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Henry P. Kloepfer		7. State or Country of Father's Birth: Logan, Utah
MOTHER	8. Full Maiden Name of Mother: Clarrissa Alzina Brown		9. State or Country of Mother's Birth: Logan, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alzina K. Thornton	11. Present Address of Registrant: Route I Kuna
NOTARY (Seal)	Subscribed and sworn to before me on: October 24 1967	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Geo. W. Fuhriman, Elder	Date issued: Jul.16,1918	Date Orig. Entry: baptized June 1,1918
	Date of Birth: Dec.12,1909 / Birth Place: Nampa, Idaho	Full Name of Mother: Clarrissa A. Brown	Name of Father: Henry P. Kloepfer	
SUPPORTING RECORD 2.	Type of Document: Certified copy of record of birth filed in County Office	By whom issued and signed: Canyon County, Idaho; County Recorder's Office #1251 pg.57	Date issued: Mar.23,1967	Date Orig. Entry: ----
	Date of Birth: Dec.12,1909 / Birth Place: Nampa, Idaho Canyon County	Full Name of Mother: Clarrissa Alzina Brown Kloeffer	Name of Father: Henry P. Kloeffer	
SUPPORTING RECORD 3.	Type of Document: Insurance policy #3,970,395	By whom issued and signed: The Mutual Life Ins. Co. of New York	Date issued: Apr.16,1928	Date Orig. Entry: Mar.18,1928
	Date of Birth: Dec.12,1909 / Birth Place: Nampa, Idaho	Full Name of Mother: Clarrissa B. Kloepfer	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Oct. 25, 1967

K

FORM BH 56067 1 cc. pd. Rec# 22884. (T) 7-17-67 gmf

Director

OCT 25 1967
MAY 2 1974

MAR 24 1971

DECEASED

463-222-021-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-946

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Emma Mockli
2. Date Of Birth (month) (day) (year): May 22 1909.
3. Color or Race: White
4. Sex: F.
5. Place of Birth: [redacted] a. County: Franklin
b. City or Town of Birth: Preston.

FATHER

6. Full Name of Father: Heinrich Mockli
7. State or Country of Father's Birth: Switzerland.

MOTHER

8. Full Maiden Name of Mother: Freida Kristen Christen
9. State or Country of Mother's Birth: Switzerland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Emma Mockli Moore
11. Present Address of Registrant: Soda Springs, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 27 1967
12. Signature of Notary: [signature]
13. Notary Commission expires: Oct. 20 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #180376	-----	child born Apr.18,1930
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 20 / Preston, Idaho	-----	-----	
SUPPORTING RECORD 2.	Affidavit by father	Heinrich Mockli	Oct.12,1967	-----
	May 22,1909 / Preston, Idaho Franklin County	Freida Kristen Christen	Heinrich Mockli	
SUPPORTING RECORD 3.	Statement regarding church records	LDS Church, Soda Springs, Ida. Milton B.Gambles, Bishop	Oct. 22,1967	made out in 1909 reviewed 8-28-45
	May 22,1909 / Preston, Franklin County, Idaho	Freida Kresten	Heinrick Mockli	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	November 1,1967

FORM BH 56067

(m) 9-20-67 gml

NOV 1 1967

767-115-003-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-953

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melvin LeRoy Poppleton		2. Date of Birth (month) (day) (year): September 15, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Albert Poppleton		7. State or Country of Father's Birth: Wellsville, Utah
MOTHER	8. Full Maiden Name of Mother: Lizzie Rankin		9. State or Country of Mother's Birth: Franklin, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melvin LeRoy Poppleton	11. Present Address of Registrant: 284 Lorenson Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 13 1967	12. Signature of Notary: Mabel M Fennell	13. Notary Commission expires: April 17 1970

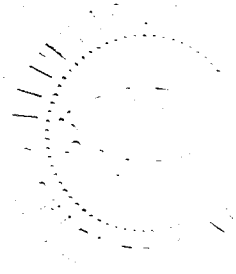
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County Record of birth		By whom issued and signed: Bannock County - Pocatello	Date Issued: May 6,1943	Date Orig. Entry: Sept.15,1909
	Date of Birth: Sept.15,1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Lizzie Rankin	Name of Father: Albert Poppleton	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: on file- Idaho @215236	Date Issued: ---	Date Orig. Entry: child born Sept.16,1933
	Date of Birth: Age 24	Birth Place: Pocatello, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Insurance policy #224512		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: May 1,1942	Date Orig. Entry: April 15,1942
	Date of Birth: Sep.15,1909	Birth Place: Pocatello, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: fc Glenda Larson	Date Filed: November 1,1967

FORM BH 56067

NOV 2 1967



731-115-005-643

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-964

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fred Ely Plank			2. Date of Birth (month) april (day) 15 (year) 1909
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Clark Fork
FATHER	6. Full Name of Father: Albert Wesley Plank			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Lydia Fuller			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred Ely Plank.		11. Present Address of Registrant: Rt 2 Box 134 Hood River Ore
NOTARY (Seal)	Subscribed and sworn to before me on: June 23 1967	12. Signature of Notary: Harvey E. Cropper		13. Notary Commission expires: Jan 15 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital record of own child's birth		By whom issued and signed: Holy Rosary Hospital, Ontario Oregon	Date Issued: -----	Date Orig. Entry: child born May 20, 1944
	Date of Birth: Apr. 15, 1909	Birth Place: Clark Fork, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital records #4346		By whom issued and signed: Hood River Memorial Hospital Hood River, Oregon	Date Issued: ----	Date Orig. Entry: Feb. 14, 1951
	Date of Birth: Apr. 15, 1909	Birth Place: Clarksford, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person with personal knowledge of birth		By whom issued and signed: Edna Burks Age: 79	Date Issued: Oct. 19, 1967	Date Orig. Entry: ----
	Date of Birth: Apr. 15, 1909	Birth Place: Clark Fork, Idaho	Full Name of Mother: Lidia Fuller Plank	Name of Father: Albert Westley Plank	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: November 9, 1967

FORM BH 56067

1 copy issued, #17323 (P) 8-22-67 gml

NOV 1 4 1967
NOV 1 4 1975

253-207-003-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-973

JOSEPH De CIERO
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
KERN COUNTY

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Hazel Elizabeth Bennett
2. Date of Birth: April 7 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Pocatello, Idaho
6. Full Name of Father: Thomas Edward Bennett
7. State or Country of Father's Birth: England
8. Full Maiden Name of Mother: BN Georgiana Hansen
9. State or Country of Mother's Birth: Des Moines, Iowa

AFFIDAVIT (Seal)

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hazel Elizabeth Bennett
11. Present Address of Registrant: 3055 Spruce Street Bakersfield, California

Subscribed and sworn to before me on: October 30, 1967

12. Signature of Notary: Joseph De Ciero
13. Notary Commission expires: JOSEPH De CIERO, Notary Public My Commission Expires Aug. 29, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	certified copy of own child's birth certificate	State of California, Vital Statistics Section	Oct.4,1944	child born Feb.14,1933
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 23 / Idaho	———	———	
SUPPORTING RECORD 2.	Certificate of Record of membership	LDS Church	Jul.27,1967	baptized May 4,1918
	Apr.7,1909 / Pocatello, Idaho	Georganna Hansen	Thomas E. Bennett	
SUPPORTING RECORD 3.	Affidavit by half-brother	George R. Christensen (born Sept. 5, 1898)	Jul.17,1967	———
	Apr.7,1909 / Pocatello, Idaho	Georgiana Hansen Christensen	Thomas Edward Bennett	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	Nov.15,1967

FORM BH 56067

6-26-67

Petry

NOV 1 6 1967

513-110-038-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-977

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Monroe Nall		2. Date of Birth (month) May (day) 10 (year) 1909
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Payette; New Plymouth- (unknown) b. City or Town of Birth: New Plymouth, Idaho
FATHER	6. Full Name of ~~Father~~: Lottie Mabel Miller (Mother)		7. State or Country of Father's Birth: ~~Illinois~~ Nebraska
MOTHER	8. Full Mai~~[illegible]~~er: James Monroe Nall (Father)		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Monroe Nall	11. Present Address of Registrant: 1777-7th. Ave.
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 28, 1967	12. Signature of Notary: Lucille Hengel	13. Notary Commission expires: LUCILLE HENGEL My Commission Expires April 19, 1968

OFFICIAL SEAL LUCILLE HENGEL NOTARY PUBLIC PRINCIPAL OFFICE BUTTE COUNTY

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Lottie Nall Hull	Date issued: Oct.28,1967	Date Orig. Entry: ———
	Date of Birth: May 10,1909	Birth Place: New Plymouth,Ida.	Full Name of Mother: Lottie Mable Miller	Name of Father: James Monroe Nall	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Bible record	Date issued: ———	Date Orig. Entry: obviously old
	Date of Birth: May 10,1909	Birth Place: ———	Full Name of Mother: ———	Name of Father: James M. Nall	
SUPPORTING RECORD 3.	Type of Document: photocopy of military discharge record		By whom issued and signed: Army of the United States. Gus H. Ashcraft, Major AC	Date issued: July 2,1945	Date Orig. Entry: enlisted July 22,1939
	Date of Birth: May 10,1909	Birth Place: New Plymouth,Ida.	Full Name of Mother: ———	Name of Father: ———	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Nov. 15, 1967

FORM BH 56067

10-23-67

NOV 1 6 1967

691-229-028-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1011

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marvelle Elizabeth Fraley		2. Date of Birth (month) (day) (year): July 29 1909
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Post Falls, Kootenai — b. City or Town of Birth: Post Falls
FATHER	6. Full Name of Father: John J Fraley		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Mable B Jacobs		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marvelle E Fraley	11. Present Address of Registrant: 304 Birch Coeur d'Alene Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 14, 1967 19	12. Signature of Notary: Harry Hoff	13. Notary Commission expires: February 1, 1971 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Hospital certificate of own child's birth	Sacred Heart Hospital, Spokane, Washington	———	child born Oct.10,1935
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jul.29,1909 / Idaho	———	———	
SUPPORTING RECORD 2.	transcript of school record	Coeur d'Alene Senior High School, Coeur d'Alene, Idaho	———	graduated May 1927
	Jul.29,1909 / ———	———	J. J. Fraley	
SUPPORTING RECORD 3.	photocopy of application for insurance policy	Metropolitan Life Ins. Co.	Jan.30,1928	Dec.30,1927
	Jul.29,1909 / Post Falls,Idaho	Mabel B. Fraley	John J. Fraley	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Larson	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 7, 1967

K

FORM BH 56067

8-6-65

DEC 8 1967

DECEASED

391-107-006-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1032

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edward Wheeler Trahan
2. Date Of Birth (month) May (day) 7 (year) 1909
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Fort Hall

FATHER

6. Full Name of Father: Wilford Jules Trahan
7. State or Country of Father's Birth: Canada

MOTHER

8. Full Maiden Name of Mother: Lucy Mary Ellen Ortiz Trahan
9. State or Country of Mother's Birth: Montana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edward Wheeler Trahan
11. Present Address of Registrant: 732 North Grant Pocatello Idaho

NOTARY (Seal)

Subscribed and sworn to before me on October 22 1967

12. Signature of Notary: Theressa E. Wheatley
13. Notary Commission expires: July 19[illegible]

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of military discharge paper	U. S. Army, H. E. Richter, WOJG USA	Separated Mar,6,1946	inducted Dec.13,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 7,1909	Fort Hall, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
copy of personnel security questionnaire	U.S. Atomic Energy Commission		

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 7,1909	Fort Hall, Idaho Bingham County	Lucy Mary Ellen Ortiz, Trahan Dominges, Bernal	Wilford Jules Trahan

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by uncle who was present at time of birth	Charles H. Ortiz (died 10-10-1965)	Nov.16,1967	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 7,1909	Fort Hall, Idaho	Lucy Mary Ellen Ortiz, Trahan, Dominges, Bernal.	Wilford Jules Trahan

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Larson

Evidence reviewed by: SM gml Glenda Larson

Date Filed: Dec. 8, 1967

FORM BH 56067

[illegible] Fall Nov 21321

(T) 11 2 [illegible]

DEC 8 1967

389-203-028-754

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1038

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clara Marie Christoffersen
2. Date Of Birth: (month) Jan. (day) 3 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Kootenai; b. City or Town of Birth: Coeur d'Alene, Idaho

FATHER

6. Full Name of Father: Bernhard Angell Christoffersen
7. State or Country of Father's Birth: Vesteraalen, Norway

MOTHER

8. Full Maiden Name of Mother: Martha Wilhelmina Pedersen
9. State or Country of Mother's Birth: Vesteraalen, Norway

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clara Christoffersen
11. Present Address of Registrant: 1202-6th St. c/o Coeur d'Alene, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on _____ 19____

12. Signature of Notary: Larry Veth
13. Notary Commission expires: 2/1/71 19____

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #232517	-----	child born Apr.19,1935
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age:26 / Coeur d'Alene, Idaho	-----	-----	
SUPPORTING RECORD 2.	certified copy of marriage certificate #45980 A	Spokane County, Washington County Auditor's Office	Feb.15,1960	Jan.23,1932
	Age:23 / Coeur d'Alene, Ida.	Martha Pederson	Bernard Christoffersen	
SUPPORTING RECORD 3.	transcript of school records	Coeur d'Alene Senior High School, Idaho	-----	Sept. 1923
	Jan.3,1909 / ----	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: D W Benson
Evidence reviewed by: Glenda Larson
Date Filed: Dec. 8, 1967

FORM BH 56067

2-8-60 one copy paid #20080

DEC 8 1967

955-216-036-955

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-017
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MAE ELIZA REES			2. Date Of Birth (month) MAY (day) 16 (year) 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: SAMARIA, IDAHO ONEIDA	b. City or Town of Birth: SAMARIA, IDAHO ONEIDA
FATHER	6. Full Name of Father: GOMER V. REES			7. State or Country of Father's Birth: CHERRY CREEK, IDAHO ONEIDA
MOTHER	8. Full Maiden Name of Mother: ELIZA M. REES			9. State or Country of Mother's Birth: SAMARIA, IDAHO ONEIDA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mae Rees Mifflin		11. Present Address of Registrant: 487250 3100 W. Roy Lt.
NOTARY (Seal)	Subscribed and sworn to before me on: January 4th 1967	12. Signature of Notary: Stanley R. Gaskey		13. Notary Commission expires: March 4 1970

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #192327	Date issued: -----	Date Orig. Entry: child born June 26,1931
Class*	Date of Birth: Age 22	Birth Place: Samaria, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Church certificate of birth		By whom issued and signed: LDS Church, Joseph F. Smith, Historian of the Church	Date issued: Mar.2,1967	Date Orig. Entry: June 3,1917
Class	Date of Birth: May 16,1909	Birth Place: Oneida County Samaria, Idaho	Full Name of Mother: Eliza M. Williams	Name of Father: Gomer V. Rees	
SUPPORTING RECORD 3.	Type of Document: photocopy of notification of personnel action		By whom issued and signed: U.S.Civil Service Comm., Dept. of the Air Force	Date issued: -----	Date Orig. Entry: Jan.28,1960
Class	Date of Birth: May 16,1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

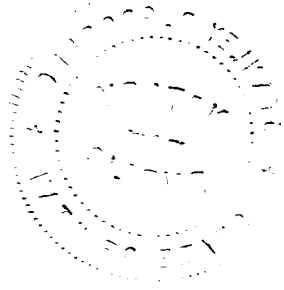
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	January 8,1968

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 pd. rec. #5164 (M) 2-2 67 9-1

JAN 8 1968



614-121-024-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-021

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Andrew Jackson Waddington	2. Date of Birth (month) (day) (year): March 21 1909
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Ranch near Bliss Gooding	b. City or Town of Birth: Bliss Idaho
FATHER	6. Full Name of Father: John William Waddington	7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Ida Belle McKinley	9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Andrew J Waddington; 11. Present Address of Registrant: 3551 High st Eugene Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: OCT 24 1967 19	12. Signature of Notary: Lucilene Eady; 13. Notary Commission expires: MY COMMISSION EXPIRES JUNE 8, 1969 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Earl Justice Age:73	Date issued: Oct.16,1967	Date Orig. Entry: -----
	Date of Birth: Mar.21,1909; Birth Place: Bliss, Idaho	Full Name of Mother: Ida Bell McKinley	Name of Father: John William Waddington	
SUPPORTING RECORD 2.	Type of Document: certified copy of affidavit for marriage license	By whom issued and signed: Wheeler County, Oregon	Date issued: Feb.20,1959	Date Orig. Entry: June 9,1936
	Date of Birth: Age 27; Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: Vital Statistics Section State of Oregon	Date issued: Dec.13,1967	Date Orig. Entry: child born Feb.8,1938
	Date of Birth: Age 28; Birth Place: Bliss, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	January 9,1968

FORM BH 56067 [illegible] (W) 11-20-[illegible]

JAN 10 1968

S13-209-009-635

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-047

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ERSINA BARBARA NACCARATO		2. Date Of Birth (month) November (day) 9 (year) 1909
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Bonner; b. City or Town of Birth: Priest River, Idaho
FATHER	6. Full Name of Father: Geniale Naccarato		7. State or Country of Father's Birth: Italy
MOTHER	8. Full Maiden Name of Mother: Costonzo Oceione		9. State or Country of Mother's Birth: Italy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ersina B Schlender Mrs Ersina B Naccarato	11. Present Address of Registrant: 535 17th N. Apt. 202 Seattle 2, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: May 25 19 59	12. Signature of Notary: R. L. Hopsey	13. Notary Commission expires: Sept. 19 19 62

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism Roman Catholic Church	By whom issued and signed: St.Aloysius Church, Spokane, Wash., C.F.Suver, S.J., Pastor	Date issued: June 9, 1959	Date Orig. Entry: baptized Nov.28,1909
	Date of Birth: Nov.9,1909; Birth Place: Priest River, Ida.	Full Name of Mother: Constanza Occione	Name of Father: Eugene Naccarato	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #534-16-5010	By whom issued and signed: Social Security Adm.	Date issued: -----	Date Orig. Entry: Mar.12,1940
	Date of Birth: Nov.9,1909; Birth Place: Priest River, Ida. Bonner County	Full Name of Mother: Constance Marie Occione	Name of Father: Eugene Naccarato	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage record #43228	By whom issued and signed: Spokane County, Washington	Date issued: May 27,1959	Date Orig. Entry: Dec.19,1929
	Date of Birth: Age 20; Birth Place: Idaho	Full Name of Mother: Constance Occioni	Name of Father: Eugene Nacarato	

QUALIFYING INFORMATION: Affidavit by mother, Maria C. Naccarato, dated May 25, 1959 gives birthdate as Nov. 9, 1909 at Priest River, Idaho; Father: Geniale Naccarato and mother as Costonzo Oceione Naccarato.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Jan. 11, 1968

FORM BH 56067

JAN 11 1968

355709-010-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-057

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Empire David Leedom			2. Date Of Birth (month) Sept. (day) 9 (year) 1909
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Bonneville ~~Bingham~~	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Empire Clark Leedom			7. State or Country of Father's Birth: Bentonville, Adams Co. Ohio
MOTHER	8. Full Maiden Name of Mother: Mary Caroline Bowman			9. State or Country of Mother's Birth: Retreat, Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Empire David Leedom		11. Present Address of Registrant: Box 24, Crawfordsville, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 29, 19 67	12. Signature of Notary: J. H. Seaville		13. Notary Commission expires: Dec. 22 19 68

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (bd. 9/20/1893)	By whom issued and signed: Blanche Elizabeth Emmons		Date Issued: Dec.29,1967	Date Orig. Entry: ------
	Date of Birth: Sept.9,1909	Birth Place: Idaho Falls,Idaho	Full Name of Mother: Mary Caroline Leedom (Bowman)	Name of Father: Empire Clark Leedom	
SUPPORTING RECORD 2.	Type of Document: federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Apr.13,1966	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age 8 mos.	Birth Place: Idaho	Full Name of Mother: Mary Leedom	Name of Father: Empire Leedom	
SUPPORTING RECORD 3.	Type of Document: photocopy of honorable discharge	By whom issued and signed: U.S. Army, Harvey D.Taylor, Lt. Col. Cavalry		Date Issued: Sept.26,1945	Date Orig. Entry: inducted Nov.16,1942
	Date of Birth: Sept.9,1909	Birth Place: Idaho Falls,Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Jan. 23, 1968

8-22-68

JAN 23 1968

386-208-031-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-087

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ETHEL BEATRICE THOMPSON			2. Date of Birth (month) July, (day) 8 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Nezperce
FATHER	6. Full Name of Father: Lewis W. Thompson			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Laura Beatrice Carley Thompson			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Ethel Beatrice Lewis		11. Present Address of Registrant: 1512 Fruitvale Avenue Oakland, California
NOTARY (Seal)	Subscribed and sworn to before me on: June 10th 1968	12. Signature of Notary: [signature]		13. Notary Commission expires: Oct 26th 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #201704	Date Issued: -----	Date Orig. Entry: child born Mar.29,1932	
	Date of Birth: Age: 22	Birth Place: Nez Perce, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Dec.11,1967	Date Orig. Entry: Jan. 1,1920	
	Date of Birth: Age: 10	Birth Place: Idaho	Full Name of Mother: Laura B. Thompson	Name of Father: Lewis W. Thompson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Laura Beatrice Carley Thompson Metcalf	Date Issued: July 11, 1967	Date Orig. Entry: ----	
	Date of Birth: July 8,1909	Birth Place: Nezperce, Idaho Lewis County	Full Name of Mother: Laura Beatrice Carley Thompson Metcalf	Name of Father: Lewis W. Thompson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 30, 1968

FORM BH 56067

7-5-67

JAN 31 1968

344-222-029-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-090

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARTHA ELISA LUDERS	2. Date Of Birth (month) (day) (year): OCTOBER 22 1909
	3. Color or Race: WHITE; 4. Sex: f; 5. Place of Birth a. County: GENESEE, IDAHO	b. City or Town of Birth: ~~GERMANY DIED 12 1917~~
FATHER	6. Full Name of Father: HENRY LUDERS	7. State or Country of Father's Birth: GERMANY - DIED IN GENESEE - 1917
MOTHER	8. Full Maiden Name of Mother: EMMA E. ROSENAU	9. State or Country of Mother's Birth: BLUE EARTH, MINN. DIED 7-1960
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Martha Elise Pittman; 11. Present Address of Registrant: 549 - NORTH 17th STREET
NOTARY (Seal)	Subscribed and sworn to before me on: 12-19 1967	12. Signature of Notary: [signature]; 13. Notary Commission expires: MY COMMISSION EXPIRES AUG. 8th 1971 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Confirmation	By whom issued and signed: J.B.Cronek, Pastor, Trinity Evang.Luth. Church, Lewiston, Ida.	Date Issued: Aug.12,1923	Date Orig. Entry: Aug.12,1923
	Date of Birth: Oct.22,1909; Birth Place: Genesee, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: A.F.Wolff, Ev. Luth. Pastor	Date Issued: ----	Date Orig. Entry: Dec.26,1909
	Date of Birth: Oct.22,1909; Birth Place: Genesee, Idaho	Full Name of Mother: Emma Rosenau	Name of Father: Heinrich Luders	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #205098	Date Issued: ------	Date Orig. Entry: child born July 19,1932
	Date of Birth: Age 22; Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Jan. 30, 1968

FORM BH 56067 1 cp [illegible] 24573 (P) 1-9-68 gml

JAN 31 1968

...State house 83701 814-222-020-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-104

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Persis Bean Hamilton		2. Date of Birth (month) Sept. (day) 22 (year) 1909	
	3. Color or Race: White	4. Sex: Fem.	5. Place of Birth a. County: Elmore	b. City or Town of Birth: Mt. Home, Idaho
FATHER	6. Full Name of Father: Dean Shuart Hamilton		7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Pearl Lucas Hamilton		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. Subscribed and sworn to before me on 1968	10. Signature of Registrant: Persis H. Cowan	11. Present Address of Registrant: 1612 Fair Oaks, So. Pasadena Calif.	
	EDNA YOUNG NOTARY PUBLIC CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY My Commission Expires June 22, 1970	12. Signature of Notary: Edna Young	13. Notary Commission expires: June 22 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage record #12042	By whom issued and signed: Los Angeles County recorder's office, California	Date Issued: Nov.22,1967	Date Orig. Entry: June 14,1942
	Date of Birth: Age 32 / Birth Place: Mt. Home, Idaho	Full Name of Mother: Pearl Lucas	Name of Father: Rev. Dean Hamilton	
SUPPORTING RECORD 2.	Type of Document: federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Dec.26,1967	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age 10 / Birth Place: Idaho	Full Name of Mother: Pearl Hamilton	Name of Father: Dean Hamilton	
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family at time of birth	By whom issued and signed: Susan Chattin Age: 82	Date Issued: Nov.22,1967	Date Orig. Entry: -----
	Date of Birth: Sep.22,1909 / Birth Place: Mt. Home, Idaho	Full Name of Mother: Pearl Lucas Hamilton	Name of Father: Dean Shuart Hamilton	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 1, 1968

FORM BH 56067

11-10-67

Cowan

412-22-9004-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-106

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LEORA MASSEY		2. Date Of Birth (month) MAY (day) 29 (year) 1909	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: MONTPILIAR
			5. Place of Birth: MONTPELIER, HOME	
FATHER	6. Full Name of Father: WALTER MASSEY		7. State or Country of Father's Birth: VIRGINIA	
MOTHER	8. Full Maiden Name of Mother: ISABELLE MORGAN		9. State or Country of Mother's Birth: COMEVILLE. WYOMING	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leora Massey Mrs Calvin Lee	11. Present Address of Registrant: 218 - N W 7th St. Milton Freewater Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: June 9 1966	12. Signature of Notary: Jean Tucker	13. Notary Commission expires: 4/14 1969	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Registration Precinct #4	By whom issued and signed: Ravalli County, Montana	Date Issued: June 6,1966	Date Orig. Entry: June 4,1945	
	Date of Birth: Age 36	Birth Place: Montpelier,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Application & Declaration of Physical Condition	By whom issued and signed: Ladies Auxiliary to Aerie #1993 Eagles	Date Issued: -----	Date Orig. Entry: Dec.1,1948	
	Date of Birth: May 29,1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of voter's registration	By whom issued and signed: Umatilla County, Oregon	Date Issued: Jan.23,1968	Date Orig. Entry: Oct.5,1960	
	Date of Birth: May 29,1909	Birth Place: Mt.Pierre,Idaho	Full Name of Mother: Isabel Morgan	Name of Father: Walter Massey	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Feb. 1, 1968

K FORM BH .56067

2 copies mailed rec. # 14814

(5) 11-7-6690

FEB 1 1968

314-214-029-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-118

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PEARL CECIL CAMPEAU		2. Date of Birth (month) (day) (year): APRIL 14 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah; b. City or Town of Birth: HELMER
FATHER	6. Full Name of Father: Louis Albert Campeau		7. State or Country of Father's Birth: Wisconsin, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Clara Lydia Thresa Liner		9. State or Country of Mother's Birth: Minnesota U.S.A
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl C. Hill	11. Present Address of Registrant: 6025 HARLOW DRIVE BREMERTON, WASH
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 18 1968	12. Signature of Notary: [signature]	13. Notary Commission expires: 4-24 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding lodge records		By whom issued and signed: Aurilla Rebekah Lodge #133, I.O.O.F., Bremerton, Washington	Date issued: Jan.12,1968	Date Orig. Entry: Feb.27,1945
	Date of Birth: Apr.14,1909	Birth Place: ------	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital record		By whom issued and signed: Harrison Memorial Hospital, Bremerton, Washington	Date issued: Jan.5,1968	Date Orig. Entry: July 3,1960
	Date of Birth: Apr.14,1909	Birth Place: Idaho	Full Name of Mother: Clara Liner	Name of Father: Louis Campeau	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Clara Lydia Allen	Date issued: Dec.28,1967	Date Orig. Entry: -----
	Date of Birth: Apr.14,1909	Birth Place: Helmer, Idaho	Full Name of Mother: Clara Lydia Thresa Liner Campeau	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

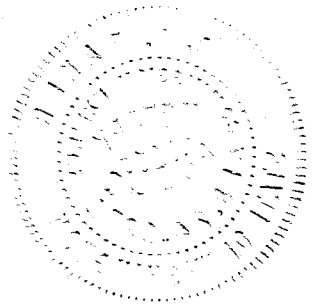
State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Feb. 1, 1968

FORM BH 56067

Rep pd rec # 26165

1-16-68

FEB 1 1968



249-203-022-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-128

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virginia Billie Smith			2. Date of Birth (month) (day) (year): April 3 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Samuel Smith			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Powell			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia Billie Siegel		11. Present Address of Registrant: 1812 no 8th Boise
NOTARY (Seal)	Subscribed and sworn to before me on: February 2 1968	12. Signature of Notary: Hazel L. Hurlbut		13. Notary Commission expires: Sept. 28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho #253654	Date Issued: ----	Date Orig. Entry: child born Apr.14,1937
	Date of Birth: Age 28	Birth Place: St. Anthony, Ida	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age 71		By whom issued and signed: Phoebe Ann Cruser	Date Issued: Feb 5,1968	Date Orig. Entry: ----
	Date of Birth: Apr.3,1909	Birth Place: St. Anthony, Ida.	Full Name of Mother: Sarah Ann Powell	Name of Father: Samuel Smith	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Benefit Assn of Railway Emp.	Date Issued: Apr.19,1955	Date Orig. Entry: Apr.8,1955
	Date of Birth: Apr. 3, 1909	Birth Place: St. Anthony	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Feb.6, 1968

FORM BH 56067

FEB 7 1968

619-212-027-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-136

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAZEL FARNSWORTH			2. Date Of Birth (month) 12 (day) 12 (year) 1909	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: JEROME	b. City or Town of Birth: JEROME	
FATHER	6. Full Name of Father: JOHN FREEMAN FARNSWORTH			7. State or Country of Father's Birth: JOSEPH, UTAH	
MOTHER	8. Full Maiden Name of Mother: AGNES M. LIVINGSTONE			9. State or Country of Mother's Birth: RANDOLPH, UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Hazel Johnson	11. Present Address of Registrant: ARCO, IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: December 7 1967		12. Signature of Notary: Edna H. Mefford	13. Notary Commission expires: October 16 1970	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Agnes M. Phillips	Date Issued: Aug.30,1965	Date Orig. Entry: -----
	Date of Birth: Dec.12,1909	Birth Place: Jerome, Idaho	Full Name of Mother: Agnes M. Livingston	Name of Father: John Freeman Farnsworth	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #164758	Date Issued: -----	Date Orig. Entry: child born Sept.29,1928
	Date of Birth: Age 18	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: copy of application for insurance policy		By whom issued and signed: National Benefit Ins. Co.	Date Issued: ----	Date Orig. Entry: Nov. 5, 1953
	Date of Birth: Dec.12,1909	Birth Place: ----	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Feb. 7, 1968

FORM BH 56067

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FEB 8 1968

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-167

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: IRENE LEOLA WALDREN			2. Date Of Birth (month) (day) (year): July 12, 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Burley, Idaho
FATHER	6. Full Name of Father: George Henry Waldren			7. State or Country of Father's Birth: Red Cloud, Nebraska
MOTHER	8. Full Maiden Name of Mother: Mary Gertrude Marshall			9. State or Country of Mother's Birth: Oklahoma Territory
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irene Leola Waldren		11. Present Address of Registrant: Fallon, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: February 6, 1962	12. Signature of Notary: Louise M. Jones		13. Notary Commission expires: April 21, 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Mary Gertrude Waldren	Date Issued: Feb. 13, 1962	Date Orig. Entry: ----
	Date of Birth: July 12, 1909 / Birth Place: Cassia County	Full Name of Mother: Mary Gertrude Waldren	Name of Father: George Henry Waldren	
SUPPORTING RECORD 2.	Type of Document: photo copy of certificate of Baptism and Comfirmation	By whom issued and signed: Arch W. Richards, President LDS Church	Date Issued: Nov. 16, 1954	Date Orig. Entry: baptized Sept. 26, 1954
	Date of Birth: July 12, 1909 / Birth Place: Cassia County Burley, Idaho	Full Name of Mother: Mary Gertrude Marshall	Name of Father: George H. Waldren	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage records book 227 page 341	By whom issued and signed: Alameda County, California County recorder's office	Date Issued: Jul. 31, 1962	Date Orig. Entry: Sept. 1, 1937
	Date of Birth: Age: 28 / Birth Place: Idaho	Full Name of Mother: Gertrude Marshall	Name of Father: George Waldren	
QUALIFYING INFORMATION	federal census record issued March 13, 1967 for census of Jan. 1, 1920 gives age as 10 years; place of birth as Idaho; and parents' names as George and Gertrude Waldren			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: sm Glenda Larson	Date Filed: Feb. 15, 1968

FORM BH 56067 Revised 1-22-62

2-9-68 sm

FEB 16 1968

866-227-016-132

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-170

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Una Florence Howell			2. Date of Birth (month) (day) (year): March 27 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Albion	b. City or Town of Birth: Albion, Idaho
FATHER	6. Full Name of Father: Ralph Nathaniel Howell			7. State or Country of Father's Birth: Not known, died when I was a small child
MOTHER	8. Full Maiden Name of Mother: Eva Albertson Howell			9. State or Country of Mother's Birth: " " " " " "
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Una F Ambrum		11. Present Address of Registrant: Box 154 Mackay Ida
NOTARY (Seal)	Subscribed and sworn to before me on: January 23 1968	12. Signature of Notary: Lula Lemmon Residing at: Mackay, Idaho		13. Notary Commission expires: June 7, 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #816091	By whom issued and signed: Supreme Forest Woodmen Circle	Date Issued: ----	Date Orig. Entry: Sept.24,1955	
	Date of Birth: Mar.27,1909	Birth Place: Albion, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #217181	Date Issued: ----	Date Orig. Entry: child born Oct.10,1933	
	Date of Birth: Age 24	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin	By whom issued and signed: Lula Kent (14 years older)	Date Issued: Feb.7,1968	Date Orig. Entry: -----	
	Date of Birth: Mar.27,1909	Birth Place: Albion, Idaho	Full Name of Mother: Eva Albertson Howell	Name of Father: Ralph Nathanial Howell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

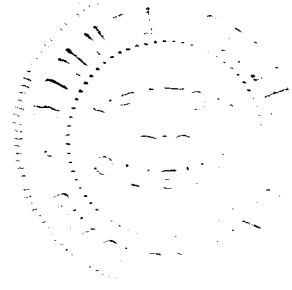
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Feb. 15, 1968

FORM BH 56067

I.W. Ad. no. #68-27134 (A) 1-31-68

FEB 16 1968



814-121-029-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-171

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elvon Wallace Hampton		2. Date Of Birth (month) 2 (day) 21 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah; b. City or Town of Birth: Genesee, Idaho
FATHER	6. Full Name of Father: Fred Hampton		7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Victoria Mathews		9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elvon Wallace Hampton	11. Present Address of Registrant: Genesee, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 23 1968	12. Signature of Notary: Donald E. Springer	13. Notary Commission expires: 9/8 1971

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Baby Book	By whom issued and signed: Family LRecords	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Feb.21,1909 / Birth Place: Genesee, Idaho	Full Name of Mother: Mrs. L. Victoria Hampton	Name of Father: Mr. Fred B. Hampton	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #1138219	By whom issued and signed: Sun Life Assurance Co. of Canada	Date Issued: -----	Date Orig. Entry: June 24,1929
	Date of Birth: Feb.21,1909 / Birth Place: Genesee, Idaho	Full Name of Mother: -----	Name of Father: Fred Hampton	
SUPPORTING RECORD 3.	Type of Document: certified copy of county record of birth #393	By whom issued and signed: Latah County, Idaho County Recorder's Office	Date Issued: Apr.24,1967	Date Orig. Entry: Apr.2,1909
	Date of Birth: Feb.21,1909 / Birth Place: Genesee	Full Name of Mother: Victoria Mathews	Name of Father: Fred Hampton	

QUALIFYING INFORMATION: Affidavit by sister, Age 73, signed February 2, 1968 gives birthdate as Feb. 21,1909; birthplace as Genesee, Idaho; and parents' names as Fred Hampton and Victoria Mathews

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

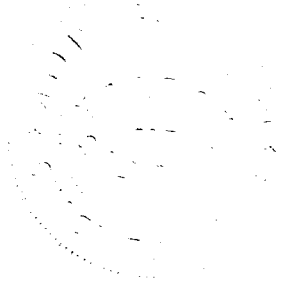
State Registrar	Evidence reviewed by	Date Filed
W W Berson	Glenda Larson	Feb. 15, 1968

FORM BH 56067

1 copy paid rec. 15693 (H) 7-17-67 gml

Elvon Hampton
Feb. 21, 1909
Genesee, Idaho

FEB 16 1968



359-104-001-744

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-183

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Warner Lewis Terrell			2. Date of Birth (month) 2 (day) 4 (year) 1909
	3. Color or Race: Negro	4. Sex: M	5. Place of Birth: a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Warner Lewis Terrell			7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Mary Gudger			9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Warner Lewis Terrell		11. Present Address of Registrant: 609 S. 16th St. Boise
NOTARY (Seal)	Subscribed and sworn to before me on: February 16 1968	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file- Idaho # 283234	Date Issued: ----	Date Orig. Entry: child born Aug 5,1939	
	Date of Birth: Age 30	Birth Place: Boise, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Discharge (Honorable)	By whom issued and signed: United States Navy	Date Issued: Nov.27,1945	Date Orig. Entry:	
	Date of Birth: Feb. 4, 1909	Birth Place: Boise, Idaho	Full Name of Mother: Mary Gudger	Name of Father: Warner Lewis Terrell	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #5147428	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Mar.17,1930	Date Orig. Entry: Mar.10,1930	
	Date of Birth: Feb. 4,1909	Birth Place: Boise, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Feb.16,1968

FORM BH 56067

FEB 1 6 1968

NOV 1 3 1973

753-16-004-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-194

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ezrie A. Peterson			2. Date Of Birth (month) (day) (year): September 16, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: St. Charles
FATHER	6. Full Name of Father: Augustus H. Peterson			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ellen U. Olson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: Ezrie A Peterson		11. Present Address of Registrant: Rt. 1 Paris Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 11 1968	12. Signature of Notary: Kent W Hunt		13. Notary Commission expires: Aug. 1 1970

((APPLICANT — DO NOT WRITE BELOW THIS LINE))

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, St. Charles Ward, E.M. Pugmire, Bishop		Date Issued: ----	Date Orig. Entry: blessed Nov.7,1909
	Date of Birth: Sep.16,1909	Birth Place: St. Charles, Idaho Bear Lake County	Full Name of Mother: Ellen Olson	Name of Father: Augustus Peterson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, St. Charles, Ida. J.A. Hunt, Bishop		Date Issued: -----	Date Orig. Entry: baptized Feb.23,1918
	Date of Birth: Sep.16,1909	Birth Place: St.Charles, Idaho Bear Lake County	Full Name of Mother: Ellen Olson	Name of Father: Augustus Peterson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Augustus H. Peterson		Date Issued: Feb.11,1968	Date Orig. Entry: ----
	Date of Birth: Sep.16,1909	Birth Place: St.Charles, Idaho	Full Name of Mother: Ellen U. Peterson	Name of Father: Augustus H. Peterson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Feb. 23, 1968

FORM BH 56067 1cp/pd (P) 2-8-68

FEB 23 1968

799-209.001-159

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-215

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Anna Mae Grisham
2. Date of Birth: (month) June (day) 9 (year) 1909
3. Color or Race: Cauc.
4. Sex: female
5. Place of Birth: a. County HOME Kuna Idaho Ada; b. City or Town of Birth: Kuna

FATHER

6. Full Name of Father: Harvey Virgle Grisham
7. State or Country of Father's Birth: Everton Mo Nov 9-1875

MOTHER

8. Full Maiden Name of Mother: Cora Esther Jerome
9. State or Country of Mother's Birth: Everton Mo - Dec 23-1877

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Anna m Sullens (Grisham)
11. Present Address of Registrant: 13311 JESSICA DR. Garden Grove Calif

NOTARY (seal)

Subscribed and sworn to before me on: Feb-2nd 1968

12. Signature of Notary: madge m. Bryant
13. Notary Commission expires: MADGE M. BRYANT My Commission Expires March 18, 1968 19

OFFICIAL SEAL MADGE M. BRYANT NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application for insurance policy	Guarantee Mutual Life Co., Omaha, Nebraska	-----	Sept.23,1937
	Date of Birth June 9,1909 / **Birth Place** Idaho	**Full Name of Mother** -----	**Name of Father** ------	
SUPPORTING RECORD 2.	Affidavit by person present at time of birth	Alice Elvida Jerome Scrivner Age 82	Feb.17,1968	----
	June 9,1909 / Kuna, Idaho (near Meridian) Ada Co.	Cora Esther Jerome (Grisham)	Harvey Virgil Grisham	
SUPPORTING RECORD 3.	photocopy of family Bible record	Family Records	----	Obviously old
	June 9,1909 / Kuna, Idaho	Cora Esther Jerome Grisham	Harvey Virgil Grisham	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	March 1, 1968

FORM BH 56067

2 copies paid on #68-3991

(S) 2-14-68 gml

MAR 4 1968

466-225 007-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-216

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Enva Luella Moore
2. Date of Birth (month) (day) (year): Oct. 25 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Blaine
b. City or Town of Birth: Woodville
c. State or Country: Idaho

FATHER

6. Full Name of Father: Arthur Oliver Moore
7. State or Country of Father's Birth: North Carolina

MOTHER

8. Full Maiden Name of Mother: Heleana Gifford
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Enva L Moore Smith
11. Present Address of Registrant: 6704 S.W. Walnut Portland, Oregon 97223

NOTARY (Seal)

Subscribed and sworn to before me on: November 28, 1966
12. Signature of Notary: Mary M. Poulton
13. Notary Commission expires: April 12, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #151675	-----	child born April 17,1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 17	Woodville, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Identification card #690899	Captain of the Port, Portland, Oregon	Feb.19,1943	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 33	Woodville, Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church certificate of birth	LDS Church, Salt Lake City, Utah	Sept.5,1967	June 7,1925

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.25,1909	Woodville, Idaho	Heleana Gifford	Arthur Moore

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	March 1, 1968

FORM BH 56067

ICP Pd rec # 1708

(S) 12-2-69 gml

MAR 4 1968

70-206-028-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-235

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Mae Packer			2. Date of Birth (month) (day) (year): March 6 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Springston Idaho
FATHER	6. Full Name of Father: Harry Otis Packer			7. State or Country of Father's Birth: Kasun Minnesota
MOTHER	8. Full Maiden Name of Mother: Bertha Mary ~~Packer~~ Harris			9. State or Country of Mother's Birth: Clinton Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. L.W. May		11. Present Address of Registrant: 404 West 8th Ave Ellensburg Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: February 6 1968	12. Signature of Notary: A.E. Bailey		13. Notary Commission expires: December 16 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

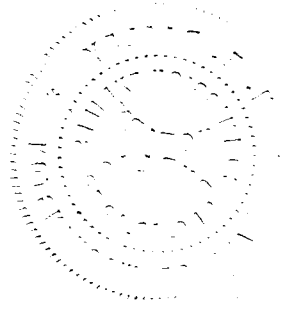
SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Federal Old Line Life Ins. Co.	Date Issued: June 20,1947	Date Orig. Entry: June 20,1947
	Date of Birth: Mar.6,1909 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital record C-1048	By whom issued and signed: Yakima Valley Memorial Hosp. Wash., Ruth Haugen,Med.Rec.	Date Issued: Feb.12,1968	Date Orig. Entry: Feb.19,1960
	Date of Birth: Mar.6,1909 / Birth Place: Idaho	Full Name of Mother: Bertha Harris	Name of Father: Harry Packer	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt	By whom issued and signed: Beulah Harris Richerzhagen (bd. 7-7-1899)	Date Issued: Feb.6,1968	Date Orig. Entry: ---
	Date of Birth: Mar.6,1909 / Birth Place: Springston, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W. Larson	Evidence reviewed by: Glenda Larson	Date Filed: March 4, 1968

FORM BH 56067

11-21-67

MAR 4 1968



DECEASED

793-131-010-685

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-239

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glenn Arvil Pickett			2. Date of Birth (month) (day) (year): October 31 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Ucon
FATHER	6. Full Name of Father: Arvil Pickett			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Grace Angeline Whetstone			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Glenn Arvil Pickett	11. Present Address of Registrant: 150-4th St. Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 3-1 1968		12. Signature of Notary: Marjorie A. Ball	13. Notary Commission expires: Residing at Idaho Falls Ida 7-29 1968

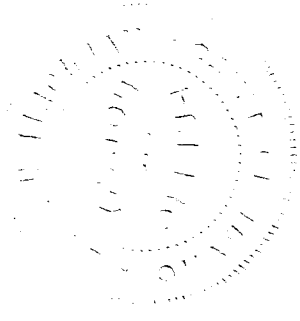
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: #241178 on file with state of Idaho	Date Issued: -----	Date Orig. Entry: child born Jan.8,1936
	Date of Birth: Age 26	Birth Place: Ucon, Idaho	Full Name of Mother: -------	Name of Father: ---------
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Age 67	By whom issued and signed: Ernest David Pickett	Date Issued: Nov.28,1966	Date Orig. Entry: ------
	Date of Birth: Oct.31,1909	Birth Place: Ucon, Idaho	Full Name of Mother: Grace Angeline Whetstone	Name of Father: Arvil Pickett
SUPPORTING RECORD 3.	Type of Document: Lodge Record	By whom issued and signed: Benevolent and Protective Order of Elks	Date Issued: Feb 27,1968	Date Orig. Entry: Initiated Oct. 16,1960
	Date of Birth: Oct.31,1909	Birth Place: Ucon, Idaho	Full Name of Mother: -----	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: March 4,1968

FORM BH 56067

MAR 4 - 1968
MAR 4 1968



236-109-004-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-245

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eldon M. Stock		2. Date of Birth: March 9 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Fish Haven
FATHER	6. Full Name of Father: John William Edwin Stock		7. State or Country of Father's Birth: South Africa	
MOTHER	8. Full Maiden Name of Mother: ~~Clara Victoria~~ Clara Victoria Olsen		9. State or Country of Mother's Birth: Helsingborg, Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eldon M. Stock	11. Present Address of Registrant: 2172 Kensington Ave. Salt Lake City, Utah 84108	
NOTARY (Seal)	Subscribed and sworn to before me on: 26 February 1968	12. Signature of Notary: Kaylee D. Stuart	13. Notary Commission expires: October 19, 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Salt Lake City, Utah	Date Issued: Feb.26,1968	Date Orig. Entry: Sept.9,1917	
	Date of Birth: Mar.9,1909	Birth Place: Fish Haven, Idaho Bear Lake County	Full Name of Mother: Clara V. Olsen	Name of Father: J. W. Edwin Stock	
SUPPORTING RECORD 2.	Type of Document: transcript of school record	By whom issued and signed: University of California Berkeley, California	Date Issued: Jul.30,1948	Date Orig. Entry: June 1946	
	Date of Birth: Mar.9,1909	Birth Place: Fish Haven, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate #669	By whom issued and signed: State of Utah, Division of Vital Statistics	Date Issued: Feb.26,1968	Date Orig. Entry: child born Nov.3,1934	
	Date of Birth: Age: 25	Birth Place: Fish Haven, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION	photocopy of U.S. Army separation record shows birthdate as March 9, 1909 in Fish Haven, Idaho. Date of entry to active duty was Sept. 1, 1940.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: March 7, 1968		

FORM BH 56067

MAR 8 1968

355-105-014-792

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De 68-253
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Versal Loval Lee			2. Date Of Birth (month) March (day) 5 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell	
FATHER	6. Full Name of Father: Judson Edison Lee			7. State or Country of Father's Birth: Colorado	
MOTHER	8. Full Maiden Name of Mother: Cordelia Sarah Gibbs			9. State or Country of Mother's Birth: Oregon Benton Co	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Versal L. Lee		11. Present Address of Registrant: Rte. 1, Box 633, Florence Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: February 24, 1968	12. Signature of Notary for Lane County, Oregon: Aimee Kitchens		13. Notary Commission expires: January 26, 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Kenneth Ramey, Sup't. Yamhill County Schools, Oregon		Date Issued: Feb.12,1968	Date Orig. Entry: Nov.25,1913
Class*	Date of Birth: Age 4	Birth Place: ----	Full Name of Mother: Mrs. Jud Lee	Name of Father: Mr. Jud Lee	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Cordelia Lee		Date Issued: Feb.24,1968	Date Orig. Entry: ----
Class	Date of Birth: Mar.5,1909	Birth Place: Caldwell, Idaho	Full Name of Mother: Cordelia Sarah Gibbs Lee	Name of Father: Judson Edison Lee	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate #1384	By whom issued and signed: State of Oregon, Division of Vital Statistics		Date Issued: Feb.15,1945	Date Orig. Entry: child born Oct.20,1944
Class	Date of Birth: Age 35	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: March 7, 1968

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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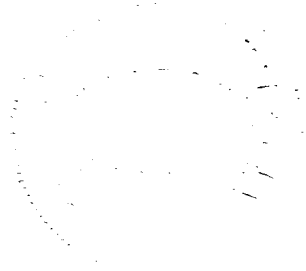
MAR 8 1968



394-212 .014-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-263

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Olive Louella Trueblood			2. Date of Birth (month) Sept. (day) 12 (year) 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Greenleaf
FATHER	6. Full Name of Father: Curtis Trueblood			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Izora Smith			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Olive L. Lloyd		11. Present Address of Registrant: Route 1 Nampa Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 8 1968	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census Record		By whom issued and signed: Canyon County	Date Issued: Mar.8,1968	Date Orig. Entry: Census taken Sept,1916
	Date of Birth: Age 6	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: C. H. Trueblood	
SUPPORTING RECORD 2.	Type of Document: Bible Record		By whom issued and signed: Family Record	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Sept.12,1909	Birth Place: Greenleaf,Ida.	Full Name of Mother: Izora Smith	Name of Father: Curtis H. Trueblood	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 298921	Date Issued: -----	Date Orig. Entry: child born Aug 12,1940
	Date of Birth: Age 30	Birth Place: Greenleaf, Idaho	Full Name of Mother: ----	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 8,1968

FORM BH 56067

MAR 8 1968

993-208-039-652

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-308
Local Reg. No. ____
Reg. Dist. No. ____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Olive Irene Richardson			2. Date of Birth (month) 12 (day) 8 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Power	b. City or Town of Birth: Rockland
FATHER	6. Full Name of Father: Louis Vincent Richardson			7. State or Country of Father's Birth: Wyoming
MOTHER	8. Full Maiden Name of Mother: Nellie Webb			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Olive R. Kelly		11. Present Address of Registrant: Soda Springs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 1956	12. Signature of Notary: Clerk of District Court — Colin Chester		13. Notary Commission expires: Dec 31 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents		By whom issued and signed: Nellie Richardson, Louis Richardson	Date Issued: July 9,1956	Date Orig. Entry: ---
Class*____	Date of Birth: Dec. 8,1909	Birth Place: Rockland, Idaho	Full Name of Mother: Nellie Webb	Name of Father: Louis Vincent Richardson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #183357	Date Issued: -----	Date Orig. Entry: child born July 29,1930
Class____	Date of Birth: Age: 20	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding church records		By whom issued and signed: Bethany Bapstist Church, American Falls, Idaho	Date Issued: Jul.30,1956	Date Orig. Entry: baptized Apr.9,1939
Class____	Date of Birth: Dec.8,1909	Birth Place: ----	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Benson		Evidence reviewed by: fc Glenda Larson		Date Filed: March 20, 1968

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

MAR 20 1968

DECEASED

255-212-027-697

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-315

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Blanche Maralea Seeley			2. Date of Birth (month) Sept (day) 12 (year) 1909	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Hazelton Idaho Jerome	b. City or Town of Birth: Hazelton	
FATHER	6. Full Name of Father: Hyrum Ernest Seeley			7. State or Country of Father's Birth: Utah.	
MOTHER	8. Full Maiden Name of Mother: Catherine Weightman.			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Blanche S Smith	11. Present Address of Registrant: Vernal Utah.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 8 19 68		12. Signature of Notary: Grace M Sanwarenig	13. Notary Commission expires: Dec. 2, 19 68	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Archive Record		By whom issued and signed: LDS Church	Date Issued: sealed Aug.14,1967	Date Orig. Entry: baptized Feb.5,1927
	Date of Birth: Sep.12,1909	Birth Place: Hazelton, Idaho Jerome County	Full Name of Mother: Mary Caroline or Mary Catherine Wightman	Name of Father: Hyrum Ernest Seeley	
SUPPORTING RECORD 2.	Type of Document: Hospital Certificate of own child's birth		By whom issued and signed: Uintah Basin Hospital, Vernal Utah	Date Issued: ----	Date Orig. Entry: child born Feb.13,1946
	Date of Birth: Sep.12,1909	Birth Place: Hazelton, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record #39714		By whom issued and signed: University of Utah, Salt Lake City, Utah	Date Issued: June 9,1931	Date Orig. Entry: degree June 9,1931
	Date of Birth: Sept.12,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: H. E. Seeley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: March 20,1968

FORM BH 56067

MAR 2 0 1968

321 386-207042-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-321

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verna Althea Thompson			2. Date Of Birth (month) 8 (day) 7 (year) 1909	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Twin Falls Idaho Twin Falls	b. City or Town of Birth: Twin Falls Idaho	
FATHER	6. Full Name of Father: Robert Alva Thompson			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Ethel Frances (Long) Thompson			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Verna Althea Walters	11. Present Address of Registrant: 2528 Fry St. Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 27, 1963		12. Signature of Notary: Colleen Bledsoe	13. Notary Commission expires: February 22 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 76		By whom issued and signed: Ethel Frances Thompson	Date Issued: Aug.27,63	Date Orig. Entry: ------
	Date of Birth: Aug.7,1909	Birth Place: Twin Falls, Idaho	Full Name of Mother: Ethel Frances (Long) Thompson	Name of Father: Robert Alva Thompson	
SUPPORTING RECORD 2.	Type of Document: Insurance Application		By whom issued and signed 36775: Idaho Mutual Benefit Assn:	Date Issued: Aug.1,1956	Date Orig. Entry: Aug 1, 1956
	Date of Birth: Aug 7,1909	Birth Place: Twin Falls, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Employment Record		By whom issued and signed: Farm Security Adm.	Date Issued: Jun 30,1943	Date Orig. Entry: Jun 30,1943
	Date of Birth: Aug 7,1909	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

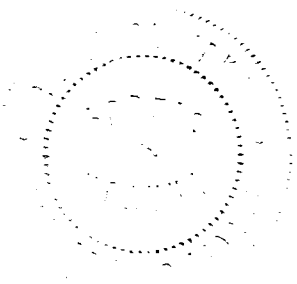
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 21,1968

FORM BH 56067

MAR 2 1 1968



391-401-042-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-346

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Richard Albert Craner			2. Date of Birth (month) (day) (year): December 1, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Buhl
FATHER	6. Full Name of Father: William Jasper Craner			7. State or Country of Father's Birth: Grantsville, Utah
MOTHER	8. Full Maiden Name of Mother: Persis Luella Tanner			9. State or Country of Mother's Birth: Salt Lake County, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Richard Albert Craner		11. Present Address of Registrant: 2418 Weaver Circle, Boise
NOTARY (Seal)	Subscribed and sworn to before me on: July 10 1967	12. Signature of Notary: Hazel L. Werlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record Book-Genealogy	By whom issued and signed: The Tanner Family Association John Tanner Family	Date Issued: --	Date Orig. Entry: book printed in 1942	
	Date of Birth: Dec.1,1909	Birth Place: Buhl, Idaho	Full Name of Mother: Persis Luella Tanner	Name of Father: William Jasper Craner	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Persis Luella Craner	Date Issued: Sep.20,1957	Date Orig. Entry: --	
	Date of Birth: Dec.1,1909	Birth Place: Buhl, Idaho	Full Name of Mother: Persis Luella Tanner	Name of Father: William Jasper Craner	
SUPPORTING RECORD 3.	Type of Document: Certificate of Membership	By whom issued and signed: L.D.S. Church	Date Issued: -----	Date Orig. Entry: Baptized Oct.27,1929	
	Date of Birth: Dec.1,1909	Birth Place: Buhl, Idaho	Full Name of Mother: Luella Tanner	Name of Father: William Jasper Craner	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sc gml Florence Curtright	Date Filed: Mar.27,1968

FORM BH 56067 NM In office 7-10-67

MAR 2 7 1968

413-119-003-464

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De68-347

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hugh Frank Daley		2. Date of Birth (month) (day) (year): February 19 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Hugh A. Daley		7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Ethel Dodson		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Hugh Frank Daley	11. Present Address of Registrant: 1021 Johnson Boise Ida
NOTARY (Seal)	Subscribed and sworn to before me on: March 29 1968	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept 28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy 147833	By whom issued and signed: Benevicial Life Ins. Co.	Date Issued: Aug 30,1935	Date Orig. Entry: Aug 8, 1935
	Date of Birth: Feb.19,1909	Birth Place: Pocatello,Idaho	Full Name of Mother: -----	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 273646	Date Issued: ---	Date Orig. Entry: child born Sept.22,1938
	Date of Birth: Age 29	Birth Place: Pocatello, Idaho	Full Name of Mother: ------	Name of Father: -------
SUPPORTING RECORD 3.	Type of Document: County Record of Birth	By whom issued and signed: Bannock County, Idaho	Date Issued: Feb.27,1968	Date Orig. Entry: Feb.19,1909
	Date of Birth: Feb.19,1909	Birth Place: Pocatello, Ida.	Full Name of Mother: Ethel Dodson	Name of Father: Hugh A. Daley
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	fc fc	March 29, 1968

FORM BH 56067

ICC.pd Rec# 30901-

MAR 2 9 1968

369-227-037-353

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-385

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pilar Cortabitarte		2. Date of Birth (month) June (day) 27 (year) 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Owyhee; b. City or Town of Birth: Delamar
FATHER	6. Full Name of Father: Eustaquio Cortabitarte		7. State or Country of Father's Birth: Cabioleta, Spain
MOTHER	8. Full Maiden Name of Mother: Claudia Lecertua		9. State or Country of Mother's Birth: Ereno, Spain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pilar Cortabitarte	11. Present Address of Registrant: Rt #2 Meridian, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: February 9 1968	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy 1178183	By whom issued and signed: Occidental Life Ins. Co.	Date Issued: June 14,1937	Date Orig. Entry: June 14,1937
	Date of Birth: Jun.27,1909 / Birth Place: DeLamar, Idaho	Full Name of Mother: -----	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic Church	Date Issued: Oct.12,1944	Date Orig. Entry: Baptized Sept.9,1909
	Date of Birth: June 27,1909 / Birth Place: Delamar,Ida.	Full Name of Mother: Claudia Lecertua	Name of Father: Eustaquio Cortabitarte	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #542-05-8949	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Feb. 2, 1937
	Date of Birth: Jun.27,1909 / Birth Place: DeLamer, Idaho	Full Name of Mother: Claudia Lecertuia	Name of Father: Eustaquio Cortabitarte	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	fc Glenda Larson	April 16, 1968

FORM BH 56067

APR 16 1968

APR 22 1968

314-103-044-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-400

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Darrell Glenstier Carlson		2. Date of Birth (month) Sept (day) 3 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington; b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Alexander		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Flora Kimbrough		9. State or Country of Mother's Birth: Carthridge, Ill.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Darrell G Carlson	11. Present Address of Registrant: Box #82 Weiser, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: March 29 1968	12. Signature of Notary: [illegible]	13. Notary Commission expires: 8-1 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Dec.16,1965	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 10	Birth Place: Idaho	Full Name of Mother: Flora Carlson	Name of Father: Alexander Carlson	
SUPPORTING RECORD 2.	Type of Document: Statement regarding employment records		By whom issued and signed: The Anaconda Co.,Butte,Mont. V.J.Kyllingstad,Mngr.	Date Issued: Nov.26,1965	Date Orig. Entry: Aug.27,1943
	Date of Birth: Sept.3,1909	Birth Place: Weiser, Idaho Washington County	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of employment record		By whom issued and signed: Sunshine Mining Co.,Kellogg Idaho	Date Issued: ----	Date Orig. Entry: Jan.18,1955
	Date of Birth: Sept.3,1909	Birth Place: Weiser, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	April 16, 1968

FORM BH 56067

1 Cp Pd Rec # 30480

3-26-68

APR 16 1968

815226-035-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-401

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAZEL EDITH HAEBERLE			2. Date of Birth (month) DEC (day) 26 (year) 1909	
	3. Color or Race: White	4. Sex: Fe	5. Place of Birth a. County: GIFFORD, IDAHO, USA	b. City or Town of Birth: GIFFORD	
FATHER	6. Full Name of Father: CHARLES HAEBERLE			7. State or Country of Father's Birth: GERMANY	
MOTHER	8. Full Maiden Name of Mother: BEULAH ESTHER MAYNARD			9. State or Country of Mother's Birth: TENNESSEE, U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Hazel Merner	11. Present Address of Registrant: Haney, B.C. 12281 - 104 Ave	
NOTARY (Seal)	Subscribed and sworn to before me on: March 20 1968		12. Signature of Notary: [illegible] A Notary Public in and for the Province of British Columbia.	13. Notary Commission expires: 19 Life	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Beulah Haeberle	Date Issued: Feb.13,1968	Date Orig. Entry: ----
	Date of Birth: Dec.26,1909	Birth Place: Gifford, Idaho	Full Name of Mother: Beulah Haeberle	Name of Father: Charles Haeberle	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital record		By whom issued and signed: Maple Ridge Hospital, B.C. Haney	Date Issued: -----	Date Orig. Entry: Nov.11,1960
	Date of Birth: Dec.26,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Marriage #17364		By whom issued and signed: Province of Alberta, Canada	Date Issued: Feb.19,1929	Date Orig. Entry: Feb.19,1929
	Date of Birth: Age: 19	Birth Place: Gifford, Idaho USA	Full Name of Mother: Beulah Maynard	Name of Father: Charles Haeberle	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	April 16, 1968

FORM BH 56067

APR 17 1968

363-104-006-623

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-406

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Waldo Everett Coleman
2. Date Of Birth (month) July (day) 4 (year) 1909
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Thomas, Bingham
b. City or Town of Birth: Thomas, Idaho

FATHER

6. Full Name of Father: Alexander Smith Coleman
7. State or Country of Father's Birth: Smithfield, Utah

MOTHER

8. Full Maiden Name of Mother: Anna Katrina Ostberg
9. State or Country of Mother's Birth: Gotland Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Waldo Everett Coleman
11. Present Address of Registrant: Terreton, Ida. 83450

NOTARY (Seal)

Subscribed and sworn to before me on: March 22 1968
12. Signature of Notary: James W. Gerard
13. Notary Commission expires: January 5 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #413912	-----	child born Oct.31,1945
	Date of Birth: Age: 36 / Birth Place: Thomas, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination as a Priest	By whom issued and signed: LDS Church, Plano Ward, J. H. Street Ward Clerk	Date Issued: Dec.4,1929	Date Orig. Entry: ordained Oct.6,1929
	Date of Birth: July 4,1909 / Birth Place: Thomas, Idaho	Full Name of Mother: Anna Ostberg	Name of Father: Alex S. Coleman	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #63030	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: Apr.8,1926	Date Orig. Entry: Mar.18,1926
	Date of Birth: July 4,1909 / Birth Place: Thomas, Idaho	Full Name of Mother: Anna Coleman	Name of Father: -----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

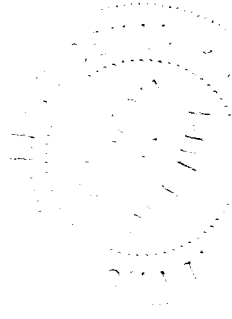
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	April 16, 1968

FORM BH 56067

1-29-68

APR 17 1968



693-106-08-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-409

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarence Wilfong			2. Date of Birth (month) (day) (year): September 6, 1909
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Clearwater County	b. City or Town of Birth: Orofino
FATHER	6. Full Name of Father: G. L. Wilfong			7. State or Country of Father's Birth: West Virginia
MOTHER	8. Full Maiden Name of Mother: Mary Grasser			9. State or Country of Mother's Birth: West Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence Wilfong		11. Present Address of Registrant: Peck, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 4 1968	12. Signature of Notary: Ralph Bailey		13. Notary Commission expires: June 17 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #246071		Date Issued: ----	Date Orig. Entry: child born July 18,1936
	Date of Birth: Age: 26	Birth Place: Orofino, Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage record #6082	By whom issued and signed: Missoula County, Montana		Date Issued: Feb.26,1968	Date Orig. Entry: Oct.1,1946
	Date of Birth: Sept.6,1909	Birth Place: Orofino, Idaho	Full Name of Mother: Mary Grasser		Name of Father: G. L. Wilfong
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record	By whom issued and signed: St. Joseph's Hospital, Lewiston, Idaho		Date Issued: Feb.27,1968	Date Orig. Entry: Feb.1,1961
	Date of Birth: Sept.6,1909	Birth Place: Orofino, Idaho	Full Name of Mother: -----		Name of Father: -----
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 16,1968

FORM BH 56067

1-30-68

APR 17 1968

249-120-004-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-443

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Chester LeRoy Burbank		2. Date of Birth (month) (day) (year): November 20, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake; b. City or Town of Birth: Bennington
FATHER	6. Full Name of Father: Chester Linsey Burbank		7. State or Country of Father's Birth: Bennington, Idaho
MOTHER	8. Full Maiden Name of Mother: Hannah Larsen		9. State or Country of Mother's Birth: Montpelier, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LeRoy Burbank	11. Present Address of Registrant: 6928 Hummel, Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 12 1968	12. Signature of Notary: Betty A Shenkarik	13. Notary Commission expires: 2-4 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #197-05-1048		By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Mar. 14, 1937
	Date of Birth: Nov.20,1909	Birth Place: Bennington, Idaho	Full Name of Mother: Hannah Larsen	Name of Father: Chester Burbank	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Hannah Larsen Burbank	Date Issued: Mar.12,1958	Date Orig. Entry: -----
	Date of Birth: Nov.20,1909	Birth Place: Bennington, Idaho Bear Lake County	Full Name of Mother: Hannah Larsen Burbank	Name of Father: Chester Linsey Burbank	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #1364582		By whom issued and signed: Occidental Life Ins. Co.	Date Issued: Mar.24,1942	Date Orig. Entry: Mar.24,1942
	Date of Birth: Nov.20,1909	Birth Place: Bennington, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Glenda Larson	April 24, 1968

FORM BH 56067

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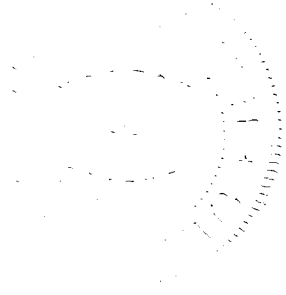
1-26-68

Chester L. Day Burbank

APR 24 1968



343-104-032-897

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-467

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Austin Benjamin Luther			2. Date of Birth (month) November (day) 4 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Gooding
FATHER	6. Full Name of Father: Charles Augustus Luther			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Ora Ellen High			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Austin Benjamin Luther		11. Present Address of Registrant: Rt 2 Gooding Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 6 1967	12. Signature of Notary: W F Flynn		13. Notary Commission expires: 12-12 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

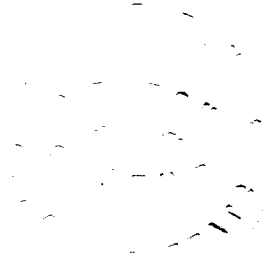
SUPPORTING RECORD 1.	Type of Document: Affidavit by daughter of midwife who delivered registrant	By whom issued and signed: Marie Burton Age:77		Date Issued: Jan.4,1968	Date Orig. Entry: ----
	Date of Birth: Nov.4,1909	Birth Place: Gooding, Idaho	Full Name of Mother: Ora Ellen High	Name of Father: Charles Augustus Luther	
SUPPORTING RECORD 2.	Type of Document: photocopy of first page of insurance policy #177671	By whom issued and signed: Beneficial Life Ins. Co. of Utah		Date Issued: Feb.26,1938	Date Orig. Entry: ----
	Date of Birth: Age: 28	Birth Place: ----	Full Name of Mother: Ora E. Luther	Name of Father: Charles A. Luther	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #324610		Date Issued: ----	Date Orig. Entry: child born Oct.10,1941
	Date of Birth: Age: 31	Birth Place: Gooding, Idaho	Full Name of Mother: -----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	May 3, 1968

MAY 3 1968



381-125-021-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-490

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Conway William Chapman			2. Date of Birth (month) March (day) 25 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: William Alma Chapman			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Verena Wright			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Conway William Chapman		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: 30 April 1968	12. Signature of Notary: Keith H Christensen		13. Notary Commission expires: 8-29-68 19

((APPLICANT— DO NOT WRITE BELOW THIS LINE))

SUPPORTING RECORD 1.	Type of Document: family record		By whom issued and signed: Family Records	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Mar.25,1909	Birth Place: Preston, Idaho	Full Name of Mother: Verena Wright Chapman	Name of Father: Wm. A. Chapman	
SUPPORTING RECORD 2.	Type of Document: copy of Certificate of Blessing		By whom issued and signed: LDS Church, Whittier Ward, Wm. Hawks, Jr., Elder	Date Issued: ----	Date Orig. Entry: blessed May 2,1909
	Date of Birth: Mar.25,1909	Birth Place: Preston, Idaho	Full Name of Mother: Verena Wright	Name of Father: Wm. A. Chapman	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Preston 2nd Ward Wm.H.Carter, Clerk	Date Issued: ----	Date Orig. Entry: baptized Mar.31,1917
	Date of Birth: Mar.25,1909	Birth Place: Preston, Idaho Oneida County	Full Name of Mother: Verena Wright	Name of Father: Wm. A. Chapman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	May 14, 1968

FORM BH 56067 2 copies mailed 15040 & 31665 (C) 4-25 68 gml

MAY 1 5 1968

38-229-003-816

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-496

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florance June Chaffee			2. Date of Birth (month) (day) (year): 8 29 09	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Pocatello, Ida. Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: George Edwin Chaffee (1122 N Harrison)			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Annie Sophia Hjort			9. State or Country of Mother's Birth: Denmark	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Florance C. Stewart	11. Present Address of Registrant: 1852 S. 3rd	
NOTARY (Seal)	Subscribed and sworn to before me on: April 25, 1968		12. Signature of Notary: Fred B. Dahlstrom	13. Notary Commission expires: November ~~April~~ 25, 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #194471	Date Issued: ----	Date Orig. Entry: child born Sept.24,1931
	Date of Birth: Age: 22	Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Federal Census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Apr.12,1966	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 7 mos.	Birth Place: Idaho	Full Name of Mother: Annie Chaffee	Name of Father: George A. Chaffee	
SUPPORTING RECORD 3.	Type of Document: Duplicate of Baptism and Confirmation #6395		By whom issued and signed: Reorganized LDS Church Independence, Mo.	Date Issued: ----	Date Orig. Entry: June 1921
	Date of Birth: Aug.29,1909	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	May 14, 1968

FORM BH 56067

4-23-68

MAY 1 5 1968

331-106-021-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-518

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: George Bruce Clayton			2. Date of Birth (month) November (day) 6 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: George Clayton			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Lily Bruce			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Bruce Clayton		11. Present Address of Registrant: Rte 1-Box 67-Pendleton, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: May 15, 1968	12. Signature of Notary: Eileen L. Vance		13. Notary Commission expires: April 16, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 390437	Date Issued: ------	Date Orig. Entry: child born May 3, 1944
	Date of Birth: Age 34	Birth Place: Preston, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Owyhee Hotel Employment Rec.		By whom issued and signed: Owyhee Hotel	Date Issued: Dec.28,1955	Date Orig. Entry: ----
	Date of Birth: Nov. 6, 1909	Birth Place: Preston, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Social Security Application		By whom issued and signed: U. S. Treasury Dept.	Date Issued: 1939	Date Orig. Entry: ---
	Date of Birth: Nov.6, 1909	Birth Place: Preston, Idaho	Full Name of Mother: Lily Bruce	Name of Father: George Clayton	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: May 23, 1968

FORM BH 56067

V.A.C.D.

MAY 23 1968

793-207-003-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-531

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Gillette			2. Date of Birth (month) (day) (year): December 7, 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: farm at Ivins (near Soda Springs)
FATHER	6. Full Name of Father: Samuel Gillette			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Frances Cornia			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth G Park		11. Present Address of Registrant: 46 E 1st So Tooele Utah
NOTARY (Seal)	Subscribed and sworn to before me on: May 8 1968	12. Signature of Notary: Ethel B Halgren		13. Notary Commission expires: 2 December 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of application for license to marry #79590	By whom issued and signed: Salt Lake County, Utah		Date Issued: Apr.19,1968	Date Orig. Entry: June 16,1938
	Date of Birth: Dec.7,1909	Birth Place: Soda Springs,Idaho	Full Name of Mother: Frances Cornia	Name of Father: Samuel Gillett	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Frances C. Gillette		Date Issued: Apr.26,1968	Date Orig. Entry: ----
	Date of Birth: Dec.7,1909	Birth Place: home on farm near Soda Springs,Ida. known as Ivins.	Full Name of Mother: Frances Cornia	Name of Father: Samuel Gillette	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: Ivins Ward, E. Virgil Cornia, Clerk		Date Issued: Sep.8,1918	Date Orig. Entry: baptized Aug.9,1918
	Date of Birth: Dec.7,1909	Birth Place: Ivins, Bannock County, Idaho	Full Name of Mother: Francis Cornia	Name of Father: Sam Gillette	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	May 28, 1968

FORM BH 56067

let all req # 30644

3-28-67

MAY 29 1968

155-206-017-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-556

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Ida Jensen	2. Date of Birth (month) (day) (year): January 6, 1909
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Idaho; a. County: Clark	b. City or Town of Birth: Kilgore
FATHER	6. Full Name of Father: Christian Peter Jensen	7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Annie Dorothy Kelson	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy Ida Krotzer; 11. Present Address of Registrant: 703 Jamison St Sedro Woolley Wn.
NOTARY (Seal)	Subscribed and sworn to before me on: May 2a 1968	12. Signature of Notary: Bess C. Trudeau; 13. Notary Commission expires: Aug. 1 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage return #9618, lic.#10285	By whom issued and signed: Skagit County, Washington	Date issued: May 20,1968	Date Orig. Entry: May 1,1933
	Date of Birth: Age: 24; Birth Place: Idaho	Full Name of Mother: Annie Kelson	Name of Father: Christian Jensen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Chris P. Jensen	Date issued: Mar.20,1968	Date Orig. Entry: ----
	Date of Birth: Jan.6,1909; Birth Place: Kilgore, Idaho	Full Name of Mother: Annie D. Kelson (Jensen)	Name of Father: Chris P. Jensen	
SUPPORTING RECORD 3.	Type of Document: photocopy of sheet of family records	By whom issued and signed: Family Records	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Jan.6,1909; Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	June 6, 1968

FORM BH 56067 2 cps Pd Rec # 31913 4-23-68

JUN 6 1968

453-110-021-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-564

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lorenzo Elmer Mecham			2. Date of Birth (month) (day) (year): February 10, 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Elmer Mecham			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Maud Martin Mecham			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorenzo Elmer Mecham		11. Present Address of Registrant: Wendell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 16 1968	12. Signature of Notary: [signature]		13. Notary Commission expires: May 2 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: hospital certificate of own child's birth	By whom issued and signed: St. Benedicts Hospital, Jerome, Idaho	Date Issued: ----	Date Orig. Entry: child born Feb.15,1957
	Date of Birth: Feb.10,1909 / Birth Place: Preston, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination as an Elder	By whom issued and signed: LDS Church, Ezra Corbridge, Clerk, Preston 6th Ward	Date Issued: Sep.21,1931	Date Orig. Entry: ordained Sept.20,1931
	Date of Birth: Feb.10,1909 / Birth Place: Preston, Idaho	Full Name of Mother: Maud Martin	Name of Father: Elmer Mecham	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother-in-law who was a neighbor at time of	By whom issued and signed: birth Julia Perry Wilcox Fellows Age:79	Date Issued: May 15,1968	Date Orig. Entry: ----
	Date of Birth: Feb.10,1909 / Birth Place: Preston, Idaho	Full Name of Mother: Maud Mecham (nee Martin)	Name of Father: Elmer Mecham	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	June 6, 1968

FORM BH 56067

5-1-68

JUN 6 1968

RELEASED

753-202-031-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-592

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Laura Maurine Peterson
2. Date Of Birth: (month) June (day) 2 (year) 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County Lewis; b. City or Town of Birth: Nezperce

FATHER

6. Full Name of Father: Homer Leslie Peterson
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Mollie Lucille Billups
9. State or Country of Mother's Birth: West Virginia

AFFIANT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: L. Maurine Merrigman
11. Present Address of Registrant: Three Rivers, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: May 28 1968

12. Signature of Notary: Eugene Gray
13. Notary Commission expires: Oct. 9 1971

EUGENE GRAY
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
TULARE COUNTY
My Commission Expires October 9, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	certified copy of marriage record Book 107,pg.233 #2151	Santa Clara County, Calif.	Mar.13,1968	Aug.3,1960
	Date of Birth / Birth Place: June 2,1909 / Idaho	Full Name of Mother: Mollie L. Billups	Name of Father: Homer L. Peterson	
SUPPORTING RECORD 2.	photocopy of page from family Bible	Family Bible Record	-----	obviously old
	June 2,1909 / ----	Mollie L. Peterson	Homer L. Peterson	
SUPPORTING RECORD 3.	Affidavit by father	Homer Leslie Peterson	Apr.29,1942	----
	June 2,1909 / Nezperce, Idaho	Mollie Lucille Peterson	Homer Leslie Peterson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barson
Evidence reviewed by: Glenda Larson
Date Filed: June 13, 1968

FORM BH 56067

2-21-69

JUN 13 1968

759-208-001-847

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-593

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Myrtle Perron			2. Date Of Birth (month) 10 (day) 8 (year) 09	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Ada	b. City or Town of Birth: Eagle	
FATHER	6. Full Name of Father: William Perron			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Hattie E. Hughes			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Thelma M Clark	11. Present Address of Registrant: Box 555 Wapatucnas, Wash	
NOTARY (Seal)	Subscribed and sworn to before me on: May 31 1968		12. Signature of Notary: V E Snyder	13. Notary Commission expires: June 24 1969	

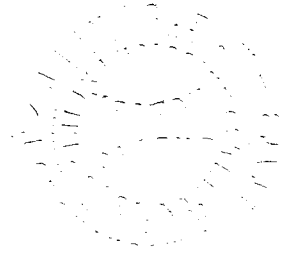
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photodopy of application for social security #518-30-0185		By whom issued and signed: Social Security Adm.	Date Issued: ----	Date Orig. Entry: Jan. 2,1946
	Date of Birth: Oct.8,1909	Birth Place: Eagle, Ada County, Idaho	Full Name of Mother: Hattie E. Hughes	Name of Father: William Perron	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: State of California Bureau of Vital Statistics	Date Issued: Apr.22,1968	Date Orig. Entry: child born Nov.13,1930
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: ----	Date Orig. Entry: Sept.20,1956
	Date of Birth: Oct.8,1909	Birth Place: Eagle, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Barson	Evidence reviewed by: Glenda Larson	Date Filed: June 13, 1968

FORM BH 56067 1 copy paid rec 28683 2/29/68

JUN 13 1968



59 217-124-014-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-597

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond Thomas Sager			2. Date of Birth (month) 3 (day) 24 (year) 1909	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: Nampa, Idaho a. County: Canyon	b. City or Town of Birth: Nampa	
FATHER	6. Full Name of Father: Thomas Elza Sager			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Iva Gimima Mc Clatchey			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond Thomas Sager		11. Present Address of Registrant: 17 N 9th St. Nyssa, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: June 5 19 68	12. Signature of Notary: June S. Benson		13. Notary Commission expires: Oct. 31 19 70	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother Age 80	By whom issued and signed: Iva Sager		Date Issued: Jun.19,1968	Date Orig. Entry: ------
	Date of Birth: Mar.24,1909	Birth Place: Nampa, Idaho	Full Name of Mother: Iva Gimima McClatchey	Name of Father: Thomas Elza Sager	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage	By whom issued and signed: Malheur Co, Oregon		Date Issued: Aug 23,1936	Date Orig. Entry: Married Aug 23,1936
	Date of Birth: Age 27	Birth Place: Nampa, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Family Bible		Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Mar.24,1909	Birth Place: Nampa, Idaho	Full Name of Mother: Iva Germima McClatchey	Name of Father: Thomas Elza Sager	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	June 19, 1968

FORM BH 56067

12-8-67

JUN 24 1968

396-215-033-434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-602

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Adeline Browning		2. Date of Birth (month) (day) (year): May I5 I909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Sugar City Madison; b. City or Town of Birth: Sugar City
FATHER	6. Full Name of Father: David James Browning		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Elizabeth Caroline McMinn		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera A. Bettis	11. Present Address of Registrant: RT3, Box 53A Silverton Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: May 24 1968	12. Signature of Notary: Glaven B Ford	13. Notary Commission expires: Apr 4 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Yellowstone Stake, Heman Ward Book #22550 entry 206	Date Issued: June 7, 1968	Date Orig. Entry: June 4, 1909
	Date of Birth: May 15, 1909 / Birth Place: Sugar City, Idaho	Full Name of Mother: Elizabeth McMinn	Name of Father: David Browning	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #134	By whom issued and signed: State of Oregon, Vital Statistics Section	Date Issued: June 5, 1968	Date Orig. Entry: child born Nov. 11, 1925
	Date of Birth: Age: 16 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Elizabeth Browning Welker	Date Issued: May 2, 1968	Date Orig. Entry: ----
	Date of Birth: May 15, 1909 / Birth Place: Sugar City, Idaho	Full Name of Mother: Elizabeth Caroline Browning	Name of Father: David James Browning	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Barnes	Glenda Larson	June 20, 1968

FORM BH 56067 WM. (B) 5-17-68 5m-1

JUN 20 1968

566-22-0408-63

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-615

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lorraine Mary Vowels ~~Lorraine Mary Evans~~
2. Date of Birth (month) July (day) 22 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Shoshone
b. City or Town of Birth: Kingston

FATHER

6. Full Name of Father: Edgerton Lawrence Vowels
7. State or Country of Father's Birth: Canada

MOTHER

8. Full Maiden Name of Mother: Edith Grace Holland
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lorraine Mary Evans
11. Present Address of Registrant: 11724 Aurora Ave. N. Seattle, Washington

NOTARY (Seal)

Subscribed and sworn to before me on March 19 1968

12. Signature of Notary: Alice M. Trengel
13. Notary Commission expires: Nov 1 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism	The Cathedral of St. John the Evangelist, V. Elson, Sec'ty. Spokane, Wa.	June 10, 1968	baptized Dec. 10, 1948

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jul. 22, 1909	Kingston, Idaho	Edith Grace (Holland) Vowels	Edgerton L. Vowels

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of marriage record	Butte County Recorder's Office California	May 27, 1968	Feb. 14, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 35	Kingston, Idaho	Edith Holland	Edgerton M. Vowles

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Passport #18163	USA Department of State	June 8, 1953	June 8, 1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jul. 22, 1909	Kingston, Idaho	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

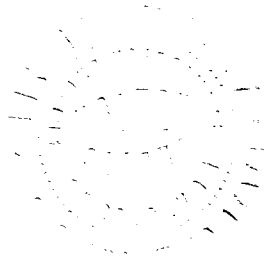
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	June 20, 1968

FORM BH 56067

2-13-67

JUN 25 1986



955-204-003-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-617

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Belma Nathela Reese
2. Date of Birth (month) (day) (year): Aug. 4 1909
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Lava Hot Springs, Idaho

FATHER

6. Full Name of Father: Noah Rees
7. State or Country of Father's Birth: Pembrokeshire, South Wales

MOTHER

8. Full Maiden Name of Mother: Margaret Elizabeth John
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Belma N. Townsend
11. Present Address of Registrant: 9-B Pocatello Heights Pocatello

NOTARY (Seal)

Subscribed and sworn to before me on: June 5 1968
12. Signature of Notary: Delma Ogden
13. Notary Commission expires: 9-15 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application for insurance policy	The Metropolitan Life Ins. Co.	----	Nov. 16,1938
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.4,1909 / Lava Hot Springs, Idaho	----	----	
SUPPORTING RECORD 2.	photocopy of family genealogy records	Family Genealogy record	Apr.22,1968	writing appears to be old
	Aug.4,1909 / Lava Hot Springs, Bannock Co., Idaho	Margaret Elizabeth John	Noah Rees	
SUPPORTING RECORD 3.	Affidavit by sister (18 years older)	Mrs. Priscilla Gilbert	July 2,1965	----
	Aug.4,1909 / Lava Hot Springs, Idaho	Margaret Elizabeth Reese	Noah Reese	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barson
Evidence reviewed by: Glenda Larson
Date Filed: June 20, 1968

FORM BH 56067

3-12-69

JUN 20 1968

357-217-035-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-618

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marion Ethel Leachman		2. Date of Birth (month) (day) (year): March 17 1909
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Lewiston, Ida Nez Perce
			b. City or Town of Birth: Lewiston, Idaho
FATHER	6. Full Name of Father: William Leachman		7. State or Country of Father's Birth: Ursa, Illinois
MOTHER	8. Full Maiden Name of Mother: Mattie L. Tueth		9. State or Country of Mother's Birth: Nevada, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marion E. Jullion	11. Present Address of Registrant: 2943 Melbourne
NOTARY (Seal)	Subscribed and sworn to before me on: June 10 1968	12. Signature of Notary: Boyd Lundquist	13. Notary Commission expires: April 9 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Bible Record	By whom issued and signed: Family Bible Records	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Mar.17,1909 / Birth Place: -----	Full Name of Mother: Mattie L. Tueth	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Boise Public Schools, Idaho Josephine Douglas, Registrar	Date Issued: May 24,1967	Date Orig. Entry: Jan.21,1924
	Date of Birth: Mar.17,1909 / Birth Place: Lewiston, Idaho	Full Name of Mother: ----	Name of Father: William Leachman	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle (more than 10 years older)	By whom issued and signed: Ray W. Tueth	Date Issued: May 23,1968	Date Orig. Entry: ----
	Date of Birth: Mar.17,1909 / Birth Place: Lewiston, Idaho	Full Name of Mother: Martha Lenore Tueth Leachman	Name of Father: William Leachman	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Larson	Glenda Larson	June 20, 1968

FORM BH 56067

10-19-66

JUN 27 1968

657-105-035-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-619

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Werner Elmer Wegner			2. Date of Birth (month) Aug. (day) 5 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Leland a. County: Nez Perce	b. City or Town of Birth: Leland Idaho
FATHER	6. Full Name of Father: Carl William Wegner			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Mary Margaret Peters			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Werner Elmer Wegner		11. Present Address of Registrant: Fairfield, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: June 17, 1968	12. Signature of Notary: Stewart Benson		13. Notary Commission expires: Jan. 24, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of school census record	By whom issued and signed: Kegley School Dist.#97, Spokane County, Washington	Date Issued: May 14,1968	Date Orig. Entry: May1,1924
	Date of Birth: Aug.5,1909 / Birth Place: -----	Full Name of Mother: -----	Name of Father: Carl W. Wegner	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Geo. Finke, Ev.Luth. Pastor Cameron, Idaho	Date Issued: ----	Date Orig. Entry: baptized Aug.7,1909
	Date of Birth: Aug.5,1909 / Birth Place: Leland, Nez Perce County, Idaho	Full Name of Mother: Marie Peters	Name of Father: Carl W. Wegner	
SUPPORTING RECORD 3.	Type of Document: Certificate of Confirmation	By whom issued and signed: O.W.Reitz,Pastor,Ev.Luth.Zions Gemeinde,Fairfield, Wash.	Date Issued: -----	Date Orig. Entry: confirmed Apr.13,1924
	Date of Birth: Aug.5,1909 / Birth Place: Leland, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	June 20, 1968

FORM BH 56067

3-21-67

JUN 20 1968

219-220-035-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-633

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rozella Orrilla Barrows		2. Date Of Birth (month) July (day) 20th (year) 1909
	3. Color or Race: Caus	4. Sex: Female	5. Place of Birth a. County: Nezperce, Idaho, Nezperce; b. City or Town of Birth: Nezperce, Idaho
FATHER	6. Full Name of Father: Willard Eugene Barrows		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Rozella Viola Thomas		9. State or Country of Mother's Birth: Otoe, Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rozella B. Ingerson	11. Present Address of Registrant: 1506 Cadet, Lawrence, Kan
NOTARY (Seal)	Subscribed and sworn to before me on: June 13th., 1968 19	12. Signature of Notary: Chester M Lossendon Jr	13. Notary Commission expires: May 27th 19 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: May 13,1968	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 10	Birth Place: Idaho	Full Name of Mother: Rozela B. Barrows	Name of Father: Willard E. Barrows	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother (bd. 1-25-1899)		By whom issued and signed: Thomas Eugene Barrows	Date issued: Sep.30,1963	Date Orig. Entry: ----
	Date of Birth: July 20,1909	Birth Place: near Nez Perze, Idaho	Full Name of Mother: Rozella Viola Thomas Barrows	Name of Father: Willard Eugene Barrows	
SUPPORTING RECORD 3.	Type of Document: copy of own child's birth certificate		By whom issued and signed: State of Nebraska, H.J.Heppner, Registrar,	Date issued: May 28,1943	Date Orig. Entry: child born May 27,1943
	Date of Birth: Age: 33	Birth Place: Nezperse, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

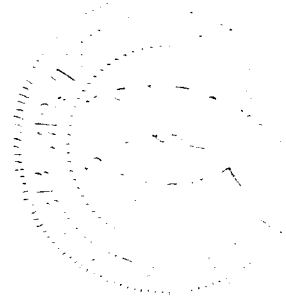
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	July 10, 1968

FORM BH 56067

JUL 1 1 1968



678 336-12-025-654

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-678

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Ben Lloid			2. Date of Birth (month) (day) (year): June 22, 1909
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Idaho Co.	b. City or Town of Birth: Center
FATHER	6. Full Name of Father: Benjamin George Lloid			7. State or Country of Father's Birth: Cove, Oregon
MOTHER	8. Full Maiden Name of Mother: Myrtle Iva Wedding			9. State or Country of Mother's Birth: Thayer, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Albert Ben Lloid		11. Present Address of Registrant: 1320 Madison Boise
NOTARY (Seal)	Subscribed and sworn to before me on: July 23 1968	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavity by mother - age 58	By whom issued and signed: Myrtle Iva Lloid		Date Issued: Jul.23,1968	Date Orig. Entry: ---
	Date of Birth: Jun.22,1909	Birth Place: Center, Idaho	Full Name of Mother: Myrtle Iva Wedding	Name of Father: Benjamin George Lloid	
SUPPORTING RECORD 2.	Type of Document: Marriage Certificate	By whom issued and signed: On file - Idaho # 52-16310		Date Issued: ---	Date Orig. Entry: Married Jan.27,1952
	Date of Birth: Age 42	Birth Place: Center, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 50-6810		Date Issued: ---	Date Orig. Entry: child born June 11, 1960
	Date of Birth: Age 50	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: - -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 25, 1968

FORM BH 56067

MAR 6 1974

793-103-014-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-680

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Basil Rudolph Gillett			2. Date of Birth (month) December (day) 3 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nampa, Idaho Canyon	b. City or Town of Birth: Nampa, Idaho
FATHER	6. Full Name of Father: Lloyd Alanzo Gillett			7. State or Country of Father's Birth: U.S.A
MOTHER	8. Full Maiden Name of Mother: Bertha Stahl			9. State or Country of Mother's Birth: U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Basil R. Gillett		11. Present Address of Registrant: 530 Bille Road, Paradise, California
NOTARY (Seal)	Subscribed and sworn to before me on: May 8th. 1962	12. Signature of Notary: State of California [signature]		13. Notary Commission expires: County of Butte Jan. 8th. 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for life insurance	By whom issued and signed: The Penn Mutual Life Insurance Company	Date issued: Jun 6, 1940	Date Orig. Entry: May 27, 1940
	Date of Birth: Dec. 3, 1909	Birth Place: Nampa, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license	By whom issued and signed: Ernest Johnson, Recorder Siskiyou, California	Date issued: filed June 22, 1936	Date Orig. Entry: June 21, 1936
	Date of Birth: Age: 26	Birth Place: Idaho	Full Name of Mother: Bertha Stahl	Name of Father: L. A. Gillett
SUPPORTING RECORD 3.	Type of Document (photocopy): Application for Reinstatement, Elks Lodge	By whom issued and signed: James A. Luckett, Secretary, Chico, Calif. B.P.O.E.	Date issued: 6-27-68	Date Orig. Entry: 6-22-38
	Date of Birth: Dec.3,1909	Birth Place: Nampa, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

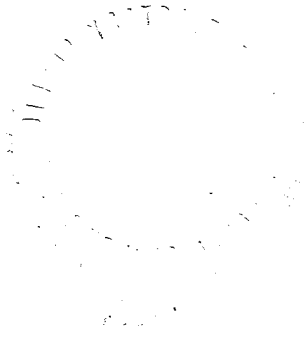
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Glenda Larson	July 26, 1968

FORM BH 56067 1 carried # 10845 4-19-62 5-11-62

JUL 26 1968



235-128-030-851

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-711

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Emmet Albert Stewart
2. Date Of Birth (month) (day) (year): October 28 1909
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Leadore, Lemhi
b. City or Town of Birth: Idaho

FATHER

6. Full Name of Father: Robert Thomas Stewart
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Lillian Yearin
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Emmit Albert Stewart
11. Present Address of Registrant: R.F.D. Box 90 Yelm Wash

NOTARY (Seal)

Subscribed and sworn to before me on: July 14th 1966
12. Signature of Notary: W. W. Monson
13. Notary Commission expires: Aug. 19 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Robert T. Stewart	Aug.7,1967	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.28,1909	Leadore, Idaho Lemhi County	Lillian Yearin	Robert Thomas Stewart

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of certificate of Baptism	Yelm Community Methodist Church, Yelm, Washington	Mar.29,1953	baptized Mar. 29, 1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.28,1909	-----	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy	Franklin Life Ins. Co. of Springfield, Illinois	---	Feb.12,1963

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.28,1909	Leadore, Idaho	-----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

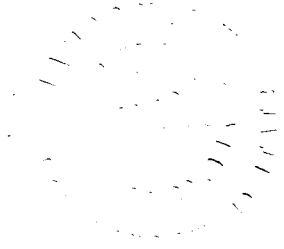
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	July 29, 1968

FORM BH 56067

1 CD put on #18478 (5) 10-10-67 gml

JUL 30 1968



395-21-006-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-736

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nellie Evelyn Trego			2. Date Of Birth (month) (day) (year): June 21, 1909
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Harry Lee Trego			7. State or Country of Father's Birth: Kellogg, Iowa
MOTHER	8. Full Maiden Name of Mother: Minnie Elmeda Hofhine			9. State or Country of Mother's Birth: Chesterfield, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nellie Evelyn Manard		11. Present Address of Registrant: 298 S. Fisher Blackfoot, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 29 1968	12. Signature of Notary: William M. Jex		13. Notary Commission expires: Aug. 29 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #183649	Date Issued: ---	Date Orig. Entry: child born Aug.19,1930
	Date of Birth: Age: 21	Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Minnie H. Trego	Date Issued: Jul.29,1968	Date Orig. Entry: -----
	Date of Birth: June 21,1909	Birth Place: Blackfoot, Idaho	Full Name of Mother: Minnie Elmeda Hofhine Trego	Name of Father: Harry Lee Trego	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy 39628-31		By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: ----	Date Orig. Entry: Oct.7,1939
	Date of Birth: June 21,1909	Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Barron	Evidence reviewed by: Glenda Larson	Date Filed: August 1, 1968

FORM BH 56067

Application No. E 15026

6-3-68

AUG 1 1968

693-219-042-867

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-747

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Pauline Wilson		2. Date Of Birth (month) April (day) 19 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Buhl, Idaho
FATHER	6. Full Name of Father: Samuel D. Wilson		7. State or Country of Father's Birth: Prairie Hall, Illinois
MOTHER	8. Full Maiden Name of Mother: Ella Gertrude Hopkinson		9. State or Country of Mother's Birth: Kansas, Wilson County, Fredonia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera Pauline Wilson Hartman	11. Present Address of Registrant: 7707 S. Lakeridge Dr. Seattle, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: May 10, 1968	12. Signature of Notary: [signature]	13. Notary Commission expires: 1-6-71

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: State of Washington Bureau of Vital Statistics	Date Issued: ----	Date Orig. Entry: child born Feb. 23, 1939
	Date of Birth: Age: 29 / Birth Place: Buhl, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Lois Beeson Age: 73	Date Issued: Jun. 10, 1968	Date Orig. Entry: ----
	Date of Birth: Apr. 19, 1909 / Birth Place: Buhl, Twin Falls County, Idaho	Full Name of Mother: Ella Gertrude Hopkinson	Name of Father: Samuel D. Wilson	
SUPPORTING RECORD 3.	Type of Document: photocopies of pages from family Bible	By whom issued and signed: Family Bible records	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Apr. 19, 1909 / Birth Place: Buhl, Idaho	Full Name of Mother: Ella G. Wilson (Hopkinson)	Name of Father: Samuel Donnell Wilson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Beeson	gml Glenda Larson	August 2, 1968

FORM BH 56067 1 cp pd rec #33741 (H) 7-29-68 gmf

AUG 5 1968

293-210-014-685

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-749

OFFICIAL SEAL ROSEMARY DAVIS NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY My Commission Expires August 19, 1970

REGISTRANT

1. Registrant's Full Name at Birth: Mary Elizabeth Billingsley
2. Date of Birth: (month) July (day) 10 (year) 1909
3. Color or Race: caucasian
4. Sex: fe
5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Caldwell

FATHER

6. Full Name of Father: Jacob J. Billingsley
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Nora Maud Wheeler
9. State or Country of Mother's Birth: Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary E Ewing
11. Present Address of Registrant: 5749 N. Kauffman, Temple City, California

NOTARY

Subscribed and sworn to before me on: June 26 1968

12. Signature of Notary: Rosemary Davis
13. Notary Commission expires: ROSEMARY DAVIS My Commission Expires August 19, 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of own child's birth certificate #255	City of Pasadena, California	July 3, 1957	child born Apr. 2, 1939
	Date of Birth: Age: 29	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----
SUPPORTING RECORD 2.	photocopy of family record	Family Records	----	obviously old
	Jul. 10, 1909	Caldwell, Idaho	Nora M. Billingsley	----
SUPPORTING RECORD 3. *	Certified copy of Court Order of Adoption	Canyon County, Idaho, Probate Court	Jun. 20, 1968	Dec. 30, 1922
	Jul. 10, 1909	----	Nora M. Billingsley	Jacob Billingsley

QUALIFYING INFORMATION

registrant was adopted by J. H. Forbes and May Forbes.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	August 6, 1968

FORM BH 56067

5-1

AUG 7 1968

JAN 6 1972

693-29-003-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-752

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lura Marion Willey			2. Date Of Birth (month) July (day) 29 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: John A. Willey			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Thurza Crane			9. State or Country of Mother's Birth: Utah
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Mrs. Lura M. Rocke		11. Present Address of Registrant: 791 Park Pocatello
NOTARY (Seal)	Subscribed and sworn to before me on: July 31 1968	12. Signature of Notary: Barbara Haggerty		13. Notary Commission expires: June 27 1972

(APPLICANT— DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt	By whom issued and signed: Edith Lewis Age:87	Date Issued: Jul.10,1968	Date Orig. Entry: -----
	Date of Birth: Jul.29,1909 / Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Thurza Crane Willey	Name of Father: John A. Willey	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #173636	Date Issued: -----	Date Orig. Entry: child born July 31,1929
	Date of Birth: Age: 20 / Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: School Dist.#25, Rulon M. Ellis, Supt., Pocatello, Idaho	Date Issued: Jul.30,1968	Date Orig. Entry: 1921
	Date of Birth: Jul.29,1909 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml hh Glenda Larson	August 6, 1968

FORM BH 56067 1 copy paid rec. 14822 2nd form sent 1-16-67 (R) gml

(W) 7-29

Roche
(Lura M. Willey or Watson)

AUG 7 1968

455-22-034-454

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-764

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY JOSEPHINE DENAUGHEL		2. Date of Birth (month) (day) (year): MARCH 21 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: RUPERT, MINIDOKA — b. City or Town of Birth: RUPERT
FATHER	6. Full Name of Father: AUGUST DENAUGHEL		7. State or Country of Father's Birth: OOSTCAMP, BELGIUM
MOTHER	8. Full Maiden Name of Mother: BERTHA CRISTINA MEULEMAN		9. State or Country of Mother's Birth: OOSTCAMP BELGIUM
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Pickering	11. Present Address of Registrant: 4005 125 W RT 2
NOTARY (Seal)	Subscribed and sworn to before me on: July 2, 1968	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Certificate		By whom issued and signed: Roman Catholic Church	Date Issued: Apr.25,1968	Date Orig. Entry: Baptized July 18, 1909
	Date of Birth: Mar.21,1909	Birth Place: Rupert, Idaho	Full Name of Mother: Bertha Christina Meuleman	Name of Father: August DeNaughel	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho #223060	Date Issued: -----	Date Orig. Entry: child born June 12, 1934
	Date of Birth: Age 25	Birth Place: Rupert, Idaho	Full Name of Mother: -------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Marriage License Application		By whom issued and signed: August C.Bethke County of Minidoka - Auditor	Date Issued: July 3,1968	Date Orig. Entry: Married Oct.13,1928
	Date of Birth: Age 19	Birth Place: Rupert Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Aug. 16, 1968

FORM BH 56067

AUG 1 6 1368

389-210-006-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-802

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MELVA RACHEL CHRISTENSEN
2. Date of Birth (month) July (day) 10 (year) 1909
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: GOSHEN BINGHAM
b. City or Town of Birth: GOSHEN (mail Shelley)

FATHER

6. Full Name of Father: HIRAM RICHARD CHRISTENSEN
7. State or Country of Father's Birth: HYRUM UTAH.

MOTHER

8. Full Maiden Name of Mother: AMANDA ELIZABETH PETERSON
9. State or Country of Mother's Birth: GRANTSVILLE UTAH.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Melva R. Harker
11. Present Address of Registrant: 366 Locust SHELLEY IDAHO.

NOTARY (Seal)

Subscribed and sworn to before me on: May 16, 1968 19____

12. Signature of Notary: F. M. Bistline

13. Notary Commission expires: August, 1, 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #235992	----	child born Sept.17,1935
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 26 / Shelley, Idaho	----	----	
SUPPORTING RECORD 2.	photocopy of Certificate of Blessing	LDS Church, Goshen Ward, D.N.Johnson, Clerk	Sept.5,1909	blessed Sept.5,1909
	July 10,1909 / Goshen, Bingham County, Idaho	Amanda Peterson	Hiram R. Christensen	
SUPPORTING RECORD 3.	photocopy of Certificate of Baptism and Confirmation	LDS Church, Peter Monson, Bishop, Goshen Ward	Aug.12,1917	baptized Aug.5,1917
	July 10,1909 / Goshen, Idaho Bingham County	Manda Peterson	Hirum R. Christensen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	Sept.11,1968

FORM BH 56067 N.M.

8-22-63

SEP 1 8 1968

335-131-033-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-827

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Silas Prentiss Clements			2. Date Of Birth (month) March (day) 31 (year) 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: was Fremont now Madison	b. City or Town of Birth: Hibbard (mail Rexburg)
FATHER	6. Full Name of Father: Lester Amos Clements			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Elizabeth Clay			9. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Silas Prentiss Clements		11. Present Address of Registrant: 239 W 3rd N. Rexburg Ida
NOTARY (Seal)	Subscribed and sworn to before me on: 21 Aug 1968	12. Signature of Notary: [illegible]		13. Notary Commission expires: 21 Dec 1969

"APPLICANT— DO NOT WRITE BELOW THIS LINE"

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #288461	Date Issued: ----	Date Orig. Entry: child born Dec.13,1939
	Date of Birth: Age: 30 / Birth Place: Hibbard, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of church certificate of birth	By whom issued and signed: LDS Church, Hibbard Ward record of births & blessings Pg. 260	Date Issued: Dec.6,1962	Date Orig. Entry: May 2,1909
	Date of Birth: Mar.31,1909 / Birth Place: Hibbard, Idaho Fremont County	Full Name of Mother: Lizzie Clay	Name of Father: Lester Clements	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt (more than 10 yrs. older)	By whom issued and signed: Irene Clements	Date Issued: Apr. 1968	Date Orig. Entry:
	Date of Birth: Mar.31,1909 / Birth Place: Hibbard (near Rexburg), Idaho	Full Name of Mother: Elizabeth Clay	Name of Father: Lester Amos Clements	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept. 19, 1968

FORM BH 56067

1 cp Pd 10, 4 31 1968

(C)

SEP 24 [redacted]

844 314-216-033-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-844

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Maude LaVon Campbell
2. Date Of Birth: March 16, 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Madison; b. City or Town of Birth: Victor

FATHER

6. Full Name of Father: James Campbell
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Ellen Branson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Maude Waltman
11. Present Address of Registrant: 631 6th St No Ext Nampa Ida

NOTARY (Seal)

Subscribed and sworn to before me on: August 13 1959
12. Signature of Notary: Hazel S. Hurlbert
13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Vital Statistics, Idaho #214349		Child born Aug. 15, 1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 24	Victor, Idaho	--	--

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	L.D.S.Church - Elder Allen	May 29,1909	Blessed May 2, 1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.16,1909	Victor, Idaho	Ellen Branson	James Campbell

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for membership in Lodge	Order of Eagles F.O.E.	Mar.10,1958	Mar. 10,1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.16,1909	Victor, Idaho	----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ses Florence Curtright	Oct.1,1968

FORM BH 56067

OCT 2 1968

242-22-022-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-872

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Alice Bush		2. Date Of Birth (month) (day) (year): December 24 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Teton Idaho
FATHER	6. Full Name of Father: Lawrence Milton Bush		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: E. Alice Davis		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera Bush	11. Present Address of Registrant: Idaho Falls, Idaho 1005 E-11th St.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 12 1968	12. Signature of Notary: [signature]	13. Notary Commission expires: 7-10 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Teton Ward,, Walter Riggs, Clerk	Date Issued: Feb.6,1910	Date Orig. Entry: blessed Feb.6,1910
	Date of Birth: Dec.24,1909 / Birth Place: Teton, Idaho Fremont County	Full Name of Mother: Alice E. Davis	Name of Father: Lawrence Bush	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Rigby Ward, Jas. J. Chandler, Clerk	Date Issued: ---	Date Orig. Entry: baptized July 5,1919
	Date of Birth: Dec.24,1909 / Birth Place: Teton, Idaho Fremont County	Full Name of Mother: E. Alice Davis	Name of Father: Lawrence Bush	
SUPPORTING RECORD 3.	Type of Document: Certificate of Membership in Retirement Plan #15572	By whom issued and signed: F.W. Woolworth Co., Denver, Colorado	Date Issued: Jun.6,1955	Date Orig. Entry: ----
	* Date of Birth: retirement date 1/1/75 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION	at age 65 * document states that the normal retirement date is January 1st of the year following attainment of age 65.			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Oct.8,1968

FORM BH 56067

9-10-68

OCT 8 1968

595113-023-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-910

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DONALD JOHN NIELSON		2. Date Of Birth (month) (day) (year): SEPT 13 1909
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: EMMETT IDA Gem County; b. City or Town of Birth: EMMETT, IDAHO
FATHER	6. Full Name of Father: ANDREW A. NIELSON		7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: ELLEN BAILEY NIELSON		9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: D. J. Nielson	11. Present Address of Registrant: STOCKTON, CALIF.
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 13 1968	12. Signature of Notary: Frances Knisley Frances Knisley	13. Notary Commission expires: June 27 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Gridley Ward, Lester R.Monson,Clerk	Date issued: Dec.17,1967	Date Orig. Entry: baptized Apr.19,1931
	Date of Birth: Sep.13,1909	Birth Place: Emmett, Idaho	Full Name of Mother: Ellen Bailey	Name of Father: Andrew Nielson	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage record book 3 page 78		By whom issued and signed: Glenn County Recorder's Office California	Date issued: Aug.15,1968	Date Orig. Entry: Apr.29,1931
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: Ellen Bailey	Name of Father: Andrew Nielson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age:77		By whom issued and signed: Rowena Edna Bucknum	Date issued: Sep.24,1968	Date Orig. Entry: ----
	Date of Birth: Sep.13,1909	Birth Place: Emmett, Idaho	Full Name of Mother: Ellen Bailey Nielson	Name of Father: Andrew Nielson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Larson	gml Glenda Larson	Oct. 21, 1968

FORM BH 56067 1 cp. pd. rec. # 39560 (N) 9-19-[illegible]

OCT 2 1 1968

819-121-003-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-915

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RICHARD HOWARD HARRISON			2. Date of Birth: (month) March (day) 21 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello, Idaho	
FATHER	6. Full Name of Father: George H. Harrison			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: VioletWallis			9. State or Country of Mother's Birth: Utah Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Richard Howard Harrison	11. Present Address of Registrant: 2675 Fletcher Pkwy El Cajon, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: September 20, 1968		12. Signature of Notary: Katherine E. Gordon KATHERINE E. GORDON	13. Notary Commission expires: March 1, 1970	

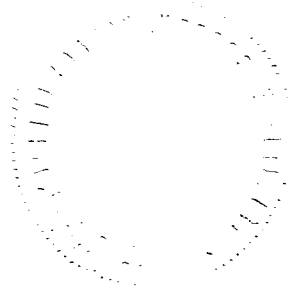
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Violet Wallis Harrison	Date Issued: Sep.20,1968	Date Orig. Entry: ----
	Date of Birth: Mar.21,1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Violet Wallis Harrison	Name of Father: George H. Harrison	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Wm. J. Crockett, Bishop	Date Issued: -----	Date Orig. Entry: baptized Jun.27,1918
	Date of Birth: Mar.21,1909	Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Violet Wallis	Name of Father: George H. Harrison	
SUPPORTING RECORD 3.	Type of Document: photocopy of military separation qualification record		By whom issued and signed: U.S. Army,AAF Sep. Base,Hq. Lowry Field, Denver, Colo.	Date Issued: separation Mar.3,1946	Date Orig. Entry: Jan.21,1942
	Date of Birth: Mar.21,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 21, 1968

FORM BH 56067

OCT 21 1968



418-217-023-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-921

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Emily [illegible] Day		2. Date of Birth (month) (day) (year): January, 17, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gem; b. City or Town of Birth: Emmett, Idaho
FATHER	6. Full Name of Father: Edward William Maxfield Day		7. State or Country of Father's Birth: Tumbridge wells, Kent, England
MOTHER	8. Full Maiden Name of Mother: Valeria Olivia Smith		9. State or Country of Mother's Birth: Lichfield, Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Emily Day Meirtrell	11. Present Address of Registrant: The Dalles, Oregon 212 W. Ninth Street
NOTARY (Seal)	Subscribed and sworn to before me on: March 23 1967	12. Signature of Notary: Freda Dahl	13. Notary Commission expires: June 3 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notice of birth in newspaper	By whom issued and signed: The Clifton Success, Clifton, Colorado	Date Issued: Jan.28,1909 Thursday	Date Orig. Entry: Jan.28,1909
	Date of Birth: Jan.17,1909 / Birth Place: Emmett,Idaho	Full Name of Mother: Mrs. Edward M. Day	Name of Father: Mr. Edward M. Day	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: School Dist. of Boise, Idaho (Longfellow Elem. School)	Date Issued: Mar.9,1964	Date Orig. Entry: 1915-16
	Date of Birth: Jan.17,1909 / Birth Place: -----	Full Name of Mother: -----	Name of Father: E. W. M. Day	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Oct.9,1968	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age 1 yr. 3 mos. / Birth Place: Idaho	Full Name of Mother: Valeria O. Day	Name of Father: Edward W. M. Day	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Oct. 23, 1968

FORM BH 56067 NM (m) 9-19-67gm

OCT 30 1968

893-226-025-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-927

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EMMA BELL HILL			2. Date of Birth (month) (day) (year): SEPTEMBER 26 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: GREENCREEK IDAHO	b. City or Town of Birth: GREENCREEK IDAHO
FATHER	6. Full Name of Father: JOSEPH MATHEW HILL			7. State or Country of Father's Birth: GRANGEVILLE, IDAHO
MOTHER	8. Full Maiden Name of Mother: SADIE ELIZABETH KINCAID			9. State or Country of Mother's Birth: NEWAGO, MICHIGAN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emma Zodrow.		11. Present Address of Registrant: Ferdinand, Idaho
NOTARY—(Seal)	Subscribed and sworn to before me on: Feb. 12 1957	12. Signature of Notary: D. G. Emery		13. Notary Commission expires: 10/15 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Son's Birth Certificate	By whom issued and signed: Idaho #266171		Date Issued:	Date Orig. Entry: Child born Apr.11,1928
	Date of Birth: age 28	Birth Place: Greencreek,Ida.	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Record		Date Issued: Sep.12,1968	Date Orig. Entry: obviously old
	Date of Birth: Sep.26,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Joseph Mathew Hill		Date Issued: Apr.16,1957	Date Orig. Entry: ---
	Date of Birth: Sep.26,1909	Birth Place: Greencreek,Idaho	Full Name of Mother: Sadie Elizabeth Kincaid	Name of Father: Joseph Mathew Hill	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	ss Glenda Larson	October 29,1968

FORM BH 56067 1 copy paid

OCT 30 1968

434-203-010-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE 68-973

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Faye McMillan			2. Date of Birth (month) Aug (day) 3, (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Falls	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Neal Dudley McMillan			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Theresa Schultz			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Faye Strange		11. Present Address of Registrant: Hagerman, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 13 1968	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding membership L.D.S.Church		By whom issued and signed: Douglas H. Wood	Date Issued: Aug.1967	Date Orig. Entry: ---
	Date of Birth: Aug.3,1909	Birth Place: Idaho Falls, Ida	Full Name of Mother: Theresa Schultz	Name of Father: Neal Dudley McMillan	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt Age 70		By whom issued and signed: Nita R. Shultz Deschamps	Date Issued: Nov.12,1968	Date Orig. Entry: ----
	Date of Birth: Aug.3,1909	Birth Place: Idaho Falls, Ida.	Full Name of Mother: Theresa Shultz McMillan	Name of Father: Neal Dudley McMillan	
SUPPORTING RECORD 3.	Type of Document: Driver's License		By whom issued and signed: State of Utah	Date Issued: Jan.3,1934	Date Orig. Entry: Jan.3,1934
	Date of Birth: Age 24	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Nov.18,1968

FORM BH 56067

Mother - No Certificate

NOV 1 9 1968

295-215-044-735

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1011

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rebecca Dorothy Muriel Krieger		2. Date Of Birth (month) Dec. (day) 15 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho-Washington; b. City or Town of Birth: Midvale
FATHER	6. Full Name of Father: Peter Conrad Krieger Russia		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Dora Gleek		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rebecca Jackson	11. Present Address of Registrant: Midvale, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 10 1968	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age:68		By whom issued and signed: Elizabeth K. Killian	Date issued: Sep.17,1968	Date Orig. Entry: ----
	Date of Birth: Dec.15,1909	Birth Place: Midvale, Idaho	Full Name of Mother: Dorothy Anna Kluck Krieger	Name of Father: Peter Conrad Krieger	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage record book 8 page 323		By whom issued and signed: Washington County recorder's office, Idaho	Date issued: Sep.19,1968	Date Orig. Entry: Oct.27,1927
	Date of Birth: Dec.15,1909	Birth Place: Midvale, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #24452-E		By whom issued and signed: Gem State Mutual Life Assoc. Inc., Pocatello, Idaho	Date issued: Jun.11,1942	Date Orig. Entry: June 11,1942
	Date of Birth: Dec.15,1909	Birth Place: Midvale, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec. 4, 1968

FORM BH 56067 In office - 9-10-68 ... (J) 10-8-68 Pub. search.

DEC 5 1968

693-109-020-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1017

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilbur Frank Wilson			2. Date of Birth: (month) June (day) 9 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Elmore	b. City or Town of Birth: Hammett, Idaho	
FATHER	6. Full Name of Father: Francis Elmer Wilson			7. State or Country of Father's Birth: Missouri - U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Mary Ada Griffith			9. State or Country of Mother's Birth: Pennsylvania - U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilbur Frank Wilson		11. Present Address of Registrant: Box 33 Hammett, Idaho 83627	
NOTARY (Seal)	Subscribed and sworn to before me on: November 19 19 68	12. Signature of Notary: Glenda Larson		13. Notary Commission expires: April 25 19 69	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #418574		Date Issued: ----	Date Orig. Entry: child born Apr. 19, 1946
	Date of Birth: Age: 36	Birth Place: Hammett, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Record		Date Issued: ----	Date Orig. Entry: Obviously old
	Date of Birth: June 9, 1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: Francis E. Wilson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by step-sister	By whom issued and signed: Hazel Carey (14 years older)		Date Issued: Nov. 14, 1968	Date Orig. Entry: ----
	Date of Birth: June 9, 1909	Birth Place: Hammett, Idaho	Full Name of Mother: Mary Ada (Griffith) Wilson	Name of Father: Francis Elmer Wilson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 4, 1968

FORM BH 56067

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11-1-68

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DEC 5 1968
APR 25 1974

613-208-039-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1042

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Phoebe EUNICE WALKER
2. Date Of Birth (month) (day) (year): JAN 8 1909
3. Color or Race: White
4. Sex: FEMALE
5. Place of Birth a. County: IDAHO POWER
b. City or Town of Birth: Neeley

FATHER

6. Full Name of Father: JAMES ZENITH WALKER
7. State or Country of Father's Birth: UTAH - SUMMIT PARK CITY

MOTHER

8. Full Maiden Name of Mother: CLARA CALVERT
9. State or Country of Mother's Birth: UTAH - WEBER - Ogden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Phoebe Eunice Hunt
11. Present Address of Registrant: 181 E. 1st N. Preston Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 25 November 1968
12. Signature of Notary: Dell W. Smith
13. Notary Commission expires: March 19 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho # 254836	----	child born Apr. 22, 1937
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 28 / American Falls, Idaho	---	-----	
SUPPORTING RECORD 2.	Affidavit by mother	Clara Smith Age: 89	Nov. 25, 1968	----
	Jan. 8, 1909 / Neeley, Idaho	Clara Smith	James Zenith Walker	
SUPPORTING RECORD 3.	Insurance Policy 36494376	Metropolitan Life Ins. Co.	June 7, 1943	----
	Age: 35 / ---	----	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Dec. 11, 1968

FORM BH 56067

W carrick

254836 - Childs cert.

OCT 23 1969

993-115-016-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Be 68-1048

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ORSON MARTELL RICHINS			2. Date of Birth (month) Feb. (day) 15 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: Orson Chester Richins			7. State or Country of Father's Birth: Grouse Creek, Box Elder Co., Utah
MOTHER	8. Full Maiden Name of Mother: Harriet Mable Hunter			9. State or Country of Mother's Birth: Oakley, Cassia Co., Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: 125 "K" Street Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on December 2nd 1968	12. Signature of Notary: Ena C. Johnson		13. Notary Commission expires: April 19 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, pg. 194 line 161 of Oakley 2nd Ward records	Date Issued: Dec. 2, 1968	Date Orig. Entry: Mar. 7, 1909
	Date of Birth: Feb. 15, 1909 / Birth Place: Oakley, Idaho Cassia County	Full Name of Mother: Harriet Mable Hunter	Name of Father: Orson C. Richins	
SUPPORTING RECORD 2.	Type of Document: Certified statement of birth record in County Office	By whom issued and signed: Cassia Co., Idaho, #241 pg. 11 reported by Dr. E. P. Oldham	Date Issued: ----	Date Orig. Entry: ---
	Date of Birth: Feb. 15, 1909 / Birth Place: Oakley, Idaho Cassia County	Full Name of Mother: Mable Hunter Richins	Name of Father: Orson Richins	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Prudential Ins. Co. of America	Date Issued: ---	Date Orig. Entry: Mar. 19, 1951
	Date of Birth: Feb. 15, 1909 / Birth Place: Oakley, Idaho USA	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 17, 1968

FORM BH 56067

11-29-68

DEC 17 1968

739-124-037-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1057

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John alfred Glidden			2. Date of Birth (month) 1 (day) 24 (year) 1909	
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: Idaho OWYHEE	b. City or Town of Birth: BRUNEAU IDAHO	
FATHER	6. Full Name of Father: ALFRED M GLIDDEN			7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: MARY F CONNER			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: John alfred Glidden	11. Present Address of Registrant: BRUNEAU IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 7, 1968		12. Signature of Notary: Sam O Hable	13. Notary Commission expires: Jan. 9, 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance policy #18 139 976		By whom issued and signed: New York Life Ins. Co.	Date Issued: Apr.7,1942	Date Orig. Entry: Feb.19,1942
	Date of Birth: Jan.24,1909	Birth Place: Bruneau, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #351972	Date Issued: ----	Date Orig. Entry: child born Apr.10,1942
	Date of Birth: Age: 33	Birth Place: Bruneau, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person who went to see new baby 3 days after birth.		By whom issued and signed: Ruth E.(Black) Randall Age:71	Date Issued: Dec.7,1968	Date Orig. Entry: ----
	Date of Birth: Jan.24,1909	Birth Place: Little Valley near Bruneau	Full Name of Mother: Mary F. Connor Glidden	Name of Father: Alfred M. Glidden	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Glenda Larson	Dec. 20, 1968

FORM BH 56067

l.c.c. pd - Rec. #553

12-13-68

Child's certificate #351972.

DEC 23 1968

JAN 4 1974

693-218-028-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-008

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Katherine Wilson			2. Date of Birth (month) (day) (year): March 18 1909	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Idaho a. County: Kootenai	b. City or Town of Birth: Harrison	
FATHER	6. Full Name of Father: George McClain Wilson			7. State or Country of Father's Birth: Manchester Illinois	
MOTHER	8. Full Maiden Name of Mother: Leonora Barlow			9. State or Country of Mother's Birth: Evansville Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Katherine W. Wilson		11. Present Address of Registrant: 74 Melanie Dr. Cotherstown Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 18, 1965	12. Signature of Notary: Marion E. Stutz		13. Notary Commission expires: December 12, 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Clatsop County, Oregon Richard B. Knotts, Supt. Schools		Date Issued: Oct. 3, 1968	Date Orig. Entry: Oct. 25, 1919
	Date of Birth: Age: 10	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt (bd. 9-2-1884)	By whom issued and signed: Miss Grace Wilson		Date Issued: Sep. 18, 1964	Date Orig. Entry: ----
	Date of Birth: Mar. 18, 1909	Birth Place: Harrison, Idaho	Full Name of Mother: Leonora Barlow Wilson	Name of Father: George McClain Wilson	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Dec. 9, 1968	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 10	Birth Place: Idaho	Full Name of Mother: Leonore Wilson	Name of Father: George M. Wilson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: gml Glenda Larson	Date Filed: Jan. 8, 1969

FORM BH 56067 (40 pd Mar + 2-16-65) (N) (N) 12-12-68 gml

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JAN _ 8 1969

814-07-1006-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-013

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: David William Haderlie, Jr.			2. Date of Birth (month) August (day) 7, (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Iona
FATHER	6. Full Name of Father: David William Haderlie, Sr.			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Florence Price			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: David W Haderlie	11. Present Address of Registrant: R. 1 Box 73 Ida Falls Ida.
NOTARY (Seal)	Subscribed and sworn to before me on January 3 1969		12. Signature of Notary: Louise P. Blackbird	13. Notary Commission expires: March 12 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mary Florence Price	Date Issued: Nov.14,1968	Date Orig. Entry: ----
	Date of Birth: Aug.7,1909	Birth Place: Iona, Bingham County, Idaho	Full Name of Mother: Mary Florence Price	Name of Father: David William Haderlie, Sr.	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Iona Ward	Date Issued: ----	Date Orig. Entry: blessed Oct.3,1909
	Date of Birth: Aug.7,1909	Birth Place: Iona, Bingham County, Idaho	Full Name of Mother: Mary F. Price	Name of Father: D. W. Haderlie	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #360813	Date Issued: ----	Date Orig. Entry: child born Oct.28,1942
	Date of Birth: Age: 33	Birth Place: Iona, Idaho	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Jan. 14, 1969

FORM BH 56067

Haderlie

JAN 14 1969

415-220-014-279

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-029

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sina Dorothy Manser	2. Date of Birth (month) Jan (day) 20 (year) 1909
	3. Color or Race: White; 4. Sex: female; 5. Place of Birth: a. County Payette Canyon	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Nicklos Manser	7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Maude Millicent Springer	9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sina Dorothy Manser Conner; 11. Present Address of Registrant: Ontario Oregon
NOTARY (seal)	Subscribed and sworn to before me on: Sept. 3. 1963.	12. Signature of Notary: [illegible]; 13. Notary Commission expires: June 13. 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by family friend at time of birth	By whom issued and signed: Elsie M. Hartung-age 66	Date issued: Aug 20, 1963	Date Orig. Entry: ----
	Date of Birth: Jan 20, 1909; Birth Place: Payette, Idaho	Full Name of Mother: Maude Millicent Manser	Name of Father: Nicklos Manser	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for life insurance	By whom issued and signed: Old West Life Ins. Co.	Date issued: ---	Date Orig. Entry: Oct. 19, 1959
	Date of Birth: Jan. 20, 1909; Birth Place: ---	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #160522	Date issued: =-----	Date Orig. Entry: child born Dec. 21, 1927
	Date of Birth: Age: 18; Birth Place: Payette, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

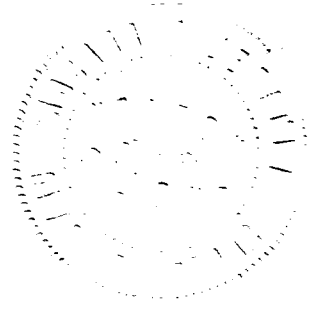
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	bf gml Glenda Larson	Jan. 21, 1969

FORM BH 56067

JAN 21 1969



719-210-031-817

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-034

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn A. ~~Devine~~ Parr		2. Date of Birth (month) May (day) 10 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Lewis; b. City or Town of Birth: Kamiah, Ida. / Kamiah, Idaho
FATHER	6. Full Name of Father: Enoch Davis Parr		7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Minnie Myrtle Hagan		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn A. Devine	11. Present Address of Registrant: 210 So. Hillcrest Yakima, Wash. 98902
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 17th 1968	12. Signature of Notary: L. L. Dattenbach	13. Notary Commission expires: Nov. 30 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of family at time of birth	By whom issued and signed: Mary Poland Bowman Age:76	Date Issued: Dec.17,1968	Date Orig. Entry: ----
	Date of Birth: May 10,1909 / Birth Place: Kamiah, Idaho	Full Name of Mother: ---	Name of Father: E. B. Parr	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: St. Elizabeth Hospital, Yakima, Washington	Date Issued: Sep.11,1968	Date Orig. Entry:
	Date of Birth: May 10,1909 / Birth Place: Idaho	Full Name of Mother: Myrtle Hagen	Name of Father: Erick Parr	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage return #16242	By whom issued and signed: Yakima County Auditor's office, Washington	Date Issued: Dec.16,1968	Date Orig. Entry: Aug.19,1933
	Date of Birth: Age: 24 / Birth Place: Kamiah, Idaho	Full Name of Mother: Myrtle Hagan	Name of Father: Enoch Parr	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

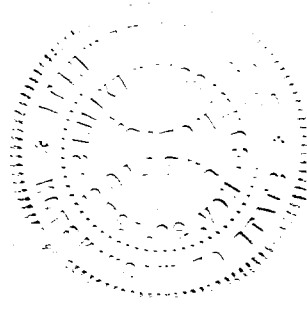
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	Jan. 21, 1969

FORM BH 56067

JAN 21 1969

DEC 29 1995



253-220-042-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-041

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LOIS ADA BECK		2. Date Of Birth (month) FEBRUARY (day) 20 (year) 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: TWIN FALLS, idaho - TF; b. City or Town of Birth: TWIN FALLS
FATHER	6. Full Name of Father: FRANKLIN EDWIN BECK		7. State or Country of Father's Birth: TRENTON, CACHE CO. UTAH
MOTHER	8. Full Maiden Name of Mother: HARRIETT JULIA DALTON		9. State or Country of Mother's Birth: BEAVER, JUAB CO. UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois Ada Beck Lois Ada Kipling	11. Present Address of Registrant: 2406 N. Buenos Aires Drive Covina, California 91722
NOTARY (Seal)	Subscribed and sworn to before me on 6 19 68	12. Signature of Notary: Norma R. Desautels	13. Notary Commission expires: NORMA R. DESAUTELS My Commission Expires June 21, 1970

NORMA R. DESAUTELS
NOTARY PUBLIC
STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of hospital certificate of own child's birth		By whom issued and signed: Physicians & Surgeons Hosp. Glendale, California	Date Issued: ---	Date Orig. Entry: child born Aug.11,1931
	Date of Birth: Feb.20,1909	Birth Place: Twin Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #1,467,704		By whom issued and signed: Massachusetts Mutual Life Ins. Co.	Date Issued: Feb.19,1942	Date Orig. Entry: Feb.14,1942
	Date of Birth: Feb.20,1909	Birth Place: Twin Falls, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother		By whom issued and signed: Thomas Campbell Beck (bd. 4-23-1896)	Date Issued: Dec.14,1968	Date Orig. Entry: ----
	Date of Birth: Feb.20,1909	Birth Place: Twin Falls, Idaho	Full Name of Mother: Harriett Julia Beck	Name of Father: Franklin Edwin Beck	
QUALIFYING INFORMATION					

NORMA R. DESAUTELS
My Commission Expires June 21, 1970

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Jan. 23, 1969

FORM BH 56067 1 Cp Add Ne # 2[illegible] (K) 12-9-6[illegible]

JAN 24 1969.

193-213-025 235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-054

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LEXA MAY ARTON.			2. Date of Birth (month) June (day) 13 (year) 1909.	
	3. Color or Race: White	4. Sex: Fem.	5. Place of Birth a. County: Wooside IDAHO	b. City or Town of Birth: Wooside	
FATHER	6. Full Name of Father: ROBERT RENICK ARTON.			7. State or Country of Father's Birth: LIVERPOOL ENG	
MOTHER	8. Full Maiden Name of Mother: Jessie EDNa. ScoRAh.			9. State or Country of Mother's Birth: RICHmond, MicHigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lexa May Brubaker	11. Present Address of Registrant: 484 Caribou St. Penticton B.C.	
NOTARY (Seal)	Subscribed and sworn to before me on: APRIL 13 19 67		12. Signature of Notary: Edgar Dewdney	13. Notary Commission expires: M/A in CANADA FOR LIFE	Can.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Passport #4-279461		By whom issued and signed: Dept. of External Affairs Ottawa, Canada	Date Issued: Aug.18,1952	Date Orig. Entry: Aug.18,1952
	Date of Birth: June 13,1909	Birth Place: Woodside, Idaho U.S.A.	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: R. R. Arton	Date Issued: 5-18-67	Date Orig. Entry: -----
	Date of Birth: June 13, 1909	Birth Place: Woodside, Idaho	Full Name of Mother: Jessie Edna Arton	Name of Father: Robert Renwick Arton	
SUPPORTING RECORD 3.	Type of Document: Canadian Census Records		By whom issued and signed: Census Division, Ottawa, Canada, Dominion Bur. of Stat.	Date Issued: Jul.28,1967	Date Orig. Entry: June 1,1911
	Date of Birth: June 1909	Birth Place: USA	Full Name of Mother: Jessie Arton	Name of Father: Robert Arton	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Larson	gml Glenda Larson	Feb. 5, 1969

FORM BH 56067

Enclosed

FEB 5 1969

866-225-022-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-123

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Madge Marcella Howard		2. Date of Birth (month) (day) (year): July 25-1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Home; a. County: Fremont; b. City or Town of Birth: Chester
FATHER	6. Full Name of Father: Don Carlos Howard		7. State or Country of Father's Birth: Pleasant Grove, Utah
MOTHER	8. Full Maiden Name of Mother: Annie Marie Matilda Johnson Mt		9. State or Country of Mother's Birth: Pleasant, Sandpete County Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Madge M. Howard Reynolds	11. Present Address of Registrant: Reynolds Ashton Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 2-19 1969	12. Signature of Notary: Lynn Horsley	13. Notary Commission expires: 4-1 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church records		By whom issued and signed: LDS Church, Keith F. Nyborg, Bishop	Date Issued: ---	Date Orig. Entry: blessed Sept. 5, 1909
	Date of Birth: July 25, 1909	Birth Place: Chester, Idaho Fremont County	Full Name of Mother: Annie Marie Matilda Johnson	Name of Father: Don Carlos Howard Fisk	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Anna M.M. J. Howard	Date Issued: June 2, 1942	Date Orig. Entry: ----
	Date of Birth: July 25, 1909	Birth Place: Chester, Idaho Fremont County	Full Name of Mother: Annie Marie Matilda Johnson	Name of Father: Don Carlos Howard	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #273882	Date Issued: -----	Date Orig. Entry: child born Sept. 19, 1938
	Date of Birth: July 25, 1909	Birth Place: Chester, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	hh Glenda Larson	Feb. 21, 1969

FORM BH 56067

2-10-69

Reynolds

FEB 24 1969

815-21-014-851

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-134

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leonard Earnest Hanson			2. Date Of Birth (month) (day) (year): August 21 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Emmett, Idaho
FATHER	6. Full Name of Father: Joseph Hanson			7. State or Country of Father's Birth: Emmett, Idaho
MOTHER	8. Full Maiden Name of Mother: Dora Belle Heath			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leonard Hanson		11. Present Address of Registrant: Sweet Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 25 1969	12. Signature of Notary: Hoyt L. Hurlbert		13. Notary Commission expires: Sept. 28 1972.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 382642	Date Issued: ---	Date Orig. Entry: child born ~~Nov. 3, 1943~~	
	Date of Birth: Age 34	Birth Place: Emmett, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle Age 76	By whom issued and signed: Daniel Hanson	Date Issued: Feb.11,1959	Date Orig. Entry: -----	
	Date of Birth: Agg.21,1909	Birth Place: Emmett, Idaho	Full Name of Mother: Dora Belle Heath	Name of Father: Joseph Hanson	
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: U. S. Civil Service	Date Issued: Mar.18,1963	Date Orig. Entry: -----	
	Date of Birth: Aug.21,1909	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

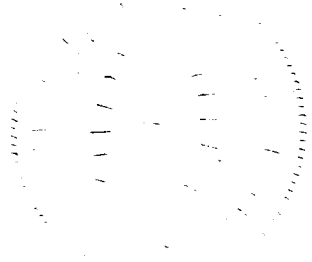
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W Benson	sec Florence Curtright	Feb.25, 1969

FORM BH 56067

no Record

FEB 2 5 1969



215-123-016-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-138

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cecil Brigahm SAVAGE		2. Date Of Birth (month) (day) (year): October 23 1909
	3. Color or Race: White	4. Sex: M.	5. Place of Birth a. County: ALBION Cassia
			b. City or Town of Birth: ALBION
FATHER	6. Full Name of Father: Marion Carnilis SAVAGE		7. State or Country of Father's Birth: Idaho Cassia
MOTHER	8. Full Maiden Name of Mother: Rosetta BARKER		9. State or Country of Mother's Birth: Idaho Cassia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cecil B. Savage	11. Present Address of Registrant: ABERDEEN IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: February 21 1969	12. Signature of Notary: [illegible]	13. Notary Commission expires: December 8 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On File Idaho #224307	Date Issued: -----	Date Orig. Entry: child born Aug. 8, 1934
	Date of Birth: Age: 24	Birth Place: Albion, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Photocopy of federal census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Sep. 23, 1968	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 10	Birth Place: Idaho	Full Name of Mother: Rose Savage	Name of Father: Marion Savage	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Bankers Life Company, Des Moines, Iowa	Date Issued: ----	Date Orig. Entry: May 11, 1935
	Date of Birth: Oct. 23, 1909	Birth Place: Albion, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Feb. 26, 1969

FORM BH 56067 (5) 2-18-69

Savage

FEB 26 1969

DECEASED

296-113-035-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-173

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Raymond Brown		2. Date of Birth (month) 3 (day) 13 (year) 1909
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth a. County: Nez Perce; b. City or Town of Birth: Lewiston Idaho
FATHER	6. Full Name of Father: Ben Brown		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Emma Robertson		9. State or Country of Mother's Birth: Salem Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donald Raymond Brown	11. Present Address of Registrant: 1534 Los Robles Blvd Sacramento Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 7th 1969	12. Signature of Notary: [signature]	13. Notary Commission expires: June 8 1970

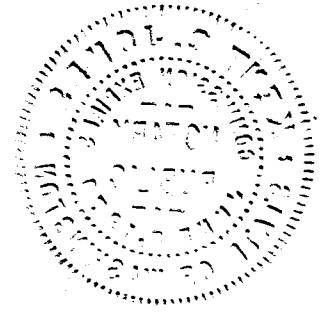
APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (Bd. 5-13-1899)	By whom issued and signed: Gladys Marie Bateman	Date Issued: Feb. 7, 1969	Date Orig. Entry: ----
	Date of Birth: Mar. 13, 1909	Birth Place: Lewiston, Idaho	Full Name of Mother: Emma Brown	Name of Father: Ben Brown
SUPPORTING RECORD 2.	Type of Document: Certified copy of application for marriage license #133237	By whom issued and signed: Nez Perce, County, Idaho	Date Issued: Oct. 16, 1964	Date Orig. Entry: May 26, 1930
	Date of Birth: Age: 21	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #118222	By whom issued and signed: State of California	Date Issued: Feb. 26, 1969	Date Orig. Entry: child born Sept. 17, 1943
	Date of Birth: Age: 34	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: gml Glenda Larson	Date Filed: March 7, 1969

FORM BH 56067

MAR 7 1969



766-221-041-635

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-200

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ORA POWELL		2. Date Of Birth (month) (day) (year): Feb 21 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: VICTOR IDAHO, TETON; b. City or Town of Birth: VICTOR Idaho
FATHER	6. Full Name of Father: JOHN DAVID POWELL		7. State or Country of Father's Birth: SPANISH FORK UTAH
MOTHER	8. Full Maiden Name of Mother: ANNA ANNER FLETCHER		9. State or Country of Mother's Birth: UTAR
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ora Powell	11. Present Address of Registrant: ~~SONG VALLEY GLENDALE~~ Columbia City Oregon UTAH
NOTARY (Seal)	Subscribed and sworn to before me on: March 6 1969	12. Signature of Notary: Hazel G. Oister	13. Notary Commission expires: Dec 4 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, St.Helens,Ward, Columbia River Stake	Date Issued: Nov.18,1968	Date Orig. Entry: baptized Sept.26,1926
	Date of Birth: Feb.21,1909 / Birth Place: Victor, Teton County, Idaho	Full Name of Mother: Anner Fletcher	Name of Father: John David Powell	
SUPPORTING RECORD 2.	Type of Document: notarized photocopy of page from family Bible	By whom issued and signed: Family Bible	Date Issued: Mar.6,1969	Date Orig. Entry: obviously old
	Date of Birth: Feb.21,1909 / Birth Place: Victor, Idaho	Full Name of Mother: Anner Fletcher	Name of Father: J. D. Powell	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #182664	Date Issued: ----	Date Orig. Entry: child born June 6,1930
	Date of Birth: Age: 21 / Birth Place: Victor, Idaho	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	March 14,1969

FORM BH 56067 1 yr ad rec #6592 (K) 1-21-69 gml

MAR 2 8 1969

816-104-021-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-207

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Henry Haworth			2. Date of Birth (month) (day) (year): January 4, 1909	
	3. Color or Race: Wh	4. Sex: M	5. Place of Birth: Franklin, a. County: Franklin,	b. City or Town of Birth: Franklin,	
FATHER	6. Full Name of Father: Thomas Henry Haworth			7. State or Country of Father's Birth: Franklin, Idaho	
MOTHER	8. Full Maiden Name of Mother: Blenda Johnson			9. State or Country of Mother's Birth: Salt Lake City, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: James H Haworth	11. Present Address of Registrant: Franklin, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 26, 1968 19___		12. Signature of Notary	13. Notary Commission expires: June 7, 1969 19___	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Feb.5,1969	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 1	Birth Place: Idaho	Full Name of Mother: Blenda C. Haworth	Name of Father: Thomas H. Haworth	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate		By whom issued and signed: State of Utah	Date Issued: ----	Date Orig. Entry: child born Sept.6,1932
	Date of Birth: Age: 23	Birth Place: Franklin, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit from personal knowledge		By whom issued and signed: Orlando Hampton Age: 81	Date Issued: Dec.26,1968	Date Orig. Entry: ----
	Date of Birth: Jan.4,1909	Birth Place: Franklin. Idaho Franklin County	Full Name of Mother: Blenda Johnson	Name of Father: Thomas H. Haworth	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: March 26,1969

FORM BH 56067

APR 1 1969

693-15-1025-358

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-217

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Williams		2. Date of Birth (month) Sept (day) 15 (year) 1909
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Idaho; b. City or Town of Birth: COTTONWOOD - IDAHO
FATHER	6. Full Name of Father: Henry Williams		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Anna L. Lehman		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth Williams	11. Present Address of Registrant: Mackay Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 25 19 68	12. Signature of Notary: O. Lon McNelly	13. Notary Commission expires: 1-7 19 72

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #281342	Date Issued: ----	Date Orig. Entry: child born Mar. 16, 1939	
	Date of Birth: Age: 29	Birth Place: Cottonwood, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Anna L. Williams	Date Issued: Oct. 25, 1968	Date Orig. Entry: ---	
	Date of Birth: Sep. 15, 1909	Birth Place: Cottonwood, Idaho	Full Name of Mother: Anna L. Williams	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record	By whom issued and signed: Nolan Sayer, Supt., Joint School Dist. #182, Mackay, Ida.	Date Issued: ----	Date Orig. Entry: Sept. 1915	
	Date of Birth: Sep. 15, 1909	Birth Place: Cottonwood, Idaho	Full Name of Mother: -----	Name of Father: Henry Williams	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	March 26, 1969

FORM BH 56067

(W) 12-9-68 gm

MAR 27 1969

363-223-009-15-4

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-230

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Anna Cochennette		2. Date Of Birth (month) 1 (day) 23 (year) 1909	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Idaho a. County: Bonner	b. City or Town of Birth: Glengary
FATHER	6. Full Name of Father: William Francis Cochennette		7. State or Country of Father's Birth: Greenbay, Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Mary Jane Anderson		9. State or Country of Mother's Birth: Red Lake Falls, Minn.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret a Dudor	11. Present Address of Registrant: 9406 E. Marginal Way S.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 18 1969	12. Signature of Notary: John H Strasburg	13. Notary Commission expires: September, 28 1969	Seattle Wa.

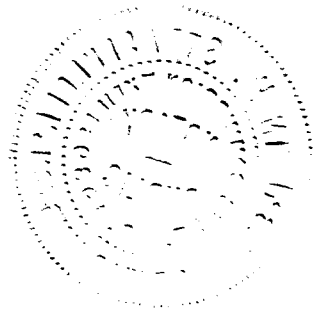
APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St.Joseph's Church, Sandpoint Idaho	Date Issued: Jan.31,1969	Date Orig. Entry: baptized July 15,1919	
	Date of Birth: Jan.23,1909	Birth Place: Glengary, Idaho	Full Name of Mother: Mary Anderson	Name of Father: William Cochennette	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person present at time of birth	By whom issued and signed: Mrs. O. A. Edburg Age:68	Date Issued: Jun.19,1957	Date Orig. Entry: ----	
	Date of Birth: Jan.23,1909	Birth Place: Glengary, Idaho	Full Name of Mother: Mary Anderson	Name of Father: William Cochennette	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Record	Date Issued: Mar.14,1969	Date Orig. Entry: obviously old	
	Date of Birth: Jan.23,1909	Birth Place: Glengary,	Full Name of Mother: Mary Jane Anderson	Name of Father: William Francis Cochennette	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W M Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 2, 1969		

FORM BH 56067

Strasburger, Atty. for (illegible)

APR 3 1969



A 175-114-014-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-258

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Agee			2. Date of Birth (month) May (day) 14 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: William J. Agee			7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Harriet Ransdell			9. State or Country of Mother's Birth: Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold Agee		11. Present Address of Registrant: Route 3 - Meridian Idaho
NOTARY (Seal)	Subscribed and sworn to before me on April 8 1969	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County Record of Birth	By whom issued and signed: Canyon County	Date Issued: Apr. 7, 1969	Date Orig. Entry: May 1909
	Date of Birth: May 14, 1909 / Birth Place: Caldwell	Full Name of Mother: Harriet Ransdell	Name of Father: William J. Agee	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 233877	Date Issued: ----	Date Orig. Entry: child born July 2, 1935
	Date of Birth: Age 26 / Birth Place: Caldwell, Idaho	Full Name of Mother: ------	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father Age 76	By whom issued and signed: W. J. Agee	Date Issued: Mar. 30 1942	Date Orig. Entry: ---
	Date of Birth: May 14, 1909 / Birth Place: Caldwell, Idaho	Full Name of Mother: Harriet Ransdell	Name of Father: W. J. Agee	
QUALIFYING INFORMATION				

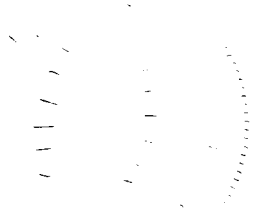
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	April 8, 1969

FORM BH 56067

APR 8 1969



539-208-016-468

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-275

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maggie Alene ~~Sessions~~ Elison			2. Date of Birth (month) October (day) 8 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Oakley, Idaho
FATHER	6. Full Name of Father: George Phillip Elison			7. State or Country of Father's Birth: Cassia, Idaho
MOTHER	8. Full Maiden Name of Mother: Maggie Jane Udy			9. State or Country of Mother's Birth: Farmington, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alene Elison Sessions		11. Present Address of Registrant: 137 West State Street Farmington, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: April 4 1969	12. Signature of Notary: Robert D. Linnell		13. Notary Commission expires: 4-17- 1971

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible Record	By whom issued and signed: Family Bible Records	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Oct.8,1909 / Birth Place: Oakley, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of affidavit by aunt at least 10 years older	By whom issued and signed: Iva Udy Beecher	Date Issued: Mar.30,1969	Date Orig. Entry: ----
	Date of Birth: Oct.8,1909 / Birth Place: Oakley, Idaho Cassia County	Full Name of Mother: Maggie Udy	Name of Father: George Elison	
SUPPORTING RECORD 3.	Type of Document: photocopy of church certificate of birth	By whom issued and signed: LDS Church, Cassia Stake, Oakley 3rd ward #18579 blessing line	Date Issued: ---- 32	Date Orig. Entry: Dec.5,1909
	Date of Birth: Oct.8,1909 / Birth Place: Oakley, Idaho Cassia County	Full Name of Mother: Maggie Udy	Name of Father: George Elison	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	April 16, 1969

FORM BH 56067

Line 2 Rec # 11502

4-2-69

APR 16 1969

813129-05-714

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-296

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Ammon Paul Hatch		2. Date Of Birth (month) (day) (year): September 29 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Caribou; b. City or Town of Birth: Hatch
FATHER	6. Full Name of Father: Ammon Call Hatch		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Grace Jane Paul		9. State or Country of Mother's Birth: Vermont
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: A. Paul Hatch	11. Present Address of Registrant: Bancroft, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 16 1969	12. Signature of Notary: Christina Hatch	13. Notary Commission expires: Nov 1. 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy #145552	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: ---	Date Orig. Entry: Apr.13,1935
	Date of Birth: Sep.29,1909 / Birth Place: Hatch, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by relative who saw baby when a few days old	By whom issued and signed: Mrs. Olive H. Hatch Age:81	Date Issued: Apr.16,1969	Date Orig. Entry: ----
	Date of Birth: Sep.29,1909 / Birth Place: Hatch, Idaho	Full Name of Mother: Grace Jane Paul	Name of Father: Ammon Call Hatch	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Hatch, Idaho, T. H. Higginson, Clerk	Date Issued: -----	Date Orig. Entry: baptized Sept.29,1917
	Date of Birth: Sep.29,1909 / Birth Place: Hatch, Idaho	Full Name of Mother: Grace Jane	Name of Father: Ammon C. Hatch	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	April 28, 1969

FORM BH 56067

4-3-69

APR 2 9 1969
NOV 2 0 2009

862-22-2022-443

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-304

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Agnes Ethel Hobbs			2. Date of Birth (month) (day) (year): December 24, 1909
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: Wilford; a. County: Fremont (mail); b. City or Town of Birth: St. Anthony	
FATHER	6. Full Name of Father: Jesse Thomas Hobbs			7. State or Country of Father's Birth: Parowan, Iron County, Utah
MOTHER	8. Full Maiden Name of Mother: Ethel Viola Mullinnex			9. State or Country of Mother's Birth: Correctionville, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Agnes Ethel Hobbs		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: 28 Feb 1969	12. Signature of Notary: N. K. Frome		13. Notary Commission expires: May 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census Record	By whom issued and signed: Fremont County, Idaho		Date Issued: Feb.17,1969	Date Orig. Entry: Sept. 1921
	Date of Birth: Age: 11	Birth Place: ----	Full Name of Mother: ----	Name of Father: Jesse Hobbs	
SUPPORTING RECORD 2.	Type of Document: Patriarchal Blessing	By whom issued and signed: Henry William Miller, Patriarch, St.Anthony, Idaho		Date Issued: Nov.3,1929	Date Orig. Entry: Nov.3,1929
	Date of Birth: Dec.24,1909	Birth Place: Wilford, Idaho	Full Name of Mother: Ethel Mullinnx Hobbs	Name of Father: Jessie Hobbs	
SUPPORTING RECORD 3.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church, St. Anthony, Ida. M.A.Waldram, Ward Clerk		Date Issued: ------	Date Orig. Entry: baptized Aug.8,1919
	Date of Birth: Dec.24,1909	Birth Place: Wilford, Fremont County, Idaho	Full Name of Mother: Ethel Viola Mullinex	Name of Father: Jesse Thomas Hobbs	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	April 29, 1969

FORM BH 56067

APR 3 0 1969

842-209-007-35-9

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-322

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MILDRED GLADYS ~~HILL~~ HUBBS		2. Date of Birth (month) JAN (day) 9 (year) 1909
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: BELLEVUE BLAINE; b. City or Town of Birth: BELLEVUE, IDAHO
FATHER	6. Full Name of Father: CORNELIUS ABRAHAM HUBBS		7. State or Country of Father's Birth: PRICE, UTAH
MOTHER	8. Full Maiden Name of Mother: GLADYS TERRY		9. State or Country of Mother's Birth: DRAPER, UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Gladys Hill	11. Present Address of Registrant: ROUTE #2 TWIN FALLS, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: May 1 1969	12. Signature of Notary: D. D. Stevens	13. Notary Commission expires: 6/18 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of age from marriage record	By whom issued and signed: Cassia County, Idaho	Date Issued: Apr.28,1969	Date Orig. Entry: Oct.15,1927
	Date of Birth: Age: 18	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: notarized photocopy of church membership record	By whom issued and signed: LDS Church, Twin Falls 2nd ward, Robert Galley, Notary	Date Issued: ----	Date Orig. Entry: blessed June 1912
	Date of Birth: Jan.9,1909	Birth Place: Bellevue, Idaho Blaine County	Full Name of Mother: Gladys Terry	Name of Father: Corneilus Abraham Hubbs
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #198469	Date Issued: ----	Date Orig. Entry: child born Nov.11,1931
	Date of Birth: Age: 22	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: Glenda Larson	Date Filed: May 7, 1969

FORM BH 56067

3-4-69

MAY 7 1969

DECEASED

897-116-010-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-351
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City [redacted] Roberts
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 mo. yrs.
(f) Mother's mailing address (For registration notice):
Roberts, Idaho R.F.D. #1
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Kenneth Elbert Higgins
5. Date of Birth (Month, day, year) Aug. 16, 1909
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Bert Higgins
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Lineville (City or Town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Leona Peck
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Northboro, (City or Town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn 1

24. **I HEREBY CERTIFY That I attended the birth of this child, who was** alive (born alive, stillborn) **M. on the date and at the place stated above, and that personal particulars were furnished by** Eva Higgins (First name) (Last name), **who is related to this child as** Mother (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Idaho Falls, Ida. Date Oct 19 [illegible]

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

MAY 14 1969

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

Photocopy of pages from Family Bible showed birthdate to be August 16, 1909 - viewed by VS

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications:.....

.....

.....duced?.....

.....

(c) Was there an o...elivery?.....

State all operat.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

997122-042-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-359

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FRANK ALDEN RIPLEY
2. Date of Birth (month) (day) (year): JUNE 22 1909
3. Color or Race: CAUCASIAN
4. Sex: MALE
5. Place of Birth a. County: TWIN FALLS
b. City or Town of Birth: FILER

FATHER

6. Full Name of Father: EDWIN EARL RIPLEY
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: ROZETTA B. DAY
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frank A. Ripley
11. Present Address of Registrant: 4033 RIVIERA DR. SAN DIEGO CALIF.

NOTARY (Seal)

Subscribed and sworn to before me on February 16, 1968
12. Signature of Notary: June O. Andresen
13. Notary Commission Expires: JUNE O. ANDRESEN My Commission Expires April 16, 1968

APPLICANT: DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by neighbor at time of birth	Eula R. Monahan Age:72	Apr.30,1969	-----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 22,1909 / Filer, Idaho	Rozetta B. Day	Edwin Earl Ripley	
SUPPORTING RECORD 2.	Certified copy of marriage record #12541	Los Angeles County, Calif.	Feb.15,1968	Aug.17,1935
	Age:26 / Filer, Idaho	Rozetta B. Day	Edwin Booth Ripley	
SUPPORTING RECORD 3.	Photocopy of school transcript records	Long Beach Unified School District, California	Apr.18,1969	Sept. 1923
	June 22,1909 / Filer, Idaho	R. B.	-----	

QUALIFYING INFORMATION

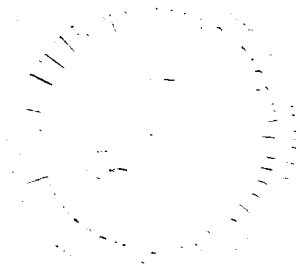
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	May 15, 1969

FORM BH 56067 9-25-62

MAY 15 1969



Job 897-108-003-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-406

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Earl Higginson		2. Date of Birth (month) July (day) 8 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County Bannock; b. City or Town of Birth Pocatello
FATHER	6. Full Name of Father: Nairn Young Higginson		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Caroline Christina Detton		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wm Earl Higginson	11. Present Address of Registrant: Pearl Rt. Eagle Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 20 1969	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age 73		By whom issued and signed: Mickelsen Caroline Hazel Higginson	Date Issued: May 16, 1969	Date Orig. Entry: ----
	Date of Birth: July 8, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Caroline Christina Detton	Name of Father: Nairn Young Higginson	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 242787	Date Issued: ----	Date Orig. Entry: child born Mar 20, 1936
	Date of Birth: July 8, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Church Record		By whom issued and signed: L.D.S. Church	Date Issued:	Date Orig. Entry: Blessed Sept. 5, 1909
	Date of Birth: July 8, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Caroline Christina Detton	Name of Father: Nairn Y, Higginson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

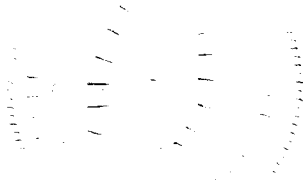
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florance Curtright	June 3, 1969

FORM BH 56067

ICC pd - Rec 14656

JUN 5 1969

JUN 17 1971



962-201-022-885

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-418

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thyrza Roskelley		2. Date of Birth (month) March (day) 1 (year) 1909
	3. Color or Race: white	4. Sex: f	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Marysville
FATHER	6. Full Name of Father: Joseph Roskelley		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Frances Hinckley		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thyrza Roskelley Bennett	11. Present Address of Registrant: P.O. Box 2, Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 5 1969	12. Signature of Notary: Ralph M. Archibald	13. Notary Commission expires: 5/10 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #206429	Date Issued: ----	Date Orig. Entry: child born June 30,1932
	Date of Birth: Age: 23	Birth Place: Marysville, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Church Certificate of Birth		By whom issued and signed: LDS Church, Yellowstone Stake Marysville Ward, page 878	Date Issued: May 10,1967	Date Orig. Entry: Apr.4,1909
	Date of Birth: Mar.1,1909	Birth Place: Marysville, Idaho Fremont County	Full Name of Mother: Frances Hinckley	Name of Father: Joseph Roskelley	
SUPPORTING RECORD 3.	Type of Document: Transcript of college record		By whom issued and signed: Ricks College, Rexburg, Idaho	Date Issued: May 2,1963	Date Orig. Entry: Aug.10,1956
	Date of Birth: Mar.1,1909	Birth Place: Marysville, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	June 9, 1969

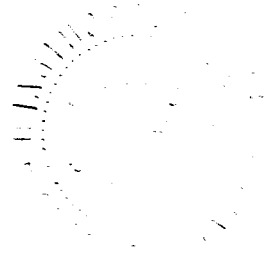
FORM BH 56067

Rush

6-4-69

Leavitt

JUN 9 1969



349-22 8-028-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-425

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Doris Turnley		2. Date of Birth (month) July (day) 28 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Athols; b. City or Town of Birth: Athols
FATHER	6. Full Name of Father: Simon Alex Turnley		7. State or Country of Father's Birth: Tennessee - U. S. A
MOTHER	8. Full Maiden Name of Mother: Emma Anderson Turnley		9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Doris T. Mills	11. Present Address of Registrant: 7150 S.W. 8th Ave Portland Ore 97219
NOTARY (Seal)	Subscribed and sworn to before me on: May 22nd 1969	12. Signature of Notary: Doris T. Mills	13. Notary Commission expires: My Commission Expires July 24, 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Simon Alex Turnley	Date Issued: May 22,1969	Date Orig. Entry: ----
	Date of Birth: July 28,1909	Birth Place: Athol, Idaho	Full Name of Mother: Emma A. Turnley	Name of Father: Simon Alex Turnley	
SUPPORTING RECORD 2.	Type of Document: photocopy of post card sent to Mrs. T.A.Turnley,Coolin,Ida.		By whom issued and signed: father, Alex postmarked Athol, Idaho	Date Issued: ----	Date Orig. Entry: postmarked July 28,1909
	Date of Birth: 4:30 AM. July 28,1909	Birth Place: postmarked Athol, Idaho	Full Name of Mother: ----	Name of Father: Alex	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible record		By whom issued and signed: Family Bible Records	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: July 28,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

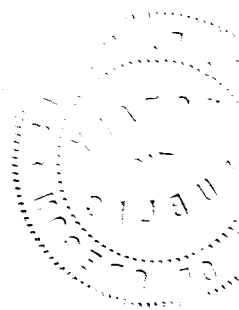
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	June 10, 1969

FORM BH 56067

JUN 11 1969



259-131-042-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-444

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Walter Knight	2. Date of Birth (month) (day) (year): January 31, 1909
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: ~~Buhl~~	b. City or Town of Birth: Buhl
FATHER	6. Full Name of Father: Walter Knight	7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ada May VanHoy	9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geo. W. Knight; 11. Present Address of Registrant: Klamath Falls, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 — 1969	12. Signature of Notary: Ida Friedrich; 13. Notary Commission expires: Sept 25 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of baptism	By whom issued and signed: St.George's Church, New Meadows, Idaho	Date issued: ----	Date Orig. Entry: baptized Aug.13,1918
	Date of Birth: Jan.31,1909; Birth Place: ----	Full Name of Mother: Adah May Knight	Name of Father: Walter Knight	
SUPPORTING RECORD 2.	Type of Document: photocopy of honorable discharge from the U.S. Army	By whom issued and signed: U.S. Army	Date issued: discharged Dec.10,1931	Date Orig. Entry: enlisted Dec.11,1928
	Date of Birth: Age:19; Birth Place: Buhl, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Adah May VanHoy Knight Larson	Date issued: June 5, 1969	Date Orig. Entry: ----
	Date of Birth: Jan.31,1909; Birth Place: Buhl, Idaho	Full Name of Mother: Adah May VanHoy	Name of Father: Walter Knight	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: June 25, 1969

FORM BH 56067 1 cp pd rec # 14637 5-28-69

JUN 2 6 1969

243-23-044-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-458

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma Josephine Kulick ~~Scott~~
2. Date of Birth (month) May (day) 13 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho
b. City or Town of Birth: near Midvale

FATHER

6. Full Name of Father: John Michael Kulick
7. State or Country of Father's Birth: Poland

MOTHER

8. Full Maiden Name of Mother: Minnie Josephine Simmons
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thelma J. Kulick Scott
11. Present Address of Registrant: 1280 Evergreen Dr. Eugene Oregon

NOTARY (Seal)

Subscribed and sworn to before me on 4-29 1968

12. Signature of Notary: Velma J. Dilstrup
13. Notary Commission expires 9-16 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of post card with birth announcement	family record signed by Minnie (sent to:Mrs.A.M.Riley)	----	postmarked Aug.7,1909
	Date of Birth May 13,1909 / **Birth Place** postmarked in Midvale, Idaho	**Full Name of Mother** Minnie Kulick	**Name of Father** John Kulick	
SUPPORTING RECORD 2.	photocopy of hospital record of own child's birth	Eugene Hospital & Clinic Eugene, Oregon	---	child born Oct.6,1936
	Date of Birth May 13,1909 / **Birth Place** Midvale, Idaho	**Full Name of Mother** ----	**Name of Father** ----	
SUPPORTING RECORD 3.	Affidavit by person who raised registrant since 1916 when mother died.	Jenny Riley Ivie (Age:82)	June 10,1969	----
	Date of Birth May 13,1909 / **Birth Place** Midvale, Idaho	**Full Name of Mother** Minnie Josephine Simmons (Riley) Kulick	**Name of Father** John Michael Kulick	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W M Larson
Evidence reviewed by: gml Glenda Larson
Date Filed: June 27, 1969

FORM BH 56067

5-11-67

Thelma Josephine Kreisk Scott
Kreisk

JUL 1 1969

666-207-014-761

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-468

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Phyllis Woffinden			2. Date Of Birth (month) December (day) 7 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Horace Woffinden			7. State or Country of Father's Birth: Hoyland Common, England
MOTHER	8. Full Maiden Name of Mother: Agnes Viola Goates			9. State or Country of Mother's Birth: Lehi - Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Phyllis W. Nelson		11. Present Address of Registrant: 520 So. 11th Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 16 June 1969	12. Signature of Notary: George W. Haynes		13. Notary Commission expires: 18 May 197x

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church-Northwestern States Mission, Idaho Namp Br. 8656 pg. 52	Date Issued: Aug. 8, 1967	Date Orig. Entry: Feb. 6, 1910
	Date of Birth: Dec. 7, 1909 / Birth Place: Nampa, Idaho Canyon County	Full Name of Mother: Agnes V. Goates	Name of Father: Horace Woffinden	
SUPPORTING RECORD 2.	Type of Document: Certified copy of application for license to marry #3919	By whom issued and signed: Box Elder County, Utah	Date Issued: Oct. 27, 1965	Date Orig. Entry: Oct. 14, 1930
	Date of Birth: Dec. 7, 1909 / Birth Place: Nampa, Idaho	Full Name of Mother: Agnes Goates	Name of Father: H. D. Woofinden	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Agnes G. Woffinden	Date Issued: Mar. 23, 1967	Date Orig. Entry: ---
	Date of Birth: Dec. 7, 1909 / Birth Place: Nampa, Idaho	Full Name of Mother: Agnes Goates	Name of Father: Horace D. Woffinden	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

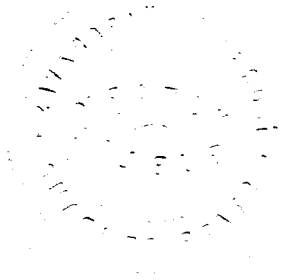
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	July 2, 1969

FORM BH 56067

10-12-65

JUL 3 1969



331-216-025-892

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-473

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nola Lee Clark		2. Date Of Birth (month) (day) (year): January 16 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Kooskia Idaho; b. City or Town of Birth: Kooskia Idaho
FATHER	6. Full Name of Father: James Gerald Clark		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Carrie Myrtle Hashagen		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nola Lee Frank	11. Present Address of Registrant: 1328 Oakdale ave. El Cajon Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: October 3 1968	12. Signature of Notary: Kathryn R Sanders	13. Notary Commission expires: OFFICIAL SEAL KATHRYN R. SANDERS NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN SAN DIEGO COUNTY My Commission Expires April 27, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of pages from Family Bible	By whom issued and signed: Family Bible Record	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Jan.16,1909 / Birth Place: -----	Full Name of Mother: Carrie M. Hishagen	Name of Father: James G. Clark	
SUPPORTING RECORD 2. *	Type of Document: notarized photocopy of Court Order of Adoption	By whom issued and signed: Probate Court, Idaho County viewed by Marjorie Ellington, Notary	Date Issued: ---	Date Orig. Entry: Jan.31,1912
	Date of Birth: Age: 3 / Birth Place: -----	Full Name of Mother: Carrie M. Clark	Name of Father: Jas. G. Clark	
SUPPORTING RECORD 3.	Type of Document: photocopy of petition for initiation in Lodge	By whom issued and signed: Order of the Eastern Star, El Cajon Valley #429, Bostonia, Ca.	Date Issued: ----	Date Orig. Entry: Sept.16,1948
	Date of Birth: Jan.16,1909 / Birth Place: Kooskia, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION	*Court Order states that Nola Lee Clark is to take the name of Nola Lee Clark Withrow Adoptive parents are Allen Withrow and Mary Withrow.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Larson	Evidence reviewed by: gml Glenda Larson		Date Filed: July 3, 1969

FORM BH 56067 2 copies added to 4 pgs

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386-203-035-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De 69-490**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Avo Ellen Thomas		2. Date of Birth (month) (day) (year): May 3, 1909
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Nez Perce; b. City or Town of Birth: Lapwai, Idaho
FATHER	6. Full Name of Father: Harve Thomas		7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Leora Parkins		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Avo Hinton	11. Present Address of Registrant: 1018 E. River Road Tuscon, Ariz. 85704
NOTARY (Seal)	Subscribed and sworn to before me on: June 12 19 69	12. Signature of Notary: J. D. Nicholson	13. Notary Commission expires: 8/17/ 19 72.

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of school census report		By whom issued and signed: Nez Perce County, Idaho	Date issued: Jun.12,1969	Date Orig. Entry: Sept. 1924
	Date of Birth: Age: 15	Birth Place: ------	Full Name of Mother: ----	Name of Father: Harve Thomas	
SUPPORTING RECORD 2.	Type of Document: photocopy of page in family Bible		By whom issued and signed: Family Bible Records	Date issued: ---	Date Orig. Entry: obviously old
	Date of Birth: May 3,1909	Birth Place: -----	Full Name of Mother: Leora Parkins	Name of Father: Harvey S. Thomas	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #200934	Date issued: ----	Date Orig. Entry: child born March 1,1932
	Date of Birth: Age: 22	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

Affidavit by maternal aunt, Edith Ayers, signed June 12, 1969 gives following: birthdate - May 3, 1909 and birthplace - Lapwai, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	July 15, 1969

FORM BH 56067

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38-125 .016-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-499

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Richard Chatburn		2. Date of Birth (month) (day) (year): November 25 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Albion
FATHER	6. Full Name of Father: John Benjamin Chatburn		7. State or Country of Father's Birth: Harlan, Iowa	
MOTHER	8. Full Maiden Name of Mother: Zella Ada Handy		9. State or Country of Mother's Birth: Rathdrum, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X A.R. Chatburn	11. Present Address of Registrant: Filer, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 22 1969	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept 28 1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father age 61	By whom issued and signed: John Benjamin Chatburn	Date Issued: Aug 12, 1942	Date Orig. Entry: ----
	Date of Birth: Nov. 25, 1909 / Birth Place: Albion, Idaho	Full Name of Mother: Zella Ada Handy	Name of Father: John Benjamin Chatburn	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 195105	Date Issued: ----	Date Orig. Entry: child born Sept. 16, 1931
	Date of Birth: Age 21 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy application	By whom issued and signed: New York Life Ins. Co.	Date Issued: ----	Date Orig. Entry: July 28, 1926
	Date of Birth: Nov. 25, 1909 / Birth Place: Albion, Idaho	Full Name of Mother: Zella A. Chatburn	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: fc Glenda Larson	Date Filed: July 22, 1969	

FORM BH 56067

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365-217-012-195

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-501

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alta Elva Long			2. Date of Birth (month) Dec. (day) 17 (year) 1909	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Arco, Ida, Butte	b. City or Town of Birth: Arco, Idaho	
FATHER	6. Full Name of Father: Oliver Long			7. State or Country of Father's Birth: Cedar Co. Missouri	
MOTHER	8. Full Maiden Name of Mother: Bertha Annie Arnsten			9. State or Country of Mother's Birth: Nyrum, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alta E Stanger	11. Present Address of Registrant: 1132 E. Lewis, Pocatello	
NOTARY (Seal)	Subscribed and sworn to before me on: 10 July 1969		12. Signature of Notary: Wayne L. Loveless	13. Notary Commission expires: 1 Mar 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy 188 38 65		By whom issued and signed: United Benefit Life Ins. Co.	Date Issued: Mar.22,1961	Date Orig. Entry: Mar.22,1961
	Date of Birth: Dec.17,1909	Birth Place: Arco, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of marriage license affidavit		By whom issued and signed: Butte County, Idaho	Date Issued: -----	Date Orig. Entry: Dec.31,1926
	Date of Birth: Age: 17	Birth Place: ----	Full Name of Mother: Bertha Long	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding original newspaper notice of birth		By whom issued and signed: Elizabeth L.Brammer, Arco Advertiser - weekly newspaper	Date Issued: Jun.30,1969	Date Orig. Entry: Dec.31,1909
	Date of Birth: Dec.17,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: Oliver Long	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: July 22, 1969

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-517

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clifford "C" Hansen	2. Date of Birth (month) Nov (day) 14 (year) 1909
	3. Color or Race: white; 4. Sex: ; 5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Dingle
FATHER	6. Full Name of Father: Martin J. Hansen	7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Carrie Sorenson Hansen	9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clifford C. Hansen; 11. Present Address of Registrant: 416 W. Washington Nampa
NOTARY (Seal)	Subscribed and sworn to before me on: July 24 19 69	12. Signature of Notary: [signature] Clifford C. Hansen; 13. Notary Commission expires: July 25 19 69

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother Age 85	By whom issued and signed: Carrie M. Hansen	Date issued: July 24, 1969	Date Orig. Entry: ----
	Date of Birth: Nov. 14, 1909; Birth Place: Dingle, Idaho	Full Name of Mother: Carrie Sorenson	Name of Father: Martin J. Hansen	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: L.D.S. Church	Date issued: May 18, 1924	Date Orig. Entry: Baptized Aug 3, 1918
	Date of Birth: Nov. 14, 1909; Birth Place: Dingle, Idaho	Full Name of Mother: Karen M. Sorenson	Name of Father: Martin J. Hansen	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 314431	By whom issued and signed: Kansas City Life Ins. Co.	Date issued: May 121925	Date Orig. Entry: May 12, 1925
	Date of Birth: Nov. 14, 1909; Birth Place: Dingle, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 24, 1969

FORM BH 56067

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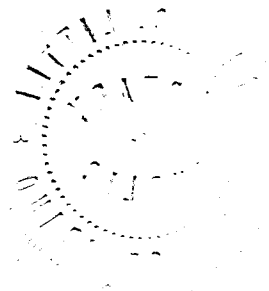

219-204-038-819

524

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-524

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beatrice Jeanette Bartshe		2. Date of Birth (month) (day) (year): February 4 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette, Idaho
FATHER	6. Full Name of Father: John Riley Bartshe		7. State or Country of Father's Birth: Hickory County - Missouri	
MOTHER	8. Full Maiden Name of Mother: Nancy Adeline Hart		9. State or Country of Mother's Birth: Hickory County - Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beatrice Jeanette Bartshe	11. Present Address of Registrant: Payette, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: July 17 1969	12. Signature of Notary: [illegible]	13. Notary Commission expires: June 13 1973	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #408438	Date Issued: ---	Date Orig. Entry: child born May 26, 1934
	Date of Birth: Age: 25	Birth Place: Payette, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Cradle Roll Certificate		By whom issued and signed: Baptist Bible School, Arthur F. White, Pastor	Date Issued: ---	Date Orig. Entry: June 16, 1909
	Date of Birth: Feb. 4, 1909	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by daughter of the midwife who attended birth		By whom issued and signed: Esther J. Applegate Wells (bd. Jan. 15, 1894)	Date Issued: Jul. 12, 1969	Date Orig. Entry: ---
	Date of Birth: Feb. 4, 1909	Birth Place: 6 mi. N. of Payette, Idaho	Full Name of Mother: Nancy Adeline Hart Bartshe	Name of Father: John Riley Bartshe	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	July 28, 1969

FORM BH 56067

4-11-69

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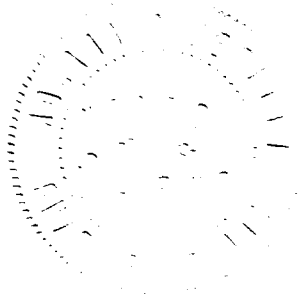

213-213-010-284

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-531

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucy Ball			2. Date of Birth (month) Nov. (day) 13 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Iona, Idaho
FATHER	6. Full Name of Father: John Wesley Ball			7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Lumana Shurtliff			9. State or Country of Mother's Birth: Clifton, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucy Ball Jack		11. Present Address of Registrant: Rt. 1, Box 502, Eagle Point, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: July 9 19 69	12. Signature of Notary: Evalyn P. Watson		13. Notary Commission expires: Nov. 19 19 70

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #167009	Date issued: ---	Date Orig. Entry: child born Dec.12,1928
	Date of Birth: Age: 19	Birth Place: Iona, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by maternal uncle		By whom issued and signed: Thomas Ira Shurtliff (bd.8-23-1888)	Date issued: Jul.17,1969	Date Orig. Entry: ----
	Date of Birth: Nov.13,1909	Birth Place: Iona, Idaho Bonneville County	Full Name of Mother: Lumana Shurtliff	Name of Father: John Wesley Ball	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license affidavit 81775		By whom issued and signed: Bonneville County, Idaho	Date issued: Oct.29,1968	Date Orig. Entry: Nov.14,1927
	Date of Birth: 18 yrs. on Nov.13,1927	Birth Place: ----	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	July 30, 1969

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539-102 .006 -313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-537

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GOLDEN C. ELISON			2. Date of Birth (month) (day) (year): September 2 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth: Groveland (Blackfoot) a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: William Elison			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Margret Elida Callister			9. State or Country of Mother's Birth: Fillmore, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Golden C Elison		11. Present Address of Registrant: 830 Riverton Rd., Blackfoot
NOTARY (Seal)	Subscribed and sworn to before me on: 15 July 1969	12. Signature of Notary: Agnes D. Day		13. Notary Commission expires: 1 January 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Groveland Ward, bk.1, Line 170, J.M. Sorensen, Clerk	Date Issued: ---	Date Orig. Entry: baptized Apr.6,1918	
	Date of Birth: Sept.2,1909 / Birth Place: Groveland, Idaho Bingham County	Full Name of Mother: Margret Callister	Name of Father: William Elison		
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #297112	Date Issued: ---	Date Orig. Entry: child born July 19, 1940	
	Date of Birth: Age: 30 / Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: ----		
SUPPORTING RECORD 3.	Type of Document: photocopy of insurance policy #4311	By whom issued and signed: Old American Life Company	Date Issued: ---	Date Orig. Entry: Dec.5,1947	
	Date of Birth: Age: 38 / Birth Place: ---	Full Name of Mother: ----	Name of Father: ----		
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	July 31, 1969

FORM BH 56067

5-28-69

Elison

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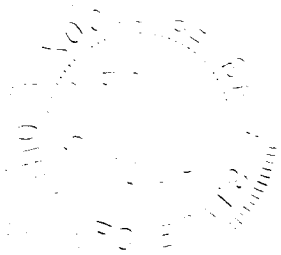

213-214-004-852

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-547

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucile Clara Bateman		2. Date Of Birth: (month) Dec. (day) 14 (year) 1909	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Bear Lake	b. City or Town of Birth: Paris
FATHER	6. Full Name of Father: Alfred John Bateman		7. State or Country of Father's Birth: Wyoming USA	
MOTHER	8. Full Maiden Name of Mother: Clara Hess		9. State or Country of Mother's Birth: Idaho USA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucile C. Bateman Dau.	11. Present Address of Registrant: [illegible] East 2nd South Collinston, Utah DAC.	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 23 19 68	12. Signature of Notary: Otta B. Clarke	13. Notary Public expires: Residing at Logan, Utah My Commission Expires June 24, 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person who lived in Paris at time of birth	By whom issued and signed: A. T. Pendrey Age:74	Date Issued: Sep.23,1968	Date Orig. Entry: ----
	Date of Birth: Dec.14,1909 / Birth Place: Paris, Idaho	Full Name of Mother: Clara Hess	Name of Father: Alfred John Bateman	
SUPPORTING RECORD 2.	Type of Document: Church Certificate of Birth LDS Church	By whom issued and signed: Paris 1st Ward, births & Blessings,1910,pg.158 line 174	Date Issued: Jun.16,1969	Date Orig. Entry: June 5,1910
	Date of Birth: Dec.14,1909 / Birth Place: Paris, Bear Lake County, Idaho	Full Name of Mother: Clara Hess	Name of Father: John A. Bateman	
SUPPORTING RECORD 3.	Type of Document: Certified copy of application for license to marry #5091	By whom issued and signed: Box Elder County, Utah	Date Issued: Jul.30,1969	Date Orig. Entry: Oct.4,1963
	Date of Birth: Dec.14,1909 / Birth Place: Paris, Idaho	Full Name of Mother: Clara Hess	Name of Father: Alfred John Bateman	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: Aug. 21, 1969

FORM BH 56067

9-18-68

AUG 21 1969

165-113-020-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-549

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank Cassius Jones		2. Date of Birth (month) (day) (year): May 13 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Elmore; b. City or Town of Birth: King Hill
FATHER	6. Full Name of Father: Henry Cleveland Jones		7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Anita Gail Saddler		9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank C. Jones	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: July 17 1969	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census Record	By whom issued and signed: Elmore County Schools	Date Issued: Jun 26,1968	Date Orig. Entry: Oct.21,1919
	Date of Birth: Age 10 / Birth Place: Idaho	Full Name of Mother: Anita Saddler Jones	Name of Father: Henry C. Jones	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho	Date Issued: ---	Date Orig. Entry: child born Jan 3, 1935
	Date of Birth: Age 25 / Birth Place: King Hill, Ida.	Full Name of Mother: -----	Name of Father: - ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #X 2809	By whom issued and signed: Grange Mutual Life Ins.	Date Issued: ---	Date Orig. Entry: Nov.12,1946
	Date of Birth: May 13,1909 / Birth Place: King Hill, Idaho	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: fc Glenda Larson	Date Filed: Aug. 21, 1969

FORM BH 56067

AUG 2 1 1969

753-214-016-764

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-552

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kerma Lorena Petterson			2. Date of Birth (month) April (day) 14 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County Cassia	b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: Swen Nathneal Petterson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Margaret Elizabeth Poulton			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kerma L. Olsen		11. Present Address of Registrant: Nyssa Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 20th 1969	12. Signature of Notary: Ralph M. Lauhead		13. Notary Commission expires: 9/3 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by maternal uncle	By whom issued and signed: Lafe Poulton Age: 75		Date Issued: Aug.7,1969	Date Orig. Entry: ---
	Date of Birth: Apr.14,1909	Birth Place: Oakley, Idaho	Full Name of Mother: Margaret Elizabeth Poulton	Name of Father: Swen Nathneal Petterson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #242656		Date Issued: ----	Date Orig. Entry: child born Apr.16,1936
	Date of Birth: Age: 27	Birth Place: Oakley, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Duplicate Membership Record	By whom issued and signed: LDS Church, Nyssa 2nd Ward Glen W. Peterson, Bishop		Date Issued: ---	Date Orig. Entry: blessed June 6,1909
	Date of Birth: Apr.14,1909	Birth Place: Oakley, Idaho Cassia County	Full Name of Mother: Margaret E. Poulton	Name of Father: Swen N. Petterson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	August 27,1969

FORM BH 56067

ICC-pd-Rec't 18646

7-28-69

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AUG 2 7 1969

YY5217-00Y-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-556

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Izola Dunn		2. Date Of Birth (month) 6 (day) 17 (year) 09
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Georgetown b. City or Town of Birth: Bear Lake County, Idaho
FATHER	6. Full Name of Father: William Magnus Dunn		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Sarah Jane Robinson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Izola D. Sims	11. Present Address of Registrant: 14017 S E 37 St Bellevue Wash
NOTARY (Seal)	Subscribed and sworn to before me on: March 5 1965	12. Signature of Notary: Donald G Helena	13. Notary Commission expires: Oct 10, 1968 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church Georgetown Ward Abel Smart, clerk	Date Issued: Dec.12,1909	Date Orig. Entry: blessed Dec.12,1909	
	Date of Birth: June 17, 1909	Birth Place: Georgetown, Idaho Bear Lake County	Full Name of Mother: Sarah Robinson	Name of Father: William M. Dunn	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Montpelier 1st Ward, Montpelier Stake	Date Issued: Mar.20,1945	Date Orig. Entry: baptized Sept.14,1917	
	Date of Birth: June 17, 1909	Birth Place: Georgetown, Idaho Bear Lake County	Full Name of Mother: Sarah J. Robinson	Name of Father: William M. Dunn	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother Age:67	By whom issued and signed: J. Vern Dunn	Date Issued: Mar.8,1965	Date Orig. Entry: ----	
	Date of Birth: June 17,1909	Birth Place: Georgetown, Idaho Bear Lake County	Full Name of Mother: Sarah Jane Robinson Dunn	Name of Father: William M. Dunn	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	August 29,1969

K

FORM BH 56067

12-5-60

3-31-65

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23-114-004-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-561

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WELLS COULSON STOCK
2. Date of Birth (month) (day) (year): August 14 1909
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Bear Lake
b. City or Town of Birth: Fish Haven

FATHER

6. Full Name of Father: Charles Coulson Stock
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Sophia Thompson
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wells C Stock
11. Present Address of Registrant: 436 Jefferson Montpelier, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 29 1969
12. Signature of Notary: Ben H. Munk
13. Notary Commission expires: Sept. 12 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #383629	----	child born Dec.15,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 34	Fish Haven, Idaho	----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by person with personal knowledge	Henry Shirley	July 9,1969	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.14,1909	Fish Haven, Idaho Bear Lake County	Sophia Thompson Stock	Charles Coulson Stock

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of Baptism and Confirmation	LDS Church, Fish Haven Ward, Newell A. Booth, Clerk	----	baptized Sept.8,1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.14,1909	Fish Haven, Idaho Bear Lake County	Sophia Thompson	Charles C. Stock

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Sept. 2, 1969

FORM BH 56067

3-20-69

Stick

SEP 2 1969

219-218-026-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-564

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vella Florence Sargent			2. Date of Birth (month) August (day) 18 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Grant	
FATHER	6. Full Name of Father: J. Melvin Sargent			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Florence Randall			9. State or Country of Mother's Birth: Grant, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vella Florence Sargent Kirkby		11. Present Address of Registrant: 847 First Street, Madras, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: July 28 19 69	12. Signature of Notary: L. W. Hatfield		13. Notary Commission expires: October 14 1970	

APPLICANT — DO NOT WRITE BELOW THIS LINE

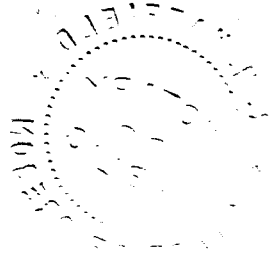
SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #227801	Date Issued: ----	Date Orig. Entry: child born Dec. 7, 1934	
	Date of Birth: Age: 25	Birth Place: Grant, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Grant Ward, Samuel Chadburn, Sr., Ward Clerk	Date Issued: July 6, 1919	Date Orig. Entry: baptized July 6, 1919	
	Date of Birth: Aug. 18, 1909	Birth Place: Grant, Jefferson County, Idaho	Full Name of Mother: Florence Randall	Name of Father: Melvin Sargent	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Grant Ward, John Lee, Clerk	Date Issued: Oct. 3, 1909	Date Orig. Entry: blessed Oct. 3, 1909	
	Date of Birth: Aug. 18, 1909	Birth Place: Grant, Idaho	Full Name of Mother: Florence Randall	Name of Father: Melvin Sargent	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 2, 1969

FORM BH 56067

10-17-68

SEP 2 1969



445-226-041-755

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-593

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Lee Dunn		2. Date of Birth (month) April (day) 26 (year) 1909	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: was Fremont - now Teton	b. City or Town of Birth: Clawson
FATHER	6. Full Name of Father: James Monroe Dunn		7. State or Country of Father's Birth: Okalona, Mississippi	
MOTHER	8. Full Maiden Name of Mother: Emma Izora Prestage		9. State or Country of Mother's Birth: Paris, Mississippi	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emma Lee Dunn	11. Present Address of Registrant: 226 East 1st North, Rigby	
NOTARY (Seal)	Subscribed and sworn to before me on: August 21 19 69	12. Signature of Notary: I. Lee	13. Notary Commission expires: 3-26-70 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Valview Ward, Perry A. Hatch, Bishop	Date Issued: Oct.14,1917	Date Orig. Entry: baptized May 2,1917
	Date of Birth: Apr.26,1909 / Birth Place: Clawson, Idaho Fremont County	Full Name of Mother: Emma J. Prestage	Name of Father: James M. Dunn	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age:70	By whom issued and signed: Mary Florence Dunn Mundell	Date Issued: July 7,1969	Date Orig. Entry: ----
	Date of Birth: Apr.26,1909 / Birth Place: Clawson,Fremont Co.,Idaho	Full Name of Mother: Emma Izora Prestage	Name of Father: James Monroe Dunn	
SUPPORTING RECORD 3.	Type of Document: Church record of sealing & family record	By whom issued and signed: Family Records	Date Issued: ----	Date Orig. Entry: sealed Oct.7,1915
	Date of Birth: Apr.26,1909 / Birth Place: Clawson, Idaho Fremont County	Full Name of Mother: Emma Izora Prestage Dunn	Name of Father: James Monroe Dunn	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	Sept. 5, 1969

FORM BH 56067

1 WPA Sec. 2562

(D) 813-L 1961

SEP 5 1969

819-V01-003-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-597

OFFICIAL SEAL
PATRICIA D. TAYLOR
NOTARY PUBLIC, CALIFORNIA
PRINCIPAL OFFICE IN
VENTURA COUNTY
My commission expires April 23, 1972

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elmo Harrison		2. Date of Birth (month) March (day) 1st (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Bancroft
FATHER	6. Full Name of Father: Ralph Harrison		7. State or Country of Father's Birth: Idaho Bear Lake
MOTHER	8. Full Maiden Name of Mother: Mary Dorthey Christensen		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmo J Harrison	11. Present Address of Registrant: 4933 Lafayette St Ventura Calif.
NOTARY (seal)	Subscribed and sworn to before me on: August 25 1969	12. Signature of Notary: Patricia D. Taylor	13. Notary Commission expires: April 23 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #317		By whom issued and signed: Ventura County Recorder's Office, California	Date issued: July 18, 1969	Date Orig. Entry: child born Sept. 22, 1939
	Date of Birth: Age: 30	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage license & Certificate		By whom issued and signed: Ventura County Recorder's Office, California	Date issued: July 9, 1969	Date Orig. Entry: Aug. 4, 1930
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: Mary Dorothy Christenson	Name of Father: Ralph Harrison	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: The Equitable Life Assurance Society of the U.S.	Date issued: ----	Date Orig. Entry: Apr. 3, 1936
	Date of Birth: Mar. 1, 1909	Birth Place: Bancroft, Idaho Bannock County	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Sept. 8, 1969

FORM BH 56067

1 Cr. Add'l #17014 7-3-69

Harrison

SEP 8 1969

168-216-029-813

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-603
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLADYS JOHNSON			2. Date Of Birth (month) September (day) 16 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Troy
FATHER	6. Full Name of Father: A. M. Johnson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Tekla E. Hallner			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: ✓ Gladys Johnson Bowers		11. Present Address of Registrant: ✓ 7312 E 4th - Spokane Wn
NOTARY (Seal)	Subscribed and sworn to before me on: August 14 1961	12. Signature of Notary: Helen M. Carlson		13. Notary Commission expires: Sept. 8 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

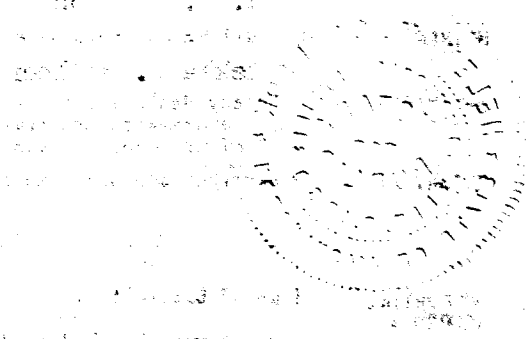
SUPPORTING RECORD 1.	Type of Document: Record of birth as shown in Latah County records.	By whom issued and signed: Harry A. Thatcher, Recorder Latah County, Idaho	Date Issued: 2/10/42	Date Orig. Entry: Recorded on Jan. 19 1910
Class* A	Date of Birth / Birth Place: Sept. 16, 1909 Troy, Idaho	Full Name of Mother: Tekla E. Hallner	Name of Father: A. M. Johnson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: A. M. Johnson	Date Issued: February 10, 1942	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Sept. 16, 1909 Latah County	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of baptismal record	By whom issued and signed: John A. Strom, Pastor, Troy, Idaho	Date Issued: ----	Date Orig. Entry: baptized Dec. 28, 1909
Class	Date of Birth / Birth Place: Sept. 16, 1909 Troy, Idaho	Full Name of Mother: Tekla Johnson	Name of Father: Aug. M. Johnson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Edna Hamilton Glenda Larson 8/26/69	Date Filed: Sept. 9, 1969

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 9 1969



249-108-021-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-615

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Willis D. Smith			2. Date Of Birth (month) Feb. (day) 8 (year) 1909
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Thomas Allen Smith			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Celia M. Dees			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Willis D. Smith		11. Present Address of Registrant: 580 Quincy Twin Falls
NOTARY (Seal)	Subscribed and sworn to before me on: September 19 1969	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: L.D.S. Church	Date issued: Mar.6,1921	Date Orig. Entry: Baptized June 1, 1918
	Date of Birth: Feb.8,1909	Birth Place: Preston, Idaho	Full Name of ~~Mother~~ Father: Thomas A. Smith	Name of ~~Father~~ Mother: Celia M. Dees	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 279466	Date issued: -----	Date Orig. Entry: child born April 1, 1939
	Date of Birth: Age 30	Birth Place: Preston, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document (at time of birth): Affidavit by neighbor		By whom issued and signed: Hattie Macomb	Date issued: Sept.19,1969	Date Orig. Entry: -----
	Date of Birth: Feb.8,1909	Birth Place: Preston	Full Name of Mother: Celia M. Dees	Name of Father: Thomas Allen Smith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: Sept. 19,1969

FORM BH 56067

SEP 1 9 1969

624 255-21-006-966

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-624

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alfred Senior Bennett		2. Date Of Birth (month) Sept. (day) 21 (year) 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Coltman Bingham; b. City or Town of Birth
FATHER	6. Full Name of Father: David Alfred Bennett		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Eliza May Rowley		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: 802 So 750 East Orem Utah
NOTARY (Seal)	Subscribed and sworn to before me on: September 22 1969	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Family	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Sept.21,1909 Birth Place: Coltman	Full Name of Mother: Eliza May Rowley	Name of Father: David Alfred Bennett	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S. Church	Date issued: Oct.21,1917	Date Orig. Entry: Baptized Oct.21,1917
	Date of Birth: Sept. 21,1909 Birth Place: Coltman	Full Name of Mother: Eliza Rowley	Name of Father: David A. Bennett	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination	By whom issued and signed: L.D.S. Church	Date issued: Dec.7,1924	Date Orig. Entry: Ordained Dec.7,1924
	Date of Birth: Sept.21,1909 Birth Place: Coltman, Idaho	Full Name of Mother: Eliza May Rowley	Name of Father: David A. Bennett	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Sept. 22,1969

FORM BH 56067

SEP 2 2 1969

236-214-008-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-632

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hattie Ella Stone	2. Date Of Birth (month) 11 (day) 14 (year) 1909
	3. Color or Race:	4. Sex: F
	5. Place of Birth a. County: Boise	b. City or Town of Birth: Horseshoe Bend
FATHER	6. Full Name of Father: Edwin Francis Stone	7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Anna Artimisa Webster	9. State or Country of Mother's Birth: Gainsville Ga.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hattie Ella True
		11. Present Address of Registrant: 1813 N 19 Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 25 Sept 1969	12. Signature of Notary: Martin L. Fry
		13. Notary Commission expires: May 29 1973 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document (at time of birth): Affidavit by neighbor	By whom issued and signed: Anna Fry	Date Issued: Sept. 25, 1969	Date Orig. Entry: ----
	Date of Birth: Nov. 14, 1909 / Birth Place: Horseshoe Bend	Full Name of Mother: Anna Artimisa Webster	Name of Father: Edwin Francis Stone	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 408598	Date Issued: ----	Date Orig. Entry: Child born July 11, 1945
	Date of Birth: Age 35 / Birth Place: HorseshoeBend, Ida.	Full Name of Mother: -----	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy L-6161	By whom issued and signed: American Home Mutual Life	Date Issued: Feb. 15, 1960	Date Orig. Entry: Jan. 30, 1960
	Date of Birth: Nov. 14, 1909 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

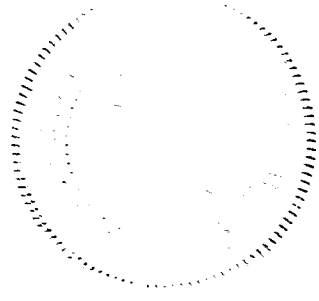
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Sept. 25, 1969

FORM BH 56067

No Corrects - No Record

Letter Stone Line

SEP 25 1969



897-22X-003-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-646

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vea Higginson			2. Date of Birth (month) August (day) 24 (year) 1909	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bannock - now Caribou	b. City or Town of Birth: Hatch	
FATHER	6. Full Name of Father: George Taylor Higginson			7. State or Country of Father's Birth: Goshen, Utah	
MOTHER	8. Full Maiden Name of Mother: Alizina Loveland			9. State or Country of Mother's Birth: Smithfield, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Vea Higginson Munk	11. Present Address of Registrant: 469 Jefferson Montpelier, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: September 19 69		12. Signature of Notary: Mary Williams	13. Notary Commission expires: Sept. 30 19 70	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: George Taylor Higginson	Date Issued: Sep.30,1969	Date Orig. Entry: ----
	Date of Birth: Aug.24,1909	Birth Place: Hatch, Idaho (Bannock now Caribou Co.)	Full Name of Mother: Alzina Loveland Higginson	Name of Father: George Taylor Higginson	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Lifeco Ins. Co. of America	Date Issued: ----	Date Orig. Entry: Mar.24,1960
	Date of Birth: Aug.24,1909	Birth Place: Hatch, Idaho	Full Name of Mother: --- -	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #313893	Date Issued: ----	Date Orig. Entry: child born May 19,1941
	Date of Birth: Age: 31	Birth Place: Hatch, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

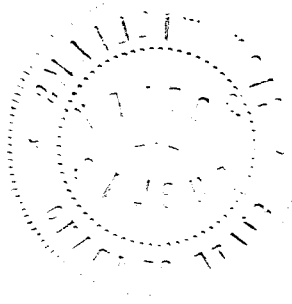
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Barson	Glenda Larson	October 2,1969

FORM BH 56067

9-17-69

OCT 2 1969



818-22V-004-532

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-650

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Almeda Hayes		2. Date of Birth (month) Nov. (day) 24 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Weiser Idaho, Washington; b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: William Guy Hayes		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Mamie Elkins		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Almeda Hayes Trumbo	11. Present Address of Registrant: 605 So 15th St Renton Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: September 26 1969	12. Signature of Notary: [signature]	13. Notary Commission expires: May 18 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding insurance policy #639 038 M-1	By whom issued and signed: Metropolitan Life Ins. Co. San Francisco, California	Date Issued: Nov.24,1961	Date Orig. Entry: Sept.1,1944
	Date of Birth: Nov.24,1909 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records(Rose City Park Sch.)	By whom issued and signed: Portland Public Schools, Portland, Oregon	Date Issued: Oct.16,1961	Date Orig. Entry: 1924/25
	Date of Birth: Nov.24,1909 / Birth Place: Weiser, Idaho	Full Name of Mother: Mamie Hayes	Name of Father: Guy Hayes	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage certificate #A18960	By whom issued and signed: Clark County, Washington	Date Issued: Oct.13,1961	Date Orig. Entry: June 21,1930
	Date of Birth: Age: 20 / Birth Place: Idaho	Full Name of Mother: Mamie Elkins	Name of Father: Guy Hayes	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Bangs	Evidence reviewed by: Glenda Larson	Date Filed: October 2,1969

FORM BH 56067

No Record No Corresp

6-26-67

OCT 3 1969

869202-025-434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-669

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Pearl Anna York		2. Date of Birth: (month) 12 (day) 2 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Idaho	b. City or Town of Birth: Stites, Idaho
FATHER	6. Full Name of Father: ~~Leula Leona~~ Charles Henry York		7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Leula Leona York McMillan		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl Loomis	11. Present Address of Registrant: Spokane, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: July 28 1969	12. Signature of Notary: Leo Hancock	13. Notary Commission expires: Oct 4 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #48-9570	Date Issued: ----	Date Orig. Entry: child born Aug. 30, 1948	
	Date of Birth: Age: 38	Birth Place: Stites, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage license & certificate	By whom issued and signed: Kootenai County Recorder's Office, Idaho bk. 64 pg. 506	Date Issued: Jan. 12, 1965	Date Orig. Entry: Oct. 2, 1952	
	Date of Birth: Age: 42	Birth Place: Stites, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present at time of birth	By whom issued and signed: Mrs. Louis (Bessie) Drake (bd. 3-3-1892)	Date Issued: Oct. 4, 1969	Date Orig. Entry: ----	
	Date of Birth: Dec. 2, 1909	Birth Place: Idaho County Stites, Idaho	Full Name of Mother: Leula Leona York	Name of Father: Charley Henry York	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	gml Glenda Larson	Oct. 10, 1969

FORM BH 56067

OCT 1 0 1969

349-120-002-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-679

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter Whitfield Turnipseed		2. Date Of Birth (month) April (day) 20 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Adams; b. City or Town of Birth: Council
FATHER	6. Full Name of Father: William S. Turnipseed		7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Jessie Anderson		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: Walter W. Turnipseed	11. Present Address of Registrant: 666 W. Galloway Winner
NOTARY (Seal)	Subscribed and sworn to before me on: October 10 1969	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1972

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: U. S. Nat'l Life Ins.	Date issued: Jun.1,1951	Date Orig. Entry: ---
	Date of Birth: Apr.20,1909; Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: National Guard Discharge	By whom issued and signed: State of Idaho	Date issued: Nov.1,1927	Date Orig. Entry: ---
	Date of Birth: Apr.20,1909; Birth Place: Council, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: W. S. Turnipseed	Date issued: Oct.13,1969	Date Orig. Entry: ----
	Date of Birth: Apr.20,1909; Birth Place: Council, Idaho	Full Name of Mother: Jessie Anderson Turnipseed	Name of Father: W. S. Turnipseed	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Larson	Evidence reviewed by: fc Glenda Larson	Date Filed: Oct. 29, 1969	

FORM BH 56067 1 copy dir. # 9905 2nd form sent (T) 5-12-67 gmf

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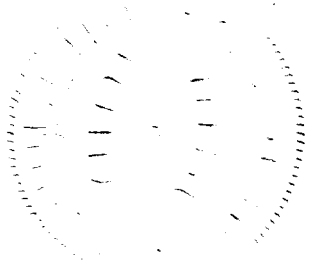
OCT 2 9 1969



313-213-042-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-684

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lorena Faye Calhoun		2. Date Of Birth (month) (day) (year): May 13, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Buhl
FATHER	6. Full Name of Father: Leon Elmer Calhoun		7. State or Country of Father's Birth: Texas
MOTHER	8. Full Maiden Name of Mother: Laura Myrtle Wilkinson		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorena Faye Bennett	11. Present Address of Registrant: Route 2, Wapato, Wash. 98951
NOTARY (Seal)	Subscribed and sworn to before me on: May 6th 1969	12. Signature of Notary: Joseph E. Murphy	13. Notary Commission expires: July 10, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: CERTIFIED copy of own child's birth certificate #408	By whom issued and signed: State of Washington Bureau of Vital Statistics	Date Issued: Feb.17,1969	Date Orig. Entry: child born Aug.24,1928
	Date of Birth: Age: 19 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Yakima Valley Mem. Hosp.,Wa. Mrs.Ruth P.Haugen, Med.Rec.	Date Issued: Mar.10,1969	Date Orig. Entry: Oct.18,1956
	Date of Birth: May 13,1909 / Birth Place: Idaho	Full Name of Mother: Lora Wilkinson	Name of Father: Leon Calhoun	
SUPPORTING RECORD 3.	Type of Document: Affidavit by paternal aunt	By whom issued and signed: Selma Barker (born 1893)	Date Issued: Oct.4,1969	Date Orig. Entry: ----
	Date of Birth: May 13,1909 / Birth Place: Buhl, Idaho	Full Name of Mother: Laura M. Calhoun	Name of Father: Leon E. Calhoun	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml	Date Filed

FORM BH 56067

2-21-67

OCT 2 9 1969

697-109-028-399

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-685

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Edwin Wigfield		2. Date of Birth (month) (day) (year): September 9, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai; b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Arthur Wigfield		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Jennie Crisp		9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Wigfield	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 10/6 1969	12. Signature of Notary: N. B. Copredge	13. Notary Commission expires: May 15 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Bible Record	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Sep.9,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record		By whom issued and signed: S.Clay Coy,Supt.School Dist. #1 (now 271),Coeur d'Alene,Ida.	Date Issued: July 3,1968	Date Orig. Entry: Oct.21,1916
	Date of Birth: Sep.9,1909	Birth Place: ----	Full Name of Mother: Jennie Wigfield	Name of Father: Arthur Wigfield	
SUPPORTING RECORD 3.	Type of Document: photocopy of insurance policy		By whom issued and signed: The New York Life Ins. Co.	Date Issued: Oct.3,1925	Date Orig. Entry: Sept.25,1925
	Date of Birth: Sept.9,1909	Birth Place: Coeur d'Alene,Ida.	Full Name of Mother: Jennie F. Wigfield	Name of Father: Arthur Wigfield	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Oct. 29, 1969

FORM BH 56067

OCT 2 9 1969

993-103-025-359

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-695

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Loyal William Richardson		2. Date of Birth (month) April (day) 3rd (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cottonwood b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: Earl L. Richardson		7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Sylvia June Terwillegar		9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Loyal William Richardson	11. Present Address of Registrant: Rte. 1, Box 49 Lapwai, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 27 1965	12. Signature of Notary: D. Gemmen	13. Notary Commission expires: 10-25 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records		By whom issued and signed: St. Joseph's Hospital, Ruthe Black, MRL, Lewiston, Idaho	Date Issued: ----	Date Orig. Entry: Oct. 15, 1961
	Date of Birth: Apr. 3, 1909	Birth Place: Cottonwood, Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Bible Record	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Apr. 3, 1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by maternal aunt		By whom issued and signed: Belva Austa Terwillegar Huffman Age: 73	Date Issued: Oct. 21, 1969	Date Orig. Entry: ----
	Date of Birth: Apr. 3, 1909	Birth Place: Ranch Home in Idaho Co., Idaho	Full Name of Mother: Sylvia June Terwillegar Richardson	Name of Father: Earl L. Richardson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gmi Glenda Larson	Nov. 10, 1969

FORM BH 56067

ICPP file # 17173

7-9-65

Richardson

NOV 10 1969

11 695-201-040-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-711

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doris Elnora Finch			2. Date of Birth (month) (day) (year): December 1 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Gem
FATHER	6. Full Name of Father: Jack Finch (Edward B.)			7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Mary May Graw			9. State or Country of Mother's Birth: Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: × Doris Elnora Finch		11. Present Address of Registrant: Mullan, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 26th 19 69	12. Signature of Notary: Peter R. Dufresne Probate Judge		13. Notary Commission expires: 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of affidavit for Marriage License	By whom issued and signed: County Recorder's Office Shoshone County, Idaho	Date Issued: Nov. 12, 1968	Date Orig. Entry: Dec. 24, 1926
	Date of Birth: Age: 17	Birth Place: ----	Full Name of Mother: ----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Probate Court Order of Committment	By whom issued and signed: A. Peterson, M.D. E. E. Gnaedinger, M.D.	Date Issued: Aug 30, 1961	Date Orig. Entry: ----
	Date of Birth: Dec. 1, 1909	Birth Place: Gem, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: (at time of birth) Affidavit by neighbor Age 83	By whom issued and signed: J. A. Parker	Date Issued: Nov. 17, 1969	Date Orig. Entry: -----
	Date of Birth: Dec. 1, 1909	Birth Place: Gem, Idaho	Full Name of Mother: May Graw	Name of Father: Edward B. Finch
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	Nov. 21, 1969

FORM BH 56067

1-20-66

NOV 25 1969
JAN 22 1971

352218-026-448

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-714

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marva Lessey		2. Date of Birth (month) June (day) 18 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Rigby, Idaho
FATHER	6. Full Name of Father: Chester Richard Lessey		7. State or Country of Father's Birth: Elba, Idaho	
MOTHER	8. Full Maiden Name of Mother: Annetta Udy		9. State or Country of Mother's Birth: Farmington, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marvin L. Harris	11. Present Address of Registrant: P.O. Box 165 - Fernley Nevada	
NOTARY (Seal)	Subscribed and sworn to before me on: November 24 1969	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle Age:69	By whom issued and signed: Dale Udy	Date Issued: Oct.26,1964	Date Orig. Entry: ----
	Date of Birth: June 18, 1909 / Birth Place: Rigby, Idaho	Full Name of Mother: Anetta Udy	Name of Father: Chester Richard Lessey	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Records	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Jun.18,1909 / Birth Place: Rigby, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: certified copy of affidavit of registration to vote	By whom issued and signed: White Pine County, Nevada #0953 A	Date Issued: Sep.29,1966	Date Orig. Entry: Feb.27,1954
	Date of Birth: Jun.18,1909 / Birth Place: Rigby, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov. 24, 1969	

FORM BH 56067

11-2-64

Harris

NOV 25 1969

519-210-043-412

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-724

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Effie M. Varjelin		2. Date Of Birth (month) June (day) 10 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Valley; b. City or Town of Birth: Rural McCall
FATHER	6. Full Name of Father: Nick Varjelin		7. State or Country of Father's Birth: Finland
MOTHER	8. Full Maiden Name of Mother: Rose Maki		9. State or Country of Mother's Birth: Finland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Effie M. Orn	11. Present Address of Registrant: 1822 Washington Way Longview, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: October 9 1969	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: Luthern Church - McCall	Date Issued: Aug. 18, 1909	Date Orig. Entry: Baptized Aug. 18, 1909
	Date of Birth: June 10, 1909	Birth Place: Rural McCall Elo, Idaho	Full Name of Mother: Rose Maki	Name of Father: Nick Varjelin
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #7121	By whom issued and signed: Western States Benefit Assoc. Boise, Idaho	Date Issued: Nov. 7, 1942	Date Orig. Entry: Nov. 3, 1942
	Date of Birth: June 10, 1909	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin Age:71	By whom issued and signed: Rose Shiefer	Date Issued: Oct. 9, 1969	Date Orig. Entry: ----
	Date of Birth: June 10, 1909	Birth Place: McCall, Idaho	Full Name of Mother: Rose Varjelin	Name of Father: Nick Varjelin
QUALIFYING INFORMATION				

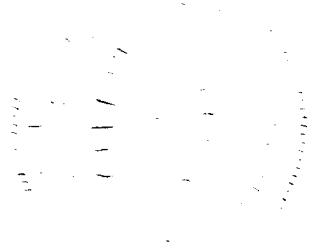
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	fc Glenda Larson	Nov. 26, 1969

FORM BH 56067

NOV 26 1969



728 653-221-006-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE69-728

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eulalia Welker
2. Date Of Birth (month) (day) (year): November 21 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Blackfoot, Idaho

FATHER

6. Full Name of Father: Charles Wesley Welker Sr.
7. State or Country of Father's Birth: Willard Utah U.S.A.

MOTHER

8. Full Maiden Name of Mother: Ruth Briscoe
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eulalia W. Larsen
11. Present Address of Registrant: 5170 Reno Hwy. Fallon, Nev.

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 29 1969
12. Signature of Notary: Wayne Birch
13. Notary Commission expires: 10-16 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Membership	L.D.S Church	Jan. 16, 1910	Baptized Nov. 29, 1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 21, 1909	Blackfoot, Idaho	Ruth Briscoe	Charles Wesley Welker

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage license application	Cache County, Utah	July 18, 1969	married Dec. 15, 1925

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 21, 1909	Blackfoot, Idaho	Ruth Brisco	Charles Wesley Welker, Sr.

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childsbirth certificate	on file - Idaho # 199789	----	child born Feb. 14, 1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 22	Blackfoot, Idaho	------	- --------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Dec. 1, 1969

FORM BH 56067

DEC 3 1969

391-129-025-756

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-734

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert John Craven			2. Date Of Birth (month) 8 (day) 29 (year) 1909
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Woodland, Idaho	b. City or Town of Birth: Woodland
FATHER	6. Full Name of Father: Levi Elza Craven			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: alta Alameta George			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert John Craven ROBERT JOHN CRAVEN		11. Present Address of Registrant: 2127 Birch-Lewiston, Id
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 1968	12. Signature of Notary: [signature]		13. Notary Commission expires: 12-11 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #53-876	Date issued: ----	Date Orig. Entry: child born Jan.27,1953
	Date of Birth: Age:43	Birth Place: Woodland, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Alta A. Craven	Date issued: May 10,1968	Date Orig. Entry: ----
	Date of Birth: Aug.29,1909	Birth Place: Woodland, Idaho	Full Name of Mother: Alta A. Craven	Name of Father: Levi E. Craven	
SUPPORTING RECORD 3.	Type of Document: Federal Census record (Idaho County, Idaho)		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Oct.8,1969	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age:10	Birth Place: Idaho	Full Name of Mother: Alta A. Craven	Name of Father: L. E. Craven	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec. 2, 1969

FORM BH 56067 1 cp. Pl no. #68-35460 (C) 7-11-68 gml

DEC 2 1969

615-225-003-221

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-755

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ETHEL FANNIN		2. Date Of Birth: (month) MAY (day) 25 (year) 1909	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth: a. County: BANNOCK	b. City or Town of Birth: POCATELLO, IDAHO
FATHER	6. Full Name of Father: MOSES FANNIN		7. State or Country of Father's Birth: ELKFORK, KENTUCKY - MORGAN COUNTY	
MOTHER	8. Full Maiden Name of Mother: CORA SKAGGS		9. State or Country of Mother's Birth: TERRYVILLE, KENTUCKY - LAWRENCE CO.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Fannin Whiting	11. Present Address of Registrant: 1003 MAJOR STREET #1 APT. SALT LAKE CITY, UTAH	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept-11 1969	12. Signature of Notary: Harold L Lamb	13. Notary Commission expires: Nov-9 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of blessing	By whom issued and signed: LDS Church, Pocatello 1st Ward Hyrum Kay, Clerk	Date Issued: July 4,1909	Date Orig. Entry: blessed July 4,1909	
	Date of Birth: May 25,1909	Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Cora Skaggs	Name of Father: Moses Fannin	
SUPPORTING RECORD 2.	Type of Document: photocopy of patriarchal blessing #15891	By whom issued and signed: Hyrum G. Smith, Patriarch LDS Church, Salt Lake City, Ut.	Date Issued: ---	Date Orig. Entry: Sept.14,1926	
	Date of Birth: May 25,1909	Birth Place: Picatello, Idaho	Full Name of Mother: Cora (Skaggs) Fannin	Name of Father: Moses Fannin	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Cora Skaggs Fannin Cassity	Date Issued: Oct.24,1969	Date Orig. Entry: ----	
	Date of Birth: May 25,1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Cora Skaggs Fannin	Name of Father: Moses Fannin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

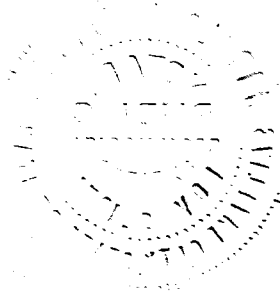
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Larson	gml Glenda Larson	Dec. 4, 1969

FORM BH 56067

5-1-64

DEC 4 1969



415-219-010-464

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-760

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Viola Davis		2. Date Of Birth (month) July (day) 19 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Walter M. Davis		7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Louise Doubach		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha Viola Smith	11. Present Address of Registrant: Rexburg Idaho Rt 1 Box 1A
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 29 1969	12. Signature of Notary: Carolyn Bailey	13. Notary Commission expires: 11-12- 1972

((APPLICANT— DO NOT WRITE BELOW THIS LINE))

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Idaho Falls 4th Ward, Louis F. Nuffer, Bishop	Date issued: Apr.28,1935	Date Orig. Entry: baptized Apr.28,1935
	Date of Birth: Jul.19,1909 / Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Louise Doubach	Name of Father: Walter M. Davis	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #11008	By whom issued and signed: State of Colorado	Date issued: Feb.13,1968	Date Orig. Entry: child born Sept.5,1929
	Date of Birth: Age: 20 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Driver's License #M 92535	By whom issued and signed: State of Utah, Department of Public Safety	Date issued: Feb.27,1963	Date Orig. Entry: Feb.27,1963
	Date of Birth: Jul.19,1909 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	December 4,1969

FORM BH 56067

Expires #24514

(D) 9-3-69 [illegible]

Sheet (one Part)

DEC 4 1969

252-102-030-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-761

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Walter Kesl			2. Date Of Birth (month) May (day) 2 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Gilmore
FATHER	6. Full Name of Father: William Benjamin Kesl			7. State or Country of Father's Birth: Mankato, Kansas
MOTHER	8. Full Maiden Name of Mother: Mary Silveria			9. State or Country of Mother's Birth: Portugal
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Charles Walter Kesl	11. Present Address of Registrant: 1108 Johnson St. Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 12 19 68		12. Signature of Notary: Mary A. Jones	13. Notary Commission expires: Oct. 1 19 71

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #201458	Date issued: ----	Date Orig. Entry: child born Apr.3,1932
	Date of Birth: Age: 22	Birth Place: Gilmore, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend of family who lived nearby at time		By whom issued and signed: Frank Proulx (born 1891)	Date issued: Feb.26,1969	Date Orig. Entry: ----
	Date of Birth: Spring of 1909	Birth Place: Gilmore, Idaho	Full Name of Mother: Mary Silveria Kesl	Name of Father: William Benjamin Kesl	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Mar.6,1969	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 10	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: William B. Kesl	

QUALIFYING INFORMATION: Insurance Policy #86-126793 Beneficial Standard Life Ins. Co. dated Oct. 21, 1952 gives birthdate as May 2, 1909.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec. 4, 1969

FORM BH 56067 1 CP pd rec #5479 (K) 12-31-68 gml

Jones Funeral for
Mr. Keel.

DEC 4 1969

659-114-016-653

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-767

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Edward Weighall		2. Date of Birth (month) June (day) 14 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Basin (mail Oakley)
FATHER	6. Full Name of Father: Lawrence Franklin Weighall		7. State or Country of Father's Birth: U.S.A.
MOTHER	8. Full Maiden Name of Mother: Agatha Inez Wells		9. State or Country of Mother's Birth: U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: J E Weighall	11. Present Address of Registrant: Montello Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: April 21st 1969	12. Signature of Notary: Vern Carter	13. Notary Commission expires: April 29th 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #286420		Date Issued: -----	Date Orig. Entry: child born Oct.9,1939
	Date of Birth: Age: 30	Birth Place: Oakley, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person who was working for parents at time of birth	By whom issued and signed: Edna Wells (bd.10-13-1889)		Date Issued: Sept.4,1969	Date Orig. Entry: -----
	Date of Birth: June 14,1909	Birth Place: Basin, Cassia County, Idaho	Full Name of Mother: Agatha Inez Weighall nee (Wells)	Name of Father: Lawrence Franklin Weighall	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: United Benefit Life Ins. Co. & Mutual Benefit Health & Accident Assoc.		Date Issued: ----	Date Orig. Entry: Apr.9,1940
	Date of Birth: June 14,1909	Birth Place: Oakley, Idaho	Full Name of Mother: - -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	Dec. 4, 1969

FORM BH 56067

10-28-66

Weighall

DEC 4 1969

719-207-036-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-770

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sarah Hill Garner
2. Date of Birth (month) (day) (year): March 7 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Oneida
b. City or Town of Birth: Riverdale
Riverdale Idaho

FATHER

6. Full Name of Father: James Albert Garner
7. State or Country of Father's Birth: North Ogden, Weber Co. Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Kerr Hill
9. State or Country of Mother's Birth: Wellsville, Cache Co. Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sarah Hill Garner
11. Present Address of Registrant: [illegible] Blvd Fair Oaks, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: OCT 21- 19[illegible]
12. Signature of Notary: Lon A Ruppel
13. Notary Commission expires: LON A. RUPPEL NOTARY PUBLIC Sacramento County State of California My Commission Expires 5/6/73 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by maternal aunt who was present at time of birth	Margaret H. Robinette Age:80	Jun.30,1969	----
	Date of Birth: Mar.7,1909 — Birth Place: Riverdale, Idaho Oneida County	Full Name of Mother: Sarah Hill Garner	Name of Father: James Albert Garner	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Genealogical Wd. L.A. Neeley, Clerk	Date Issued: Apr.11,1909	Date Orig. Entry: blessed Apr.4,1909
	Date of Birth: Mar.7,1909 — Birth Place: Riverdale, Oneida County, Idaho	Full Name of Mother: Sarah Hill	Name of Father: James A. Garner	
SUPPORTING RECORD 3.	Type of Document: Marriage License and Certificate	By whom issued and signed: Alameda County, California Eugene B.Jacobs,Bishop LDS Church	Date Issued: June 22,1930	Date Orig. Entry: June 21,1930
	Date of Birth: Age: 21 — Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

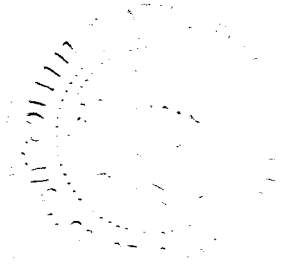
State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Dec. 4, 1969

FORM BH 56067 nm. (S) 5-15-67 gml

Smith

DEC 4 1969

Sarah Garner
March 7, 1909
Riverdale, Idaho



219123-015-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-775

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Homer Barnard		2. Date of Birth (month) (day) (year): 9 - 23 - 09	
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Soda Springs-Caribou	b. City or Town of Birth: Soda Springs Idaho
FATHER	6. Full Name of Father: Harry Isreal Barnard		7. State or Country of Father's Birth: Brigham City, Utah	
MOTHER	8. Full Maiden Name of Mother: Minnie Lee Woodall		9. State or Country of Mother's Birth: Soda Springs, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wm H. Barnard	11. Present Address of Registrant: 3265 So. 6th East Salt Lake Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: December 1 1969	12. Signature of Notary: Wilma Dimas	13. Notary Commission expires: June 13 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of application for license to marry #17192	By whom issued and signed: Utah County, Utah	Date Issued: Nov.25,1969	Date Orig. Entry: Sept.20,1952	
	Date of Birth: Sep.23,1909	Birth Place: Soda Springs,Ida.	Full Name of Mother: Minnie Lee Woodall	Name of Father: Harry I. Barnard	
SUPPORTING RECORD 2.	Type of Document: photocopy of honorable discharge paper	By whom issued and signed: U.S. Navy, Daniel Hunt,Capt. (MC), USN	Date Issued: discharged Jan.26,1946	Date Orig. Entry: enlisted Nov.28,1942	
	Date of Birth: Sep.23,1909	Birth Place: Soda Springs,Ida.	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: transcript of school record	By whom issued and signed: University of Utah, Salt Lake City, Clarence A.Reeder,Jr.,Registrar	Date Issued: Dec.1,1969	Date Orig. Entry: 1929-30	
	Date of Birth: 1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Dec. 4, 1969

FORM BH 56067

11-20-69

DEC 5 1969

367-213-008-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-778

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Mae Cox			2. Date of Birth (month) Sept. (day) 13 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Brownlee near Sweet, Idaho a. County: Boise	b. City or Town of Birth
FATHER	6. Full Name of Father: Marion Elvis Cox			7. State or Country of Father's Birth: Missouri, Coffee County
MOTHER	8. Full Maiden Name of Mother: Cora Almeta Elliott			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Mae Brooks		11. Present Address of Registrant: 3025 Gavin Street, Boise, Idal
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 5, 19 69	12. Signature of Notary: [signature]		13. Notary Commission expires: Jan. 1, 19 73

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavity by aunt Age:77		By whom issued and signed: Elsie Mae Olson	Date issued: Dec.5,1969	Date Orig. Entry: ----
	Date of Birth: Sep.13,1909	Birth Place: Brown Lee near Sweet, Idaho,	Full Name of Mother: Cora Almeta Cox	Name of Father: Marion Elvin Cox	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #204464	Date issued: ---	Date Orig. Entry: child born July 2,1932
	Date of Birth: Age: 22	Birth Place: Brownlee, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license affidavit		By whom issued and signed: Gem County, Idaho	Date issued: June 6,1968	Date Orig. Entry: Mar. 20, 1926
	Date of Birth: Age: 16	Birth Place: ----	Full Name of Mother: Cora Cox	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

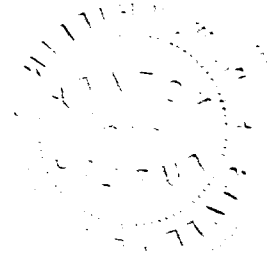
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	December 5,1969

FORM BH 56067 1 cp pd rec # 30592 3-28-68

Brooks

DEC 5 1969



469-210-004-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-782

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LaRue Morgan		2. Date Of Birth (month) May (day) 10 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Liberty Bear Lake; b. City or Town of Birth: Liberty
FATHER	6. Full Name of Father: William Roberts Morgan		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Martha Amelia Christensen		9. State or Country of Mother's Birth: Idaho.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LaRue Morgan Hogan	11. Present Address of Registrant: 1210 Wilson Richland Wa
NOTARY (Seal)	Subscribed and sworn to before me on: 2 - July, 1968	12. Signature of Notary: [signature]	13. Notary Commission expires: april 25 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of duplicate copy of Certificate of Blessing	By whom issued and signed: LDS Church, Liberty Ward, W. K. Matthews, Bishop	Date issued: ---	Date Orig. Entry: blessed June 20,1909
	Date of Birth: May 10,1909 / Birth Place: Liberty, Idaho Bear Lake County	Full Name of Mother: Martha Christensen	Name of Father: Wm. R. Morgan	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #15070 D9	By whom issued and signed: Gem State Mutual Life Assoc. of Pocatello, Idaho	Date issued: ----	Date Orig. Entry: Nov.15,1938
	Date of Birth: May 10,1909 / Birth Place: Liberty, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record Liberty Precinct,Bear Lake Co.	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: May 21,1969	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age:11 mos. / Birth Place: Idaho	Full Name of Mother: Martha E. Morgan	Name of Father: William R. Morgan	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec. 5, 1969

FORM BH 56067 2nd form sent 7-29-68 and (H) 1 [illegible] #25149

. DEC. 5 1969

682-224-026-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-792

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Margaret Fisher			2. Date of Birth (month) 5 (day) 24 (year) 1909	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Annis Jefferson	b. City or Town of Birth: Annis	
FATHER	6. Full Name of Father: Hyrum James Fisher			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Artemissia Clawson Clark			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Clara F Swensen	11. Present Address of Registrant: 213 N Fisher	
NOTARY (Seal)	Subscribed and sworn to before me on 24th May 1968		12. Signature of Notary: Orson Packham	13. Notary Commission expires: January 30 1970	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photocopy of family record		By whom issued and signed: Family Records	Date Issued: Apr.7,1969	Date Orig. Entry: obviously old
	Date of Birth: May 24,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #518-20-0039		By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: Mar.12,1941
	Date of Birth: May 24,1909	Birth Place: Annis, Idaho Jefferson County	Full Name of Mother: Artemissia Clark	Name of Father: Hyrum J. Fisher	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #240542	Date Issued: ---	Date Orig. Entry: child born Dec.31,1935
	Date of Birth: Age: 26	Birth Place: Annis, Idaho	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Dec. 11, 1969

FORM BH 56067

8-21-63

Swenson

DEC 17 1969

665-125-021-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-801

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Milton Herbert Owen			2. Date of Birth (month) (day) (year): May 25, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Was Oneida (now Franklin)	b. City or Town of Birth: Glendale (Mail Preston)
FATHER	6. Full Name of Father: Herbert Owen			7. State or Country of Father's Birth: Tong, Yorkshire, England
MOTHER	8. Full Maiden Name of Mother: Anna Luinna Larsen			9. State or Country of Mother's Birth: Logan, Cache, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Milton H Owen	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: December 5th 1969		12. Signature of Notary: James M Olsen	13. Notary Commission expires: January 6 1973

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing		By whom issued and signed: LDS Church, Glendale Ward Record of Children bk.B #58	Date Issued: ---	Date Orig. Entry: blessed July 4,1909
	Date of Birth: May 25,1909	Birth Place: Glendale, Idaho Oneida County	Full Name of Mother: Luennia Larsen	Name of Father: Herbert Owen	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Glendale Ward Record of Members bk.B #229	Date Issued: ----	Date Orig. Entry: baptized Oct.16,1917
	Date of Birth: May 25,1909	Birth Place: Glendale, Idaho Oneida County	Full Name of Mother: Annie Luenna Larsen	Name of Father: Herbert Owen	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #274863	Date Issued: ---	Date Orig. Entry: child born Dec.13,1938
	Date of Birth: Age: 29	Birth Place: Glendale, Idaho	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Dec. 16, 1969

FORM BH 56067

DEC 17 1969

731-118-038-635

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-820

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rollo Elsworth Plank
2. Date of Birth: April 18 1909
3. Color or Race: American
4. Sex: Male
5. Place of Birth: a. County: Payette; b. City or Town of Birth: Payette, Idaho

FATHER

6. Full Name of Father: Clark Boyd Plank
7. State or Country of Father's Birth: United States

MOTHER

8. Full Maiden Name of Mother: Retta Fletcher
9. State or Country of Mother's Birth: United States

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rollo Elsworth Plank
11. Present Address of Registrant: 101 West 8th St., Davis

NOTARY (Seal)

Subscribed and sworn to before me on January 14, 1958

12. Signature of Notary: Dorothy L Bowen
13. Notary Commission expires: 10-10-1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: photocopy of application for social security #561-52-4968
By whom issued and signed: Social Security Adm.
Date Issued: Oct.29,1969
Date Orig. Entry: Feb.8,1956
Date of Birth: Apr.18,1909
Birth Place: Payette, Idaho
Full Name of Mother: Retta Fletcher
Name of Father: Clark Boyd Plank

SUPPORTING RECORD 2.

Type of Document: Certified copy of own child's birth record
By whom issued and signed: Ethel Whitacre,Dep.Recorder, Woodland, California
Date Issued: Oct.28,1957
Date Orig. Entry: child born July 27,1930
Date of Birth: Age: 21
Birth Place: Idaho
Full Name of Mother: ----
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: Statement regarding insurance policy
By whom issued and signed: Ervin E.Stein,General Agent Franklin Life Ins Co.
Date Issued: Nov.7,1957
Date Orig. Entry: Sept.18,1951
Date of Birth: Apr.18,1909
Birth Place: ----
Full Name of Mother: ----
Name of Father: -----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Bagson
Evidence reviewed by: Glenda Larson
Date Filed: Dec. 24, 1969

FORM BH 56067

1 copy Paid

DEC 2 6 1969

493-227-028-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-827

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Agnes Edna Mitchell
2. Date of Birth (month) (day) (year): Nov. 27 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Kootenai Co. Idaho
b. City or Town of Birth: Coeur d'Alene Idaho

FATHER

6. Full Name of Father: Charles Cameron Mitchell
7. State or Country of Father's Birth: Grey County Ontario

MOTHER

8. Full Maiden Name of Mother: Martha (Mitchell) Trebelcock
9. State or Country of Mother's Birth: Spearfish, South Dakota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Agnes E. Warragh
11. Present Address of Registrant: Round Valley, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 26 1959
12. Signature of Notary:
13. Notary Commission expires: [illegible] 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certified copy Certificate of Marriage
By whom issued and signed: Bureau of Vital Statistics Dept. Health, Edmonton, Alberta Canada
Date Issued: Oct 28, 1959
Date Orig. Entry: Oct. 10, 1929
Date of Birth: age 19
Birth Place: Coeur d'Alene, Idaho
Full Name of Mother: —
Name of Father: —

SUPPORTING RECORD 2.

Type of Document: Affidavit by maternal aunt Age: 85
By whom issued and signed: Pearl Trebelcock Freeman
Date Issued: July 2, 1969
Date Orig. Entry: ----
Date of Birth: Nov. 27, 1909
Birth Place: Coeur d'Alene, Idaho
Full Name of Mother: Martha Mitchell (Trebelcock)
Name of Father: Charles Cameron Mitchell

SUPPORTING RECORD 3.

Type of Document: Certified copy of own child's birth certificate #450
By whom issued and signed: Division of Vital Statistics Edmonton, Alberta, Canada
Date Issued: Nov. 21, 1969
Date Orig. Entry: child born Jan. 24, 1935
Date of Birth: Age: 25
Birth Place: Coeur d'Alene, Idaho
Full Name of Mother: ----
Name of Father: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: bf gml Glenda Larson
Date Filed: Dec. 29, 1969

FORM BH-86067

One copy Paid = 16272 12-21-59

DEC 29 1969
DEC 7 1970

619-204-005-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-828

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Esther Warner		2. Date Of Birth (month) May (day) 4 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Benewah; b. City or Town of Birth: St. Maries
FATHER	6. Full Name of Father: Andrew Warner		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Rose Leah Hancock		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth E Gorsue	11. Present Address of Registrant: 3910-128th St. East Tacoma, Wash. 98446
NOTARY (Seal)	Subscribed and sworn to before me on: August 31, 1967	12. Signature of Notary: Wilbert E. Cadle	13. Notary Commission expires: July 21, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Rose L. Warner	Date issued: Aug. 31, 1967	Date Orig. Entry: ------
	Date of Birth: May 4, 1909	Birth Place: St. Maries, Idaho Benewah County	Full Name of Mother: Rose Leah Hancock	Name of Father: Andrew Warner
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Tacoma Publix Schools, Wash. Angelo Giaudrone, Supt.	Date issued: Aug. 28, 1968	Date Orig. Entry: May 1, 1921
	Date of Birth: May 4, 1909	Birth Place: ------	Full Name of Mother: Mrs. A. Warner	Name of Father: Andrew Warner
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: City of Tacoma & Pierce Co., Tacoma, Washington	Date issued: Nov. 21, 1969	Date Orig. Entry: child born Jan. 30, 1932
	Date of Birth: Age: 22	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec. 29, 1969

FORM BH 56067

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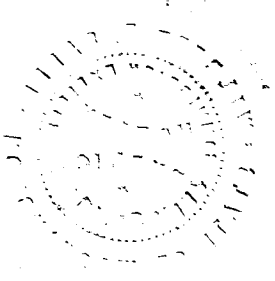

844-106-022-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-836

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Clifford Humphreys			2. Date Of Birth (month) June (day) 6 (year) 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: Richard Humphreys			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Ida Priscilla Hathaway			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Clifford Humphreys		11. Present Address of Registrant: 1540 Wilson Street, Eugene, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 15 1969	12. Signature of Notary: Glenda Larson		13. Notary Commission expires: 2/3 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #281412		Date Issued: ----	Date Orig. Entry: child born July 4,1939
	Date of Birth: Age: 30	Birth Place: Ashton	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Dec.9,1969	Date Orig. Entry: Apr.1,1960
	Date of Birth: 1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age:72	By whom issued and signed: Elizabeth H. Havens		Date Issued: Aug.18,1969	Date Orig. Entry: ----
	Date of Birth: June 6,1909	Birth Place: Ashton, Fremont County, Idaho	Full Name of Mother: Ida Priscilla Hathaway	Name of Father: Richard Humphreys	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Bowman	Glenda Larson	December 30,1969

FORM BH 56067

7-9-69

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DEC 3 0 1969

717-223-028-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-840

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mayme Orpha Gage		2. Date of Birth (month) Feb (day) 23 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Coeur d'Alene - Kootenai; b. City or Town of Birth: Coeur d'alene, Idaho
FATHER	6. Full Name of Father: Adin E Gage		7. State or Country of Father's Birth: Yates city, New York
MOTHER	8. Full Maiden Name of Mother: Grayce M Mohr		9. State or Country of Mother's Birth: Grass Lake Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mayme O Hopton	11. Present Address of Registrant: N. 110 4 Houk, Spokane Wn
NOTARY (Seal)	Subscribed and sworn to before me on: November 10 1969	12. Signature of Notary: Ken H. Hager	13. Notary Commission expires: August 15 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Records	Date Issued: Nov.10,1969	Date Orig. Entry: obviously old
	Date of Birth: Feb.23,1909 / Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital certificate of own child's birth	By whom issued and signed: Sacred Heart Hospital, Spokane, Washington	Date Issued: Nov.10,1969	Date Orig. Entry: child born Jan.2,1940
	Date of Birth: Feb.23,1909 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle Age:86	By whom issued and signed: Ed C. Mohr	Date Issued: Dec.22,1969	Date Orig. Entry: ----
	Date of Birth: Feb.23,1909 / Birth Place: Coeur d'Alene, Idaho	Full Name of ~~XXXXX~~ father: Adin E. Gage	Name of ~~XXXXX~~ mother: Grayse Gage	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

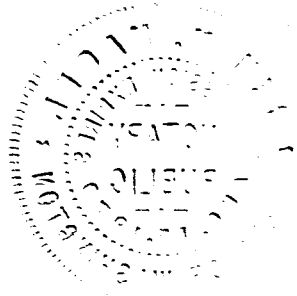
State Registrar	Evidence reviewed by	Date Filed
W M Larson	Glenda Larson gml	Dec. 30, 1969

FORM BH 56067 1111

(6) 10-22-69 gmc

Hixton (Sue Gage)

DEC 30 1969



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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE70-0009

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virginia Lee Wiley			2. Date of Birth (month) (day) (year): June 29, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Potlatch
FATHER	6. Full Name of Father: John D. Wiley			7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother: Josephine Swanson			9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia Lee Wiley / Virginia Lee Gortsema		11. Present Address of Registrant: 206 11th Ave E #2 Lewiston
NOTARY (Seal)	Subscribed and sworn to before me on: January 2 1970	12. Signature of Notary: Lora M. Hopkins		13. Notary Commission expires: 4-18 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of hospital record	By whom issued and signed: St. Frances Xavier Cabrini Hospital, Seattle, WA	Date Issued: Nov.25,1969	Date Orig. Entry: June 4,1964	
	Date of Birth: June 29,1909	Birth Place: Potlatch, Idaho	Full Name of Mother: Josephine Swanson	Name of Father: John D. Wiley	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism Roman Catholic Church	By whom issued and signed: Assumption Church, Seattle, WA Arnold Fox, Pastor	Date Issued: Feb.8,1958	Date Orig. Entry: baptized Feb.8,1958	
	Date of Birth: June 29,1909	Birth Place: Potlatch, Idaho	Full Name of Mother: Josephine Swanson	Name of Father: John D. Wiley	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Lincoln County, Montana	Date Issued: Apr.19,1956	Date Orig. Entry: child born June 21,1941	
	Date of Birth: Age: 31	Birth Place: Potlack, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Bergeron	gml Glenda Larson	Jan. 6, 1970

FORM BH 56067

JAN 6 1970

CORRECTED FILE # FROM DE67-0009 TO DE70-0009 6/1/12 KMC

396-224-029-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-012

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lucille - LaVanda - Crossett
2. Date Of Birth (month) May (day) 24 (year) 1909
3. Color or Race: White
4. Sex: Fem.
5. Place of Birth: a. County Latah; b. City or Town of Birth Moscow

FATHER

6. Full Name of Father: Edward George Crossett
7. State or Country of Father's Birth: Wisconson.

MOTHER

8. Full Maiden Name of Mother: O'Lena Miller
9. State or Country of Mother's Birth: Wisconson

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucille L. Jeter
11. Present Address of Registrant: SE-2303 Maple Milwaukie Ore.

NOTARY (Seal)

Subscribed and sworn to before me on Sept. 25 1969

12. Signature of Notary: Joan C. Johnson
13. Notary Commission expires 10-28 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified photocopy of application for insurance policy #211924	By whom issued and signed: Central Life Assurance Society, Des Moines, Iowa	Date Issued: Oct.3,1969	Date Orig. Entry: Oct.3,1927
	Date of Birth: May 24,1909 / Birth Place: Moscow, Idaho Latah County	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record (Moscow High School)	By whom issued and signed: O.W.Espe,Clerk, Moscow School Dist. #281, Idaho	Date Issued: ----	Date Orig. Entry: Sept.1926
	Date of Birth: May 24,1909 / Birth Place: ---	Full Name of Mother: Oli. Hogan	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #519-09-5916	By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: Dec.3,1936
	Date of Birth: May 27,1909 / Birth Place: Moscow, Idaho	Full Name of Mother: Lena Miller	Name of Father: Edward Crossett	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	gml Glenda Larson	Jan. 6, 1970

FORM BH 56067

JAN 6 1970

413-22-3029-217

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-034

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarice Edith Mack			2. Date Of Birth (month) July (day) 23 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Kendrick
FATHER	6. Full Name of Father: Roy Piere Mack			7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Josephine Edith Sage			9. State or Country of Mother's Birth: South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: now by marriage Clarice Edith Mack		11. Present Address of Registrant: 1528 E. 14th. Anckorage
NOTARY (Seal)	Subscribed and sworn to before me on: 8th of Jan. 1970	12. Signature of Notary: Dora A. Lamberson		13. Notary Commission expires: 11-16 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Olympia School Dist.III,WA Charles R.Marshall,Supt.	Date Issued: Dec.9,1969	Date Orig. Entry: May 1, 1916
	Date of Birth: July 23,1909 / Birth Place: ---	Full Name of Mother: ---	Name of Father: R. P. Mack	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Dec.16,1969	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 10 / Birth Place: Idaho	Full Name of Mother: Edith Mack	Name of Father: Roy Mack	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #535-10-2324	By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: Mar.2,1937
	Date of Birth: July 23,1909 / Birth Place: Kendrick, Idaho	Full Name of Mother: Josephine Edith Sage	Name of Father: Roy Pierre Mack	
QUALIFYING INFORMATION	Certified copy of marriage license application, Thurston County, Washington, copy issued Dec. 8, 1969. Gives Age as 34 on October 2nd, 1943. Birthplace - Kendrick, Idaho.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Barson	Evidence reviewed by: Glenda Larson		Date Filed: Jan. 13, 1970

FORM BH 56067

Santa Fe

JAN 13 1970

165-129-022-842

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-037

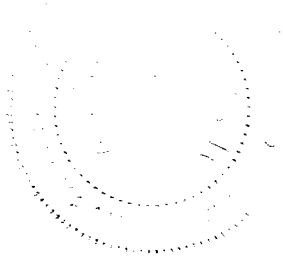
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glenn Jones			2. Date Of Birth (month) March (day) 29th (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho; Freemont County	b. City or Town of Birth: St Anthony
FATHER	6. Full Name of Father: Caroll S. Jones			7. State or Country of Father's Birth: Wisconson
MOTHER	8. Full Maiden Name of Mother: Ida May Hubbell			9. State or Country of Mother's Birth: So. Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glenn Jones		11. Present Address of Registrant: 2720 W. Clarendon Ave 206 Phoenix Arizona 85013
NOTARY (Seal)	Subscribed and sworn to before me on: January 2 1970	12. Signature of Notary: Dena D. Patterson		13. Notary Commission expires: My Commission Expires May 23, 1972 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding lodge records	By whom issued and signed: Silver Trowell Lodge #29, F.& A.M., Phoenix, AZ, J.H. Irvine, Sec.	Date Issued: Jan. 2, 1970	Date Orig. Entry: May 28, 1941
	Date of Birth: Mar. 29, 1909 / Birth Place: St. Anthony, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of County Register of Births	By whom issued and signed: Fremont County, Idaho (Lorin F. Rich, M.D. reporting)	Date Issued: Dec. 8, 1969	Date Orig. Entry: quarter ending March 31, 1909
	Date of Birth: Mar. 29, 1909 / Birth Place: St. Anthony, Idaho	Full Name of Mother: Ida Hubble Jones	Name of Father: Carrol S. Jones	
SUPPORTING RECORD 3.	Type of Document: Airman Identification Card	By whom issued and signed: Civil Aeronautics Adm., Floyd M. Johnston, Aviation Safety Agent	Date Issued: May 4, 1951	Date Orig. Entry: May 4, 1951
	Date of Birth: Mar. 29, 1909 / Birth Place: St. Anthony, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 14, 1970	

FORM BH 56067

JAN 14 1970



698-221-043-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-038

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernice Cary Fry		2. Date Of Birth (month) (day) (year): January 21, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: High Valley Valley; b. City or Town of Birth: High Valley
FATHER	6. Full Name of Father: Roscoe C. Fry		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Katherine B. Cary		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernice C. Fry Hamilton	11. Present Address of Registrant: 6112 S.E. Clatsop Cpt Portland Ore 97206
NOTARY (Seal)	Subscribed and sworn to before me on: 1-13 19 70	12. Signature of Notary: James E. Hart	13. Notary Commission expires: 10-6 19 71

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school record		By whom issued and signed: Nampa, Idaho, Public Schools	Date issued: ---	Date Orig. Entry: Jan.26,1918
	Date of Birth: Jan.21,1909	Birth Place: High Valley, Idaho	Full Name of Mother: ---	Name of Father: Rosco Fry	
SUPPORTING RECORD 2.	Type of Document: pages from family Bible		By whom issued and signed: Family Bible Records	Date issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Jan.21,1909	Birth Place: High Valley, Idaho	Full Name of Mother: Katherine B. Cary Fry	Name of Father: Roscoe C. Fry	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Certificate of Marriage #B48362		By whom issued and signed: Clark County, Washington	Date issued: Apr.21,1969	Date Orig. Entry: Mar.29,1964
	Date of Birth: Jan.21,1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Jan. 16, 1970

FORM BH 56067

JAN 16 1970

268-219-013-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-055

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Opal Ina Boyer		2. Date Of Birth (month) Oct. (day) 19 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Soldier a. County: Camas b. City or Town of Birth: * Soldier Idaho
FATHER	6. Full Name of Father: Charles Euphrates Boyer		7. State or Country of Father's Birth: Virginia USA
MOTHER	8. Full Maiden Name of Mother: Bertha Mae Mink		9. State or Country of Mother's Birth: Virginia USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Opal Ina Leavitt	11. Present Address of Registrant: Bishop Calif
NOTARY (Seal)	Subscribed and sworn to before me on: September 26, 19 69	12. Signature of Notary: Albert Eryniaga	13. Notary Commission expires: November 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's birth certificate #53	By whom issued and signed: State of Oregon	Date issued: ----	Date Orig. Entry: child born Mar.9,1937
	Date of Birth: Age: 27 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of insurance policy	By whom issued and signed: Business Men's Assurance Co. of America, Kansas City, Mo.	Date issued: May 16,1953	Date Orig. Entry: May 16, 1953
	Date of Birth: Oct.19,1909 / Birth Place: Fairfield, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Bertha Mae Boyer Age:82	Date issued: Jan.12,1970	Date Orig. Entry: ----
	Date of Birth: Oct.19,1909 / Birth Place: Soldier near Fairfield, Idaho	Full Name of Mother: Bertha Mae Mink	Name of Father: Charles Euphrates Boyer	

QUALIFYING INFORMATION * Soldier was a small town located where the town of Fairfield is now.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Berson	gml Glenda Larson	Jan. 21, 1970

FORM BH 56067

JAN 2 1 1970

753-205-016-577

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-067

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Audrey Peterson			2. Date Of Birth (month) April (day) 5 (year) 1909	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Cassa	b. City or Town of Birth: Burley	
FATHER	6. Full Name of Father: Olof Peterson			7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Altha Belle Eggleston			9. State or Country of Mother's Birth: Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edna A. Peterson Angels	11. Present Address of Registrant: Route 6, Box 880 Lakeview, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: January 14 1970		12. Signature of Notary: Barbara Snider	13. Notary Commission expires: Sept. 10 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of return of marriage		By whom issued and signed: County Clerk's Office, Lake County, Oregon	Date Issued: Jan.2,1970	Date Orig. Entry: Mar.23,1930
	Date of Birth: Age: 20	Birth Place: Burley, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records- Dist.#38		By whom issued and signed: Lake County, Oregon, Anne Sprague, Co. Supt.	Date Issued: Dec.31,1969	Date Orig. Entry: Oct.26,1926
	Date of Birth: Age: 17	Birth Place: ---	Full Name of Mother: ---	Name of Father: Olof Peterson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Mrs. Olof Peterson	Date Issued: Jan.21,1970	Date Orig. Entry: ----
	Date of Birth: Apr.5,1909	Birth Place: Burley, Idaho	Full Name of Mother: Altha Belle Eggleston Peterson	Name of Father: Olof Peterson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: Jan. 27, 1970

FORM BH 56067

1 Cp pd Rec # 7676

3-2-66

JAN 27 1970

213-123-616-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-091

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melvin Emery Bates			2. Date Of Birth (month) (day) (year): July 23 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Basin (Cassia) mail	b. City or Town of Birth: Oakley, Idaho
FATHER	6. Full Name of Father: ~~Maxxxkxxxxxxxxxxxxxxx~~ Charles Emery Bates			7. State or Country of Father's Birth: Oakley, Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Leona Fairchild			9. State or Country of Mother's Birth: Oakley, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melvin E Bates		11. Present Address of Registrant: General Delivery X Burley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 8, 19 69	12. Signature of Notary: Kenneth Rood		13. Notary Commission expires: January 20 19 73

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit from Father	By whom issued and signed: ~~XX~~ Charles Emery Bates	Date Issued: 11-8-69	Date Orig. Entry: ----
	Date of Birth: 7-23-09 / Birth Place: Cassia County Oakley, Idaho	Full Name of Mother: Mary Leona Fairchild	Name of Father: Charles Emery Bates	
SUPPORTING RECORD 2.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Basin Ward Rec. of births & blessings pg. 184	Date Issued: Jan. 20, 1970	Date Orig. Entry: Nov. 7, 1909
	Date of Birth: July 23, 1909 / Birth Place: Basin, Idaho Cassia County	Full Name of Mother: Mary L. Fairchild	Name of Father: Emery Bates	
SUPPORTING RECORD 3.	Type of Document: photocopy of admittance record	By whom issued and signed: Cassia Memorial Hospital Burley, Idaho	Date Issued: ----	Date Orig. Entry: Oct. 19, 1963
	Date of Birth: July 23, 1909 / Birth Place: ----	Full Name of Mother: ---	Name of Father: Emery	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	gml Glenda Larson	Feb. 4, 1970

FORM BH 56067

FEB - 5 1970

693101-036-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-108

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur LeVen Williams		2. Date Of Birth (month) (day) (year): September 1, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: Arthur Thompson Williams		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Nora Harrison		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur LeVen Williams	11. Present Address of Registrant: Raymond, Ida Star Route Via Cokeville, Wyoming 83114
NOTARY (Seal)	Subscribed and sworn to before me on: December 15 1969	12. Signature of Notary: E L Scott	13. Notary Commission expires: May 19 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: LDS Church Certificate of Birth	By whom issued and signed: Malad Stake, 1909 page 390, Line 68, Malad Ward	Date Issued: Jul.23,1969	Date Orig. Entry: Nov.7,1909
	Date of Birth: Sept.1,1909; Birth Place: Malad, Idaho Oneida County	Full Name of Mother: Nora Harrison	Name of Father: Arthur T. Williams	
SUPPORTING RECORD 2.	Type of Document: Certified copy of application for license to marry #155372	By whom issued and signed: Salt Lake County, Utah	Date Issued: Dec.16,1969	Date Orig. Entry: Nov.17,1961
	Date of Birth: Sep.1,1909; Birth Place: Malad, Idaho	Full Name of Mother: Nora Harrison	Name of Father: Arthur T. Williams	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Nora Harrison Williams	Date Issued: Dec.15,1969	Date Orig. Entry: ----
	Date of Birth: Sept.1,1909; Birth Place: Malad City,Idaho	Full Name of Mother: Nora Harrison Williams	Name of Father: Arthur Thompson Williams	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 9, 1970

FORM BH 56067

2-2-62

FEB 10 1970

753704-010-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-120

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Emanuel Peterson		2. Date Of Birth (month) (day) (year): August 24 1909
	3. Color or Race: W	4. Sex: Male	5. Place of Birth a. County: Bonneville
			* b. City or Town of Birth: Rural Idaho Falls
FATHER	6. Full Name of Father: Carl Alfred Peterson		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Klara Augusta Carlson		9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold Emanuel Peterson	11. Present Address of Registrant: 709 N 2400 E Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 5 19 70	12. Signature of Notary	13. Notary Commission expires: February 1 19 73

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother	By whom issued and signed: Joseph Peterson (bd.5-25-1895)	Date Issued: Feb.2,1970	Date Orig. Entry: ----
	Date of Birth: Aug.24,1909 / Birth Place: family res.E by NE of Ida. Falls,Bonneville Co.	Full Name of Mother: Klara Augusta Peterson	Name of Father: Carl Alfred Peterson	
SUPPORTING RECORD 2.	Type of Document: photocopy of baptismal certificate	By whom issued and signed: G.T.Peterson, Minister Lincoln TWP, Idaho	Date Issued: -----	Date Orig. Entry: baptized Nov.16,1909
	Date of Birth: Aug.24,1909 / Birth Place: Lincoln Twp., Idaho	Full Name of Mother: Klara Augusta Peterson	Name of Father: Carl Alfred Peterson	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #217639	Date Issued: ----	Date Orig. Entry: child born Nov.19,1933
	Date of Birth: Age: 24 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ---	

QUALIFYING INFORMATION: *The town of Lincoln is located about 4 miles East Northeast of Idaho Falls.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	gml Glenda Larson	Feb. 10, 1970

FORM BH 56067

FEB 11 1970
FEB 19 1970

157-225-028-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-132

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ella C Angell
2. Date Of Birth (month) (day) (year): April 25 1909
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Kootenai
b. City or Town of Birth: Coeur d'Alene Idaho

FATHER

6. Full Name of Father: Hans B. Angell
7. State or Country of Father's Birth: Stamsund, Norway

MOTHER

8. Full Maiden Name of Mother: Emma Christoffersen
9. State or Country of Mother's Birth: Vesteraalen, Norway

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ella C Angell Gilson
11. Present Address of Registrant: 1501 - E. Lakeshore Dr

NOTARY (Seal)

Subscribed and sworn to before me on: February 10, 1970 19___
12. Signature of Notary: Harry L. Virth
13. Notary Commission expires: 2/1/71 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Naturalization #114211 (for father)	By whom issued and signed: U.S.A. Dept. of Commerce and Labor-Coeur d'Alene, Idaho	Date Issued: Feb.12,1910	Date Orig. Entry: Feb.12,1910	
	Date of Birth: Age: 10 mos.	Birth Place: ---	Full Name of Mother: Emma Angell	Name of Father: Hans Benoni Angell	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #184005	Date Issued: ----	Date Orig. Entry: child born Aug.12,1930	
	Date of Birth: Age: 21 yr.	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance membership	By whom issued and signed: Lutheran Brotherhood, Minneapolis, Minnesota	Date Issued: ----	Date Orig. Entry: May 18,1927	
	Date of Birth: Apr.25,1909	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ---	Name of Father: Hans B. Angell	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Feb. 17, 1970

FORM BH 56067

Gibson

FEB 18 1970

147 295-210-022-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-142

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beatrice Marie Sinclair		2. Date Of Birth (month) Dec (day) 10 (year) 1909
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Victor Fremont; b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: Jesse Sinclair		7. State or Country of Father's Birth: Salt Lake City Utah
MOTHER	8. Full Maiden Name of Mother: Ellen Pitts		9. State or Country of Mother's Birth: Leeds York. England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beatrice Brown	11. Present Address of Registrant: 311 Hazel Boise
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 6 1970	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept 20 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: L.D.S. Church	Date Issued: Feb.13,1968	Date Orig. Entry: Recorded Apr. 3, 1910
	Date of Birth: Dec.10,1909 / Birth Place: Victor, Idaho	Full Name of Mother: Ellen Pitts	Name of Father: Jesse Sinclair	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister Age 72	By whom issued and signed: Verna Sinclair Nelson	Date Issued: Mar.15,1968	Date Orig. Entry: ----
	Date of Birth: Dec.10,1909 / Birth Place: Victor, Idaho	Full Name of Mother: Ellen Pitts	Name of Father: Jesse Sinclair	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: St. Luke's Hospital	Date Issued: Feb.10,1970	Date Orig. Entry: Admitted Oct. 15, 1952
	Date of Birth: Dec.10,1909 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb. 17, 1970

FORM BH 56067

FEB 17 1970

386-224-036-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-161

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eleanor Jenkins Colby Thomas	2. Date Of Birth (month) Feb. (day) 24 (year) 1909
	3. Color or Race: white; 4. Sex: female; 5. Place of Birth a. County: Oneida	b. City or Town of Birth: Samaria, Idaho
FATHER	6. Full Name of Father: James Benjamin Thomas	7. State or Country of Father's Birth: Oneida
MOTHER	8. Full Maiden Name of Mother: Ann Jenkins Thomas	9. State or Country of Mother's Birth: Oneida
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eleanor J. Colby
		11. Present Address of Registrant: 926 Gramercy Terr. Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on February 2, 1970	12. Signature of Notary: Thomas Feldman
		13. Notary Commission expires: My commission expires Nov. 15, 1973 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Samaria Ward Daniel E. Price, Bishop	Date Issued: ---	Date Orig. Entry: blessed June 6,1909
	Date of Birth: Feb.24,1909; Birth Place: Samaria, Idaho Oneida County	Full Name of Mother: Ann Jenkins	Name of Father: James B. Thomas	
SUPPORTING RECORD 2.	Type of Document: #761 Certified County Record of birth Register bk.1, pg.35	By whom issued and signed: Oneida County Recorder's Office, Idaho, Colen H.Sweeten,jr.	Date Issued: Feb.19,1970	Date Orig. Entry: ---
	Date of Birth: Feb.24,1909; Birth Place: Oneida County Samaria, Idaho	Full Name of Mother: Ann Thomas	Name of Father: James Thomas	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Records	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Feb.24,1909; Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	gml Glenda Larson	Feb. 27, 1970

FORM BH 56067

Zundel

MAR 2 1970

184 249228-022-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-184

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verla Ann Smith		2. Date Of Birth (month) June (day) 28 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont Co.	b. City or Town of Birth: Wilford
FATHER	6. Full Name of Father: Charles Thomas Smith		7. State or Country of Father's Birth: Parowan, Kane Co. Utah	
MOTHER	8. Full Maiden Name of Mother: Mathilda Anna Thompson		9. State or Country of Mother's Birth: Connorville, Iron Co. Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verla Bills	11. Present Address of Registrant: 501 Rossi Boise Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 9 1970	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept 20 1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L.D.S.Church	Date Issued: Oct.3,1909	Date Orig. Entry: Blessed June 30,1909	
	Date of Birth: June 28, 1909	Birth Place: Wilford, Idaho	Full Name of Mother: Anna M. Thompson	Name of Father: Charles Thomas Smith	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: T. Lukes Hospital	Date Issued: Mar.3,1970	Date Orig. Entry: Admitted Mar.14,1962	
	Date of Birth: Jun 28,1909	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 248974	Date Issued: ------	Date Orig. Entry: child born Sept.24,1936	
	Date of Birth: Age 27	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: - ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 9, 1970

FORM BH 56067

2-25-70

MAR 1 1 1970

312-27-2069-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-212

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Veda MAY Cass			2. Date Of Birth (month) Dec. (day) 27 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Laclede Bonner	b. City or Town of Birth: LacLede	
FATHER	6. Full Name of Father: Delbert FranKLin Cass			7. State or Country of Father's Birth: WisconsiN	
MOTHER	8. Full Maiden Name of Mother: Nettie Christena Larson			9. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: 19425-124th S.E. Renton 98055	
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary: [signature]		13. Notary Commission expires [illegible] 19[illegible]	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Nettie C. Cass		Date Issued: Mar.2,1970	Date Orig. Entry: ----
	Date of Birth: Dec.27,1909	Birth Place: Laclede, Idaho Bonner County	Full Name of Mother: Nettie C. Cass	Name of Father: Delbert Franklin Cass	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism	By whom issued and signed: Sandpoint, Idaho Norw.Lutheran A.M.Skindlor, Pastor		Date Issued: ----	Date Orig. Entry: baptized Oct.8,1913
	Date of Birth: Dec.27,1909	Birth Place: Laclede, Idaho	Full Name of Mother: Nettie Christena	Name of Father: Delbert F. Cass	
SUPPORTING RECORD 3.	Type of Document: photocopy of insurance policy #394378 M1	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: ---	Date Orig. Entry: Dec.1,1940
	Date of Birth: Age next bd. 31	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	March 13,1970

FORM BH 56067

MAR 16 1970

36-20A-031-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-215

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bonnie Bessie Logan			2. Date Of Birth (month) June (day) 2 (year) 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Nez Perce
FATHER	6. Full Name of Father: Robinson Cox Logan			7. State or Country of Father's Birth: Novia Scotia
MOTHER	8. Full Maiden Name of Mother: Bessie Wynona Wright			9. State or Country of Mother's Birth: Dayton, Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bonnie B Ewing		11. Present Address of Registrant: 1103-15 ave So Nampa, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: March 13 1970	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept 20 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License	By whom issued and signed: Ada County - Vern Thomas	Date Issued: =Jul 26,1963	Date Orig. Entry: Married Aug 1, 1963
	Date of Birth: Age 54	Birth Place: Nez Perce, Idaho	Full Name of Mother: ------	Name of Father: - -----
SUPPORTING RECORD 2.	Type of Document: Insurance Policy L-6081	By whom issued and signed: American Home Mutual Life	Date Issued: Feb.2,1960	Date Orig. Entry: Jan 11,1960
	Date of Birth: Jun.2,1909	Birth Place: Nez Perce, Idaho	Full Name of Mother: ------	Name of Father: -------
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S.Dept. of Commerce	Date Issued: Feb.27,1970	Date Orig. Entry: Census taken Jan.1,1920
	Date of Birth: Age 10	Birth Place: Idaho	Full Name of Mother: Bessie Logan	Name of Father: Robinson (Robert) Logan
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: March 13,1970

FORM BH 56067 / cc fd-Rec # 31002

MAR 13 1970

434-125 COV3-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-245

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Winsel McDougal		2. Date Of Birth (month) 7 (day) 25 (year) 09
	3. Color or Race: white	4. Sex: M	5. Place of Birth: a. County: Valley; b. City or Town of Birth: Roseberry Idaho.
FATHER	6. Full Name of Father: Basil H. McDougal		7. State or Country of Father's Birth: Missouri USA.
MOTHER	8. Full Maiden Name of Mother: Laura E McDougal (Coonrod)		9. State or Country of Mother's Birth: Kansas USA.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Winsel McDougal	11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: March 24 1970	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 20 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insuarnce Policy #		By whom issued and signed: Occidental Life Ins. Co.	Date issued: July 19, 1929	Date Orig. Entry: ---
	Date of Birth: Jul.25,1909	Birth Place: Roseberry, Ida.	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age70		By whom issued and signed: Ila Lappens	Date issued: Mar.24,1970	Date Orig. Entry: -----
	Date of Birth: Jul.25,1909	Birth Place: Roseberry, Idaho	Full Name of Mother: Laura McDougal (Cooorod)	Name of Father: Basil McDougal	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate on file.- Idaho # 188499		By whom issued and signed:	Date issued: ---	Date Orig. Entry: Child born Feb. 28, 1931
	Date of Birth: Age 21	Birth Place: Roseberry, Idaho	Full Name of Mother: ----	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 24, 1970

FORM BH 56067

MAR 2 4 1970

168-203-031-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-262

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alma Fay Johnson		2. Date Of Birth (month) 12 (day) 3 (year) 1909
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Idaho Lewis; b. City or Town of Birth: Ilo (Now Craigmont)
FATHER	6. Full Name of Father: Andrew Maxwell Johnson		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Lily (Lillie) Wright		9. State or Country of Mother's Birth: Washington (Territory)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alma F. Crawford	11. Present Address of Registrant: Rt 3 Box 171 Milton-Freewater, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: March 17 1970	12. Signature of Notary: Ellison Mundy	13. Notary Commission expires: May 1 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Jul.11,1962	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 10	Birth Place: Idaho	Full Name of Mother: Lillie Johnson	Name of Father: Andy Johnson	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #55		By whom issued and signed: State of Oregon	Date issued: June 4,1962	Date Orig. Entry: child born July 18,1944
	Date of Birth: Age: 34	Birth Place: Craigmont, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: The Great Northwest Life Ins. Co.	Date issued: ---	Date Orig. Entry: Feb.4,1947
	Date of Birth: Dec.3,1909	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	March 24, 1970

FORM BH 56067

MAR 2 7 1970

485-205-006-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-286

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VERA ADELAIDE DYE		2. Date of Birth (month) APRIL (day) 5 (year) 1909	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: FIRTH BINGHAM	b. City or Town of Birth: FIRTH
FATHER	6. Full Name of Father: WALTER ERNEST DYE		7. State or Country of Father's Birth: UTAH (RIVERDALE)	
MOTHER	8. Full Maiden Name of Mother: SARAH MARY ELLEN CROFTS.		9. State or Country of Mother's Birth: UTAH (ORDERVILLE)	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera Bebe	11. Present Address of Registrant: Box 124 FIRTH, ID.	
NOTARY (Seal)	Subscribed and sworn to before me on: September 17, 1969	12. Signature of Notary: Lenna McCracken	13. Notary Commission expires: April 1, 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of statement regarding church records	By whom issued and signed: Sterling Hone, Ward Clerk, LDS Church	Date Issued: ----	Date Orig. Entry: blessed Apr. 5, 1909
	Date of Birth: Apr. 5, 1909 / Birth Place: Firth, Idaho Bingham County	Full Name of Mother: Sarah Ellen Crofts	Name of Father: Walter E. Dye	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #2594	By whom issued and signed: Division of Vital Statistics State of Utah	Date Issued: Jan. 25, 1954	Date Orig. Entry: child born July 20, 1929
	Date of Birth: Age: 20 / Birth Place: Firth, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified statement regarding school records-Dist. #4, Firth	By whom issued and signed: Bingham County Recorder's Office, Idaho	Date Issued: Mar. 30, 1970	Date Orig. Entry: 1915-16
	Date of Birth: Age: 6 / Birth Place: ----	Full Name of Mother: Nellie Dye	Name of Father: Walter Dye	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

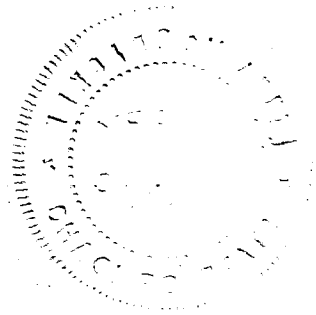
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	April 3, 1970

FORM BH 56067

1-14-69

APR 3 1970



281-124-007-359

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-290

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Franklin Shaffer		2. Date Of Birth (month) (day) (year): Mar. 24 1909	
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Bellevue, Idaho
FATHER	6. Full Name of Father: John Franklin Shaffer		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Rosetta Brown Terry		9. State or Country of Mother's Birth: Draper, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Franklin Shaffer	11. Present Address of Registrant: Box 492 Shoshone Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: 3/5 1970	12. Signature of Notary: R.W. Grove	13. Notary Commission expires: 6/5 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding lodge records		By whom issued and signed: Lincoln Chapter #42, Order of the Eastern Star, Shoshone, ID.	Date Issued: Dec.9,1969	Date Orig. Entry: Apr.3,1945
	Date of Birth: Age: 36	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Family Record		By whom issued and signed: Family Record	Date Issued: Feb.6,1910	Date Orig. Entry: Feb.6,1910
	Date of Birth: Mar.24,1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age: 71		By whom issued and signed: Mrs. Marcie Martin	Date Issued: Apr.1,1970	Date Orig. Entry: ----
	Date of Birth: Mar.24,1909	Birth Place: Bellevue, Idaho	Full Name of Mother: Rosetta Brown Terry	Name of Father: John Franklin Shaffer	

QUALIFYING INFORMATION: Own child's birth certificate #320591 on file Idaho for child born August 2, 1941 gives father's age as 32 and his birthplace as Bellevue, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	April 3, 1970

FORM BH 56067

11-5-86

APR 6 1970

986128-026-128

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-293

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Basil Alonzo Rhodes			2. Date of Birth (month) (day) (year): September 28, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Rigby
FATHER	6. Full Name of Father: John Franklin Rhodes			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Ashton			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Basil Alonzo Rhodes		11. Present Address of Registrant: 150 W. 1st South Rigby Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 31 1970	12. Signature of Notary: Leonard E. Graham		13. Notary Commission expires: Jan 5 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for employment	By whom issued and signed: Utah Power & Light Co.	Date Issued: Nov.6,1945	Date Orig. Entry: Oct.27,1945
	Date of Birth: Sept.28,1909 / Birth Place: Rigby, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of membership	By whom issued and signed: LDS Church	Date Issued: ----	Date Orig. Entry: baptized July 6,1918
	Date of Birth: Sep.28,1909 / Birth Place: Rigby, Idaho Jefferson County	Full Name of Mother: Mary E. Ashton	Name of Father: John F. Rhodes	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother Age:72	By whom issued and signed: Stanley Rhodes	Date Issued: Feb.20,1970	Date Orig. Entry: ----
	Date of Birth: Sep.28,1909 / Birth Place: Rigby, Idaho	Full Name of Mother: Mary Elizabeth Ashton	Name of Father: John Franklin Rhodes	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	April 6, 1970

FORM BH 56067

APR 7 1970

[redacted]

719-214-003-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-295

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anona Larene Garbett		2. Date Of Birth (month) Jan (day) 14 (year) 1909
	3. Color or Race: white	4. Sex: X	5. Place of Birth a. County: Pocatello Bannock; b. City or Town of Birth: Pocatello Idaho
FATHER	6. Full Name of Father: Samuel George Garbett		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Beatrice Swift		9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anona Larene Smith	11. Present Address of Registrant: 9816 Sales Rd Tacoma, Wash 98444
NOTARY (Seal)	Subscribed and sworn to before me on: March 23 1970	12. Signature of Notary: Freda J. Parratt	13. Notary Commission expires: November 1 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

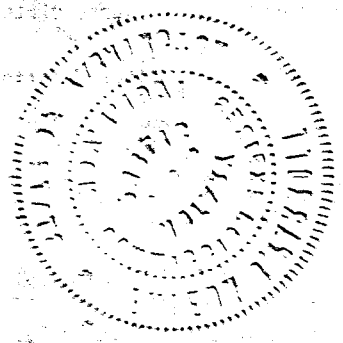
SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Pocatello Second Ward, Wm. H. Francis, Clerk	Date issued: -----	Date Orig. Entry: blessed July 4, 1909
	Date of Birth: Jan. 14, 1909	Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Beatrice Swift	Name of Father: Samuel G. Garbett
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Pocatello 2nd Ward, J.S. Bingham, Clerk	Date issued: Aug. 3, 1919	Date Orig. Entry: baptized May 3, 1919
	Date of Birth: Jan. 14, 1909	Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Beatrice Swift	Name of Father: Samuel G. Garbett
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother (photocopy of)	By whom issued and signed: George A. Garbett (bd. 4/29/1894)	Date issued: Dec. 17, 1969	Date Orig. Entry: ---
	Date of Birth: Jan. 14, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Beatrice Swift Garbett	Name of Father: Samuel George Garbett
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 7, 1970

FORM BH 56067

11-1-60

APR 8 1970



8/3-217-025-846

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-334

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Electa Hall			2. Date of Birth (month) (day) (year): August 17, 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Lucile
FATHER	6. Full Name of Father: Charles J. Hall			7. State or Country of Father's Birth: Ashfield, Massachusetts
MOTHER	8. Full Maiden Name of Mother: Matilda Huffman			9. State or Country of Mother's Birth: Richwood, Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Electa Hall		11. Present Address of Registrant: 1622-9th Ave., Lewiston, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: April 6, 1970	12. Signature of Notary: Paul C. Keeton		13. Notary Commission expires: July 11, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified statement regarding county birth record	By whom issued and signed: Idaho County, Idaho, reported by W.A. Foskett, M.D.		Date Issued: Dec. 18, 1941	Date Orig. Entry: Jan. 5, 1910
	Date of Birth: Aug. 17, 1909	Birth Place: Lucile, Idaho	Full Name of Mother: Matilda Hall (nee Hoffman)	Name of Father: C. J. Hall	
SUPPORTING RECORD 2.	Type of Document: notarized photocopy of pages from mother's diary for 1909	By whom issued and signed: Paul C. Keeton, Notary-from diary of Mrs. Charles J. Hall		Date Issued: Mar. 30, 1970	Date Orig. Entry: Aug. 17, 1909
	Date of Birth: Aug. 17, 1909	Birth Place: ---	Full Name of Mother: Mrs. Charles J. Hall	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of baptismal certificate	By whom issued and signed: Church of the Nativity, Lewiston, Idaho		Date Issued: Mar. 30, 1970	Date Orig. Entry: baptized June 26, 1921
	Date of Birth: Aug. 17, 1909	Birth Place: Lucile, Idaho	Full Name of Mother: Mrs. Matilda Huffman Hall	Name of Father: Charles J. Hall	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: April 17, 1970

FORM BH 56067

S-1-22

APR 17 1970

863-20-037-289

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-355

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carmen Regene Holland			2. Date of Birth (month) (day) (year): November 20, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Clarion Ross Holland			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Mary Vera Shirley			9. State or Country of Mother's Birth: Georgia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carmen R Miller		11. Present Address of Registrant: 1125 Denver Ave. Boise Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: April 29 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: April 20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: LDS Church Certificate of Birth	By whom issued and signed: Twin Falls 1st Ward Rec.Members #10883, Entry 371, T.F.Stake	Date Issued: Oct.20,1965	Date Orig. Entry: May 9,1926
	Date of Birth: Nov.20,1909 / Birth Place: Rexburg, Idaho	Full Name of Mother: Mary Vera Shirley	Name of Father: Clarion Ross Holland	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Mary V. Holland	Date Issued: Oct.13,1967	Date Orig. Entry: --
	Date of Birth: Nov.20,1909 / Birth Place: Rexburg, Idaho Madison County	Full Name of Mother: Mary Vera Shirley Holland	Name of Father: Clarion Ross Holland	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #M95 609 982	By whom issued and signed: The Prudential Ins. Co. of America	Date Issued: Feb.28,1955	Date Orig. Entry: Feb.23,1955
	Date of Birth: Nov.20,1909 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: April 29, 1970

FORM BH 56067

APR 2 9 1970

595-221-010-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-356

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Lucile May Nielsen
2. Date of Birth (month) (day) (year): March 21 1909
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Iona Bonneville
   b. City or Town of Birth: Iona

FATHER

6. Full Name of Father: John Nielsen
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Mary Jensen
9. State or Country of Mother's Birth: Logan, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucile Hall
11. Present Address of Registrant: 183 2nd St.

NOTARY (Seal)

Subscribed and sworn to before me on: 3-18 1970

12. Signature of Notary: Lucile Wild
13. Notary Commission expires: 1-[illegible]-74

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #194066	---	child born Aug.8,1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 22	Iona, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding church records	LDS Church, LaVar Zohner, Ward Clerk	----	Sept.9,1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.21,1909	Iona, Idaho Bonneville County	Mary Jensen	John Nielsen

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage license affidavit	Bonneville County, Idaho	Mar.18,1970	Nov.11,1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 20	---	----	---

QUALIFYING INFORMATION

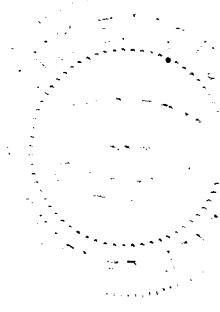
REGISTRAR'S CERTIFICATION (seal)

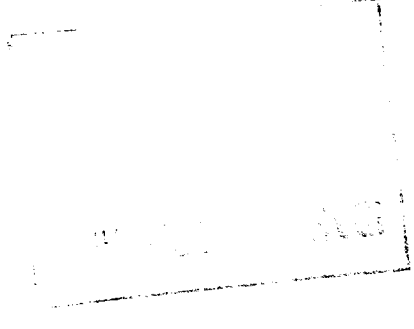
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	April 29, 1970

FORM BH 56067 [illegible]

APR 2 9 1970





459225-042-643

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-372

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Katherine Mae Merrill (~~Putnam~~)		2. Date Of Birth: (month) 12 (day) 25 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Twin Falls, Ida	b. City or Town of Birth: Twin Falls, Idaho
FATHER	6. Full Name of Father: Samuel Jared Merrill		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Edna Fullmer		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Katherine Mae Putnam	11. Present Address of Registrant: Yellville, Ark. 72687	
NOTARY (Seal)	Subscribed and sworn to before me on: November 3 1969	12. Signature of Notary: Virginia M. Linton	13. Notary Commission expires: Jan. 29 1973	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #391910	Date Issued: ---	Date Orig. Entry: child born June 14,1944
	Date of Birth: Age: 34	Birth Place: Twin Falls, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: photocopy of Temple Recommend Idaho Falls Temple	By whom issued and signed: Stuart B. Quist, Arco Ward, Lost River Stake, LDS Church	Date Issued: Aug.21,1954	Date Orig. Entry: baptized Aug.3,1918
	Date of Birth: Dec.25,1909	Birth Place: Twin Falls, Idaho Twin Falls County	Full Name of Mother: Edna Fullmer	Name of Father: Samuel Jared Merrill
SUPPORTING RECORD 3.	Type of Document: photocopy of part of patriarchal blessing	By whom issued and signed: Nephi Christensen, Patriarch	Date Issued: June 11,1954	Date Orig. Entry: June 11,1954
	Date of Birth: Dec.25,1909	Birth Place: Twin Falls, Idaho Twin Falls County	Full Name of Mother: Edna Fullmer	Name of Father: Samuel Jared Merrill, Jr.
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Bowen	Glenda Larson	May 4, 1970

FORM BH 56067

Acct # 12132

5-15-67

MAY 4 1970

491-27-0297

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-373

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernice D. Draper		2. Date of Birth (month) August (day) 17 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Moscow, Idaho Latah; b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Arthur J. Draper		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Anna May Gummere		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Lloyd Eide	11. Present Address of Registrant: 1308 - Deakin
NOTARY (Seal)	Subscribed and sworn to before me on: April 27 1970	12. Signature of Notary: Robert L. Williams	13. Notary Commission expires: 7/27 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible page - notarized copy	By whom issued and signed: Family Bible Records	Date Issued: Apr.27,1970	Date Orig. Entry: obviously old
	Date of Birth: Aug.17,1909 / Birth Place: Moscow, Idaho	Full Name of Mother: Anna May Gummere	Name of Father: Arthur J. Draper	
SUPPORTING RECORD 2.	Type of Document: Certified copy of school record	By whom issued and signed: Moscow, Idaho Moscow High School, Carl Harris, Supt.	Date Issued: ----	Date Orig. Entry: Sept.7,1925
	Date of Birth: Aug.17,1909 / Birth Place: ---	Full Name of Mother: ---	Name of Father: Arthur Draper	
SUPPORTING RECORD 3.	Type of Document: Statement regarding lodge membership	By whom issued and signed: Star Rebekah Lodge #15, Moscow, Bertha Moody, Noble Grand	Date Issued: Mar.11,1970	Date Orig. Entry: Mar.22,1932
	Date of Birth: Aug.17,1909 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Statement regarding St.Joseph's Hospital, Lewiston, ID records, Ruthe Black, MRL entered hospital Sept. 23, 1958 gave birthdate - August 17, 1909 and birthplace - Moscow, Idaho.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson		Date Filed: May 5, 1970

FORM BH 56067

1 Apr 60 Issued 26047

12-23-71

Ends

MAY 5 1970

712-125-025-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-387

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mainar Martin Gabriel			2. Date of Birth (month) 12 (day) 25 (year) 1909	
	3. Color or Race White	4. Sex M	5. Place of Birth: Idaho; a. County: Idaho	b. City or Town of Birth: Whitebird (Freedom)	
FATHER	6. Full Name of Father: Elling Gabriel			7. State or Country of Father's Birth: Norway	
MOTHER	8. Full Maiden Name of Mother: Bessie Belle Peters			9. State or Country of Mother's Birth: America	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mainar Martin Gabriel		11. Present Address of Registrant: 131 Main St. Pullman, Wn.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 15 19 70	12. Signature of Notary: Annabelle Johnson		13. Notary Commission expires: Dec 15 19 72	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #373783		Date Issued: ----	Date Orig. Entry: child born May 11, 1943
	Date of Birth: Age: 33	Birth Place: Whitebird, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of affidavit by aunt (certified)	By whom issued and signed: Jennie M. Peters Halsey (14 years older)		Date Issued: Mar. 27, 1970	Date Orig. Entry: ---
	Date of Birth: Dec. 25, 1909	Birth Place: Whitebird, Idaho	Full Name of Mother: Bessie Belle Peters Gabriel	Name of Father: Elling Gabriel	
SUPPORTING RECORD 3.	Type of Document: Certified copy of County Record of own birth	By whom issued and signed: Idaho County Recorder's Off. Book 1, page 14, rec.#409 (reported by W.A. Foskett, M.D.)		Date Issued: Apr. 9, 1970	Date Orig. Entry: June 5, 1910
	Date of Birth: Dec 25, 1909	Birth Place: Freedom, Idaho Idaho County	Full Name of Mother: Besse Belle Gabriel (nee Peters)	Name of Father: Elling Gabriel	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	May 7, 1970

FORM BH 56067

3-11-70

MAY 7 1970

815-124-006-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-390

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Yancey		2. Date Of Birth (month) February (day) 24, (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Groveland (Rural Rt, Blackfoot, Ida
FATHER	6. Full Name of Father: Adam Yancey		7. State or Country of Father's Birth: Bountiful, Daxis Co, Utah, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Alice Tolman		9. State or Country of Mother's Birth: Bountiful, Utah, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Yancey	11. Present Address of Registrant: 3425 South Helen Drive, Magna, Utah 84044
NOTARY (Seal)	Subscribed and sworn to before me on: May 5 1970	12. Signature of Notary: D. Maxine Dean	13. Notary Commission expires: July 6 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of pages from U.S. Passport #658740	By whom issued and signed: U.S. Department of State	Date Issued: Dec.18,1928	Date Orig. Entry: Dec.18,1928
	Date of Birth: Feb.24,1909 / Birth Place: Blackfoot, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Groveland Ward, N. Sorensen, Clerk	Date Issued: ----	Date Orig. Entry: blessed May 2,1909
	Date of Birth: Feb.24,1909 / Birth Place: Groveland, Idaho Bingham County	Full Name of Mother: Alice Tolman	Name of Father: Adam Yancey	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #217497	Date Issued: ----	Date Orig. Entry: child born Dec.3,1933
	Date of Birth: Age: 24 / Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W M Larson	Evidence reviewed by: Glenda Larson	Date Filed: May 8, 1970	

FORM BH 56067 1 copy paid Rec #52979 4-30-70

MAY 11 1970

407 432-226-014-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-407

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Ella McKee		2. Date Of Birth (month) Dec. (day) 26 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nampa, Ida. Canyon; b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Elmer Delos McKee		7. State or Country of Father's Birth: New York
MOTHER	8. Full Maiden Name of Mother: Abigail Whittemore (Mrs. Geo. S.		9. State or Country of Mother's Birth: Minnesota (?)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Ella Groener, Mary Ella McKee Groener	11. Present Address of Registrant: 4680 Alder-West Linn, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 19 1970	12. Signature of Notary: [signature]	13. Notary Commission expires: My Commission Expires Sept. 19, 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age69	By whom issued and signed: Ethel W. Moses	Date issued: May 1,1970	Date Orig. Entry: -----
	Date of Birth: Dec.26,1909 / Birth Place: Nampa, Idaho	Full Name of Mother: Abigail Whittemore	Name of Father: Elmer Delos McKee	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Samuel B. Doty, Pastor	Date issued: Jun 23,1910	Date Orig. Entry: Baptized Jun.23,1910
	Date of Birth: Dec.26,1909 / Birth Place: Nampa, Idaho	Full Name of Mother: Abigail Whittemore McKee	Name of Father: Elmer D. McKee	
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: Church of the Nazarene	Date issued: May 5,1970	Date Orig. Entry: Joined Apr.17,1960
	Date of Birth: Dec.26,1909 / Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Jun.2,1970	

FORM BH 56067 1 cp pd rec # 31915 4-7-70

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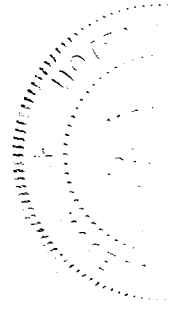
JUN 2 1970



349-110-006-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-415

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roldo Clifford Turner			2. Date Of Birth (month) December (day) 10 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Morland, Idaho, Bingham	b. City or Town of Birth: Morland, Idaho
FATHER	6. Full Name of Father: David Jackson Turner			7. State or Country of Father's Birth: Utah, Washington County
MOTHER	8. Full Maiden Name of Mother: Bertha Ann Farnsworth			9. State or Country of Mother's Birth: Utah, Sevier County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roldo Clifford Turner		11. Present Address of Registrant: P. O. Box No. 522 Milford, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: February 9, 1966	12. Signature of Notary: John M Davis		13. Notary Commission expires: Oct. 17, 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: family record & affidavit by mother	By whom issued and signed: Bertha Turner Gehring		Date Issued: Mar.21,1952	Date Orig. Entry: ----
	Date of Birth: Dec.10,1909	Birth Place: Morland, Idaho	Full Name of Mother: Bertha Ann Farnsworth	Name of Father: David Jackson Turner	
SUPPORTING RECORD 2.	Type of Document: Insurance policy #219,501	By whom issued and signed: Brotherhood of Locomotive Firemen and Enginemen		Date Issued: Jan.25,1945	Date Orig. Entry: Jan.15,1945
	Date of Birth: Dec.10,1909	Birth Place: Morland, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding employment records	By whom issued and signed: T.E.Acklin,Trainmaster, UPRR Co. Milford, Utah		Date Issued: May 11,1970	Date Orig. Entry: July 19,1942
	Date of Birth: Dec.10,1909	Birth Place: Morland, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	gml Glenda Larson	June 4, 1970

FORM BH 56067

JUN 4 1970

239-116-003-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-429

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter LeLand Stinger		2. Date Of Birth (month) (day) (year): August 16 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock Robbin Idaho; b. City or Town of Birth: Robbin Idaho
FATHER	6. Full Name of Father: Jhon Walter Stinger		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Anna Elizbeth Gill		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter L Stinger	11. Present Address of Registrant: 609 E Cedar Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 27 1966	12. Signature of Notary: Aleen P. Mullen	13. Notary Commission expires: Mar. 5 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photocopy of church certificate of membership	By whom issued and signed: LDS Church	Date issued: Oct.27,1966	Date Orig. Entry: blessed Oct. 1909
	Date of Birth: Aug.16,1909 / Birth Place: -----	Full Name of Mother: Anna Elizabeth Gill	Name of Father: John Walter Stinger	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #48-14375	Date issued: -----	Date Orig. Entry: child born Dec.27,1948
	Date of Birth: Age 39 / Birth Place: Robin, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of employment record	By whom issued and signed: Union Pacific Railroad	Date issued: ---	Date Orig. Entry: Mar.24,1939
	Date of Birth: Aug.16,1909 / Birth Place: Robin, Idaho Bannock County	Full Name of Mother: Anna Elizibeth Gill	Name of Father: John Walter Stinger	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

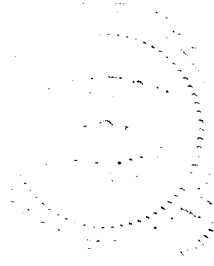
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	June 5, 1970

FORM BH 56067 nm. 10-3-66 (S) [illegible] #9729 (S) 5-2-67 [illegible]

JUN 8 1970

Stinger
(Walter Leland Stinger)



452-223-004-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-430

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Frances Messerly		2. Date of Birth (month) Dec. (day) 23 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bear Lake; b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: Robert Messerly		7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Eliza Kunz		9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emma F. Evans	11. Present Address of Registrant: 625 Grant St. Montpelier Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: 5-7 1970	12. Signature of Notary: Gertrude A McCart	13. Notary Commission expires: 9-16 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible Record		By whom issued and signed: Family Bible Records	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Dec.23,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: copy of Record of Membership		By whom issued and signed: LDS Church, Montpelier 5th Ward, A.DuWayne Arnell, Clerk	Date issued: ---	Date Orig. Entry: baptized Sep.3,1920
	Date of Birth: Dec.23,1909	Birth Place: Montpelier, Idaho Bear Lake County	Full Name of Mother: Eliza Kunz	Name of Father: Robert Messerly	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #249543		By whom issued and signed: Beneficial Life Ins. Co.	Date issued: Mar.1,1944	Date Orig. Entry: Feb.18,1944
	Date of Birth: Dec.23,1909	Birth Place: Montpelier, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	June 5, 1970

FORM BH 56067

164 [illegible] #27093 1-12-70

JUN 8 1970

884-126-003-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF Idaho

State File No. De 70-443

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HYDE, Golden Delos			2. Date of Birth (month) Jan (day) 26 (year) 1909
	3. Color or Race: white	4. Sex: MALE	5. Place of Birth a. County: Freedom Bannock	b. City or Town of Birth: Freedom, Ida
FATHER	6. Full Name of Father: HYDE John Alma			7. State or Country of Father's Birth: UTAH Cache Co
MOTHER	8. Full Maiden Name of Mother: JENSEN, Annie Marie			9. State or Country of Mother's Birth: UTAH Utah Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Golden Delos Hyde		11. Present Address of Registrant: Box 429 - Fallon, Nev
NOTARY (Seal)	Subscribed and sworn to before me on RICHARD M. STARK Notary Public — State of Nevada Washoe County May 1970	12. Signature of Notary: Richard M. Stark		13. Notary Commission expires: April 6 1974

My Commission Expires April 6, 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother-in-law who knew the family	By whom issued and signed: Willis C. Jensen Age:73	Date Issued: May 16,1909	Date Orig. Entry: ----
	Date of Birth: Jan.26,1909 / Birth Place: Freedom, Bannock County, Idaho	Full Name of Mother: Annie Marie Jensen	Name of Father: John Alma Hyde	
SUPPORTING RECORD 2.	Type of Document: Certified copy of application for license to marry	By whom issued and signed: Salt Lake County, Utah	Date Issued: May 12,1970	Date Orig. Entry: Oct.8,1930
	Date of Birth: Jan.26,1909 / Birth Place: Freedom, Idaho	Full Name of Mother: Annie Jensen	Name of Father: John Hyde	
SUPPORTING RECORD 3.	Type of Document: Personal Record	By whom issued and signed: Church Geneology record sheet (LDS Church)	Date Issued: ----	Date Orig. Entry: baptismal date Feb.3,1917
	Date of Birth: Jan.26,1909 / Birth Place: Freedom, Idaho Bannock County	Full Name of Mother: Annie Maria Jensen	Name of Father: John Alma Hyde	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	June 11,1970

FORM BH 56067

E-6-45

JUN 11 19

413-102-009-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-455

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Wallace Matthiensen			2. Date of Birth (month) 3 (day) 2 (year) 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Sandpoint
FATHER	6. Full Name of Father: John Phillip Matthiensen			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Loeasa Harriet Laithe			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George W Matthiensen		11. Present Address of Registrant: Coolin, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jul 25 1970	12. Signature of Notary: Georgia Hallman McGee		13. Notary Commission expires: Aug 1 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified verification of school records	By whom issued and signed: Mike Lapanna, Asst.Supt.; Bonner County School Dis.#82	Date Issued: Jan.14,1970	Date Orig. Entry: Sept.1917
	Date of Birth: Mar.2,1909 / Birth Place: ---	Full Name of Mother: ---	Name of Father: J. P. Matthienson	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #148912	By whom issued and signed: Bankers Life & Casualty Co.	Date Issued: ---	Date Orig. Entry: Apr.22,1960
	Date of Birth: Mar.2,1909 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of County Record of Birth	By whom issued and signed: Bonner County, Idaho, Book 1, Page, 8	Date Issued: Apr.8,1970	Date Orig. Entry: ----
	Date of Birth: Mar.2,1909 / Birth Place: Sandpoint, Idaho Bonner County	Full Name of Mother: ----	Name of Father: J. P. Matthiensen	

QUALIFYING INFORMATION

photocopy of application for social security #533-10-4303 gives birthdate - March 2, 1909; birthplace - Sandpoint, Idaho; parents' names - John P. Matthiensen and Lou Laithe. Application dated Dec.11,1936.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	June 15, 1970

FORM BH 56067

7-5-70

JUN 15 1970

168-104-010-338

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-459

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clyne J Johnson		2. Date of Birth (month) July (day) 4 (year) 1909
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Harvey Johnson		7. State or Country of Father's Birth: Nebraska, USA
MOTHER	8. Full Maiden Name of Mother: Nettie Clyne		9. State or Country of Mother's Birth: Kansas U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clyne J Johnson	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 20 April [redacted] 1970	12. Signature of Notary: Barnett Riley	13. Notary Commission expires 9-30-72 [redacted] 19[redacted]

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age:77	By whom issued and signed: Anna Mildred Eastburg	Date Issued: Apr.15,1970	Date Orig. Entry: ----
	Date of Birth: July 4,1909 / Birth Place: Idaho Falls,Idaho	Full Name of Mother: Nettie Clyne Johnson	Name of Father: Harvey Johnson	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: U.S. Army,	Date Issued: discharged Dec.26,1932	Date Orig. Entry: enlisted Dec.27,1929
	Date of Birth: Age: 20 / Birth Place: Idaho Falls,Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Notice of Employment (Kaniksu Nat'l Forest)	By whom issued and signed: U.S. Dept. of Agriculture,J. Edgar Taylor,Disp.,Trout Cr.,MT.	Date Issued: June 10,1954	Date Orig. Entry: June 10,1954
	Date of Birth: July 4,1909 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: June 15, 1970

FORM BH 56067

3-10-70

Johnson

JUN 16 1970

266-228-031-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-480

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth May Koontz		2. Date Of Birth (month) (day) (year): March 28 1909
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Lewis; b. City or Town of Birth: Kippen (mail Reubens)
FATHER	6. Full Name of Father: Carl Mendocino Koontz		7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Jessie Goldie Yardley		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth May Bretthauer	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: April 28 19 70	12. Signature of ~~Notary~~: Carl T. Reuter	13. Notary Commission expires: Clerk of the District Court, Idaho County

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records		By whom issued and signed: St.Mary's Hospital, Cottonwood, ID Sr.Mary Mildred	Date Issued: May 2,1970	Date Orig. Entry: Mar.6,1947
	Date of Birth: Mar.28,1909	Birth Place: Kippen (Reubens) Idaho	Full Name of Mother: Jessie Yardley	Name of Father: Carl Koontz	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: June 9,1970	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 1	Birth Place: Idaho	Full Name of Mother: Jessie M. Koontz	Name of Father: Carl G. Koontz	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth		By whom issued and signed: Annie Pankey Age:84	Date Issued: Apr.29,1970	Date Orig. Entry: ----
	Date of Birth: Mar.28,1909	Birth Place: Kippen, Idaho -	Full Name of Mother: ----	Name of Father: Carl Mendocino Koontz	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Berson	Glenda Larson	June 18,1970

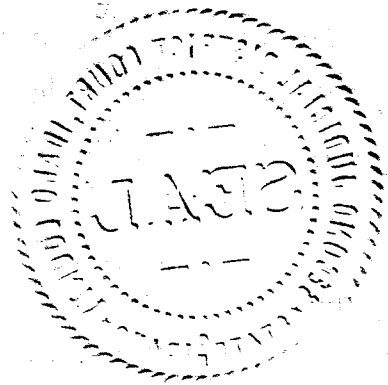
K

FORM BH 56067 1cp Address F-14703 6-24-66

Brett Innes

JUN 19 1970

DEC 31 1998



DECEASED

666-21-014-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-491

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: PAULINE STEWART WOODS (GRINDLE)
2. Date of Birth: (month) MARCH (day) 17 (year) 1909
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: NAMPA
   b. City or Town of Birth: NAMPA, IDAHO

FATHER

6. Full Name of Father: EDGAR VANCE WOODS
7. State or Country of Father's Birth: TENNESSEE, USA

MOTHER

8. Full Maiden Name of Mother: LUCIE BROYLES
9. State or Country of Mother's Birth: TENNESSEE, USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: (Pauline W. Grindle) Pauline S. Woods
11. Present Address of Registrant: 1926 LORI WAY, ESCONDIDO, CALIF. 92025

Subscribed and sworn to before me on June 19 1970

12. Signature of Notary: Hilda R. Hutchings
13. Notary Commission expires: HILDA R. HUTCHINGS My Commission Expires January 7, 197219

NOTARY SEAL — HILDA R. HUTCHINGS NOTARY PUBLIC STATE OF CALIFORNIA COUNTY OF SAN DIEGO MY COMMISSION EXPIRES JANUARY 7, 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Census Record	U. S. Dept. of Commerce	May 1, 1970	Census taken Jan. 1, 1920
	Date of Birth / Birth Place: Age 10 / Idaho	Full Name of Mother: Lucie B. Woods	Name of Father: Edgar V. Woods	
SUPPORTING RECORD 2.	Bible Record	Family Bible	------	obviously old
	Mar. 17, 1909 / Nampa, Idaho	Lucie Broyles	Edgar Vance Woods	
SUPPORTING RECORD 3.	Own Childs birth certificate	on file-Colorado # 7098-C	Aug 27 1954	child born Apr. 29, 1944
	Age 35 / Idaho	------	------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	June 23, 1970

FORM BH 56067

No Corresp

JUN 2 4 1970

419-110-019-849

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-508

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl James Marker			2. Date of Birth (month) (day) (year): February 10 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Custer	b. City or Town of Birth: Bayhorse
FATHER	6. Full Name of Father: James Henry Marker			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Minnie Nora Hurst			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl James Marker		11. Present Address of Registrant: 6301 Cattle Drive Boise Idaho 83703
NOTARY (Seal)	Subscribed and sworn to before me on: June 22 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 19 74

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of family (at time of birth)	By whom issued and signed: William E. Sullivan Age 83	Date Issued: Jun 4,1970	Date Orig. Entry: ----
	Date of Birth: Feb.10,1909 / Birth Place: Bayhorse, Idaho	Full Name of Mother: Minnie Nora Hurst	Name of Father: James Henry Marker	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Montana # 5181	Date Issued: Jun 24,1970	Date Orig. Entry: child born Sept.14,1931
	Date of Birth: Age 22 / Birth Place: BayHorse	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Marriage License	By whom issued and signed: Custer Co. Idaho	Date Issued: Jan.18,1930	Date Orig. Entry: Married Jan.18,1930
	Date of Birth: Age 20 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: James Marker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: July 2,1970

FORM BH 56067

6-12-70

marker 508

JUL 2 1970

JAN 3 1972

235-12-023-897

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-511

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Howard T. Blessinger			2. Date of Birth (month) March (day) 21 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gem	b. City or Town of Birth: Ola
FATHER	6. Full Name of Father: Charles E. Blessinger			7. State or Country of Father's Birth: Boise, Idaho
MOTHER	8. Full Maiden Name of Mother: Carrie May Higgins			9. State or Country of Mother's Birth: Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard T Blessinger		11. Present Address of Registrant: New Plymouth Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 7 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: April 20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother Age 73	By whom issued and signed: Orvid Blessinger	Date Issued: July 7,1970	Date Orig. Entry: -----
	Date of Birth: Mar.21,1909 / Birth Place: Ola, Idaho	Full Name of Mother: Carrie May Higgins	Name of Father: Charles E. Blessinger	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Mar.21,1909 / Birth Place: Ola, Idaho	Full Name of Mother: Carrie May Higgins	Name of Father: Charles E. Blessinger	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 66161	By whom issued and signed: Montana Life Ins. Co.	Date Issued: Jun.30,1930	Date Orig. Entry: Jun.14,1930
	Date of Birth: Mar.21,1909 / Birth Place: Ola, Idaho	Full Name of Mother: ------	Name of Father: -----	
QUALIFYING INFORMATION				

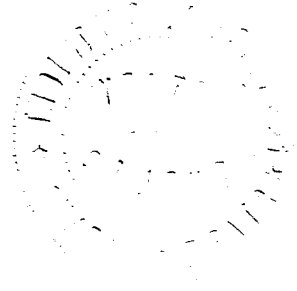
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 7, 1970

FORM BH 56067

JUL 7 1970



994-103-0372445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-517

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alden W Riddle		2. Date Of Birth (month) Oct (day) 3 (year) 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Owyhee; b. City or Town of Birth: Riddle Idaho
FATHER	6. Full Name of Father: George C. Riddle		7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Amelia Dunkin		9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alden W. Riddle	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: July 9 1970	12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record	By whom issued and signed: St. Alphonsus - Boise	Date Issued: July 1,1970	Date Orig. Entry: Patient on Feb.21,1954
	Date of Birth: Oct.3,1909 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Lodge Record	By whom issued and signed: Oriental Lodge # 60 A.F.&A.M.	Date Issued: Sept.25,1947	Date Orig. Entry: Sept.25,1947
	Date of Birth: Oct.3,1909 / Birth Place: Riddle,Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: High School Record	By whom issued and signed: Boise High School	Date Issued: Jun.11,1970	Date Orig. Entry: Graduated May 1929
	Date of Birth: Oct.3,1909 / Birth Place: Riddle, Idaho	Full Name of Mother: Amelia Dunkin Riddle	Name of Father: George C. Riddle	
QUALIFYING INFORMATION				

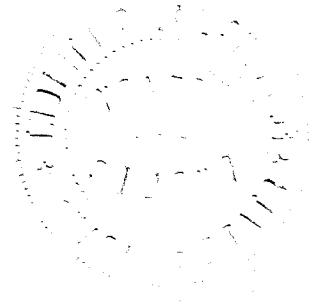
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 9, 1970

FORM BH 56067

JUL 9 1970



962-115-1033-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-525

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: AMOS IRVIN ROSS			2. Date of Birth (month) DECEMBER (day) 15 (year) 1909
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth (County): IDAHO MADISON	(City or Town of Birth): SUGAR CITY
FATHER	6. Full Name of Father: JAMES EDGAR ROSS			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: LAURETTA JANE HUNT			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amos Irvin Ross		11. Present Address of Registrant: 2826 Quincy Ave. Ogden, U
NOTARY (Seal)	Subscribed and sworn to before me on: June 25, 1970	12. Signature of Notary: Nida K. Nakaishi		13. Notary Commission expires: MY COMMISSION EXPIRES OCT. 16, 1972 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of enlisted record	By whom issued and signed: James.B.McTaggart WOJG USA personnel officer	Date Issued: ----	Date Orig. Entry: Mar.1,1941	
	Date of Birth: Age: 31	Birth Place: Sugar City, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance	By whom issued and signed: National Service Life Ins.	Date Issued: Feb.10,1942	Date Orig. Entry: Feb.10,1942	
	Date of Birth: Dec.15,1909	Birth Place: Sugar City,Idaho	Full Name of Mother: Lorretta Hunt Ross	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of genealogy sheet	By whom issued and signed: Genealogy records	Date Issued: ----	Date Orig. Entry: sealed July 26,1957	
	Date of Birth: Dec.15,1909	Birth Place: Sugar City,Idaho Madison County	Full Name of Mother: Lauretta Jane Hunt	Name of Father: James Edgar Ross	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: Glenda Larson	Date Filed: July 14, 1970

FORM BH 56067

JUL 14 1970

799105-004-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-534

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edwin John Price			2. Date of Birth (month) (day) (year): November 5, 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Geneva, Idaho Bear Lake	b. City or Town of Birth: Geneva, Idaho
FATHER	6. Full Name of Father: Albert T. Price			7. State or Country of Father's Birth: Glamorgan, Wales
MOTHER	8. Full Maiden Name of Mother: Freda Bertha Boehme			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edwin John Price		11. Present Address of Registrant: Geneva, Idaho 83238
NOTARY (Seal)	Subscribed and sworn to before me on: July 6, 19 70	12. Signature of Notary: Maurine L. Perkins		13. Notary Commission expires: January 23, 19 72

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #48-6503	Date Issued: ----	Date Orig. Entry: child born June 3,1948
	Date of Birth: Age: 38	Birth Place: Geneva, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Geneva Ward, A. D. Hirschi, Bishop	Date Issued: Feb.6,1910	Date Orig. Entry: blessed Feb.6,1910
	Date of Birth: Nov.5,1909	Birth Place: Geneva, Idaho Bear Lake County	Full Name of Mother: Freda Boehme	Name of Father: Albert T. Price
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination as a Deacon	By whom issued and signed: LDS Church, Geneva Ward, Henry Teuscher, Bishop	Date Issued: ---	Date Orig. Entry: ordained Jan.23,1922
	Date of Birth: Nov.5,1909	Birth Place: Geneva, Idaho Bear Lake County	Full Name of Mother: Freda Boehme	Name of Father: Albert T. Price
QUALIFYING INFORMATION				

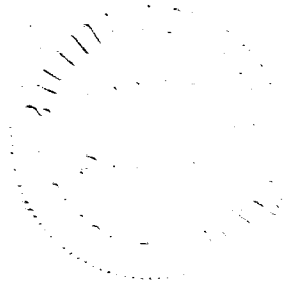
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	July 15, 1970

FORM BH 56067

JUL 15 1970



760-231-031-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-549

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Willeane Rose Goserud			2. Date Of Birth (month) January (day) 31 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County (don't know) Lewis Co.	b. City or Town of Birth: Vollmer
FATHER	6. Full Name of Father: Chester O. Goserud			7. State or Country of Father's Birth: Summit, South Dakota
MOTHER	8. Full Maiden Name of Mother: Edna Mae Livingston			9. State or Country of Mother's Birth: Palouse, Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Willeane R. Oliver		11. Present Address of Registrant: 560 North St. Madison, Wis. 53704
NOTARY (Seal)	Subscribed and sworn to before me on: June 29 1970	12. Signature of Notary: John E. Ryan		13. Notary Commission expires: Feb. 10 1974

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #M 1 564 353	By whom issued and signed: The Prudential Ins. Co. of America		Date Issued: Sep.14,1931	Date Orig. Entry: Aug.31,1931
	Date of Birth: Jan.31,1909	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Chester O. Goserud		Date Issued: July 2,1970	Date Orig. Entry: ---
	Date of Birth: Jan.31,1909	Birth Place: Volmer, Idaho	Full Name of Mother: Edna Mae Livingston	Name of Father: Chester O. Goserud	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #42577	By whom issued and signed: State of Minnesota		Date Issued: Apr.28,1959	Date Orig. Entry: child born Aug.24,1933
	Date of Birth: Age: 24	Birth Place: Volmer, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	July 20, 1970

FORM BH 56067

5-22-70

JUL 2 1 1970

453-123-001-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-555

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rollan Melton			2. Date Of Birth (month) March (day) 23 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: John A. Melton			7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Isabelle Miller Rollan Melton			9. State or Country of Mother's Birth: Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rollan Melton		11. Present Address of Registrant: 1110 Dundee Boise St
NOTARY (Seal)	Subscribed and sworn to before me on: July 21 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement from Hospital	By whom issued and signed: St. Luke's		Date Issued: July 29,1970	Date Orig. Entry: Admitted Apr.19,1944
	Date of Birth: Mar.23,1909	Birth Place: Boise, Idaho	Full Name of Mother: Isabelle Miller		Name of Father: John A. Melton
SUPPORTING RECORD 2.	Type of Document: Marriage Certificate	By whom issued and signed: on File - Idaho		Date Issued: ---	Date Orig. Entry: Married Dec.26,1951
	Date of Birth: Age 42	Birth Place: Boise, Idaho	Full Name of Mother: ------		Name of Father: - ------
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file- Idaho # 192700		Date Issued: ----	Date Orig. Entry: child born July 24,1931
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: - -----		Name of Father: ------
QUALIFYING INFORMATION	-				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 21, 1970

FORM BH 56067

JUL 2 8 1970

755-203-031-559

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-587

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jennie Sarah Peeler			2. Date Of Birth (month) February (day) 3 (year) 1909	
	3. Color or Race	4. Sex: female	5. Place of Birth a. County: Nespers County (Lewis County)	b. City or Town of Birth: Craigmont	
FATHER	6. Full Name of Father: Robert Charles Peeler			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Jennie Ann Verzani			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. SUBSCRIBED AND SWORN to before me on June 12, 1970		10. Signature of Registrant: Jennie Pummill	11. Present Address of Registrant: 153 Alta Ave., Santa Cruz, Cal.	
NOTARY (Seal)	OFFICIAL SEAL EVA BUSCH NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN SANTA CRUZ COUNTY My Commission Expires January 10, 1972		12. Signature of Notary: Eva Busch	13. Notary Commission expires: January 10 1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's birth certificate		By whom issued and signed: State of California, child born in Santa Cruz	Date Issued: ---	Date Orig. Entry: child born Jan.15,1945
	Date of Birth: Age: 35	Birth Place: Craigmount, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by maternal aunt		By whom issued and signed: Bertha Margarett Verzani White Age:75	Date Issued: July 24,1970	Date Orig. Entry: ----
	Date of Birth: Feb.3,1909	Birth Place: Craigmont, Idaho	Full Name of Mother: Jennie Ann Verzani Peeler	Name of Father: Robert Charles Peeler	
SUPPORTING RECORD 3.	Type of Document: Account Statement from hospital		By whom issued and signed: Dominican Santa Cruz Hosp., Santa Cruz, California	Date Issued: ----	Date Orig. Entry: Nov.20,1956
	Date of Birth: Age: 47	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Aug. 20, 1970

FORM BH 56067

12-2-69

AUG 2 1 1970

815-220-003-349

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-598

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELVA MALETTA HANSEN		2. Date Of Birth (month) 3 (day) 20 (year) 09	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County Idaho: U.S.A. Trout Creek-Bannock County	b. City or Town of Birth: LAGO Idaho
FATHER	6. Full Name of Father: Julius Harvey HANSEN		7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Elizbeth Merintha Turner HANSEN		9. State or Country of Mother's Birth: Kaysville Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elva Losh	11. Present Address of Registrant: FRANKLIN, N.Y.	
NOTARY (Seal)	Subscribed and sworn to before me on: July 24 1970	12. Signature of Notary: Donna N. Davis (Torma)	13. Notary Commission expires: March 30 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of membership record	By whom issued and signed: LDS Church, J.Taylor Hollist Hudson River Stake, Oneonta, NY	Date Issued: July 6,1970	Date Orig. Entry: blessed Apr.18,1909	
	Date of Birth: Mar.20,1909	Birth Place: Trout Creek, Idaho Bannock County	Full Name of Mother: Merintha Turner	Name of Father: Julius Hansen	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Board of Education of Salt Lake City, UT, N.H.Philbrick, Reg.	Date Issued: July 7,1970	Date Orig. Entry: Sept.10,1925	
	Date of Birth: Mar.20,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of affidavit of application for Marriage Lic.	By whom issued and signed: Washoe County, Nevada License #12991	Date Issued: July 6,1970	Date Orig. Entry: May 12,1928	
	Date of Birth: Age: 19	Birth Place: ---	Full Name of Mother: ----	Name of Father: -----	

QUALIFYING INFORMATION

The town of Lago was first called Trout Creek when originally settled by trappers. The Idaho Encyclopedia compiled by the Federal Writer's Project published in 1938 by the Caxton Printers Caldwell, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Aug. 27, 1970

FORM BH 56067

6-26-70

SEP 2 2 1970

133-14-004-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-600

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lee Abraham Alleman		2. Date of Birth (month) June (day) 14 (year) 1909
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Bear Lake; b. City or Town of Birth: Bern, Idaho
FATHER	6. Full Name of Father: Abraham Alleman		7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Elizabeth Buehler		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lee Alleman	11. Present Address of Registrant: Star Rt 2 Montpelier, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 10 1970	12. Signature of Notary: Elaine W Webb	13. Notary Commission expires: May 13 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Elizabeth Alleman	Date Issued: Aug.10,1970	Date Orig. Entry: ----
	Date of Birth: June 14,1909 / Birth Place: Bern, Idaho	Full Name of Mother: Elizabeth Buehler	Name of Father: Abraham Alleman	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination as a Teacher	By whom issued and signed: LDS Church, Nounan Ward, Stephen Thornton, Elder	Date Issued: Aug.20,1927	Date Orig. Entry: Aug. 1927
	Date of Birth: June 14,1909 / Birth Place: Bern, Bear Lake County, Idaho	Full Name of Mother: Elizabeth Buhler	Name of Father: Abraham Alleman	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #419886	Date Issued: ----	Date Orig. Entry: child born Apr.26,1946
	Date of Birth: Age: 36 / Birth Place: Bern, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	August 27,1970

FORM BH 56067

9-21-70

AUG 27 1970

469-204-228-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-601

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Liberty Morton		2. Date Of Birth (month) 7 (day) 4 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: McGuire, Ida Kootenai; b. City or Town of Birth: McGuire Ida (mail Post Falls)
FATHER	6. Full Name of Father: Willie Elsworth Morton		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Grace Milliken (Grace Adel Milliken)		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Liberty Napier	11. Present Address of Registrant: 6810-E-2nd Spokane, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: July 24 1970	12. Signature of Notary: [signature]	13. Notary Commission expires: Oct 13 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (ten years older)		By whom issued and signed: Mary A. Casey	Date issued: July 24,1970	Date Orig. Entry: ----
	Date of Birth: July 4,1909	Birth Place: McGuire, Idaho	Full Name of Mother: Grace Milliken (mn.Adel)	Name of Father: Willie Elsworth Morton	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: Cusick School Dist.#13,Pend Oreille County,WA M.Claire Howe.	Date issued: Oct.2,1969	Date Orig. Entry: May 1915-1917
	Date of Birth: July 4,1909	Birth Place: ----	Full Name of Mother: Grace Morton	Name of Father: (Mrs.)W. E. Morton	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #414042	Date issued: ----	Date Orig. Entry: child born Oct.25,1945
	Date of Birth: Age: 36	Birth Place: Post Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Aug. 27, 1970

FORM BH 56067

AUG 2 8 1970

133-223-023-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-607

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hollis Mildred Allen			2. Date Of Birth (month) January (day) 23 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Gem	b. City or Town of Birth: Ola
FATHER	6. Full Name of Father: William Benjamin Allen			7. State or Country of Father's Birth: Tennessee
MOTHER	8. Full Maiden Name of Mother: Miranda Elizabeth Yates			9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hollis Mildred Tiller		11. Present Address of Registrant: 408 West Monroe Burns Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: July 8 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth Certificate	By whom issued and signed: State of Idaho-file #213076	Date issued: ------	Date Orig. Entry: Childs birthdate June 10,1933
	Date of Birth: Age 24 years; Birth Place: Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Age 76 years Affidavit by brother	By whom issued and signed: Brother-Lorenzo Dow Allen	Date issued: ------	Date Orig. Entry: 7-8-70
	Date of Birth: Jan.23,1909; Birth Place: Ola, Idaho	Full Name of Mother: Miranda Elizabeth Yates	Name of Father: William Benjamin Allen	
SUPPORTING RECORD 3.	Type of Document: Statement regarding church records	By whom issued and signed: First Christian Church,Nampa, ID J.Sydney Carnes,Pastor	Date issued: July 14,1970	Date Orig. Entry: baptized Jan.28,1930
	Date of Birth: Jan.23,1909; Birth Place: Ola, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				

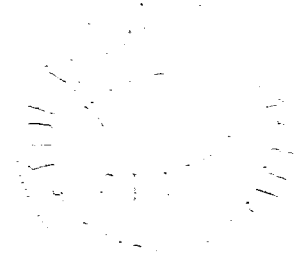
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sl Glenda Larson	Aug. 27, 1970

FORM BH 56067 1cp pd 38076 7-8-70

AUG 2 8 1970



569-216-006-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-658

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Jane Norton		2. Date of Birth (month) March (day) 16 (year) 1909	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bingham County	b. City or Town of Birth: Lincoln, Idaho, U.S.A.
FATHER	6. Full Name of Father: Charles Leroy Norton		7. State or Country of Father's Birth: Idaho, U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Lillie May Phillips		9. State or Country of Mother's Birth: Wyoming, U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant (Norton) Margaret Jane Goulfest	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on at Cook, Alta Canada 10th day. 1978	12. Signature of Notary	13. Notary Commission expires 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing		By whom issued and signed: LDS Church, John F. Norton, Elder	Date Issued: Dec.5,1909	Date Orig. Entry: blessed Apr.22,1909
	Date of Birth: Mar.16,1909	Birth Place: Lincoln, Idaho Bingham County	Full Name of Mother: Lillie M. Phillips	Name of Father: Charles L. Norton	
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents		By whom issued and signed: Lillian May Norton and Charles Leroy Norton	Date Issued: Aug.10,1970	Date Orig. Entry: ---
	Date of Birth: Mar.16,1909	Birth Place: Lincoln, Idaho Bingham County	Full Name of Mother: Lillian May Norton	Name of Father: Charles Leroy Norton	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Marriage #27297		By whom issued and signed: Province of Alberta, Canada Alberta Temple, Cardston	Date Issued: Mar.10,1931	Date Orig. Entry: Dec.22,1930
	Date of Birth: Age: 21	Birth Place: Lincoln, Idaho	Full Name of Mother: Lillie May Phillips	Name of Father: Charles Leroy Norton	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	Sept. 17, 1970

FORM BH 56067

F 26-Ca

OCT 23 1970

691-212-029-858

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-659

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Herren Frazier
2. Date of Birth (month) (day) (year): April 12 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Moscow, Idaho Latah
b. City or Town of Birth: Moscow, Idaho

FATHER

6. Full Name of Father: James Henry Frazier
7. State or Country of Father's Birth: Colorado

MOTHER

8. Full Maiden Name of Mother: Edna Herren
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen F. Dahlins
11. Present Address of Registrant: 1100 N. 6th Ave, Kelso, Wash. 98626

NOTARY (Seal)

Subscribed and sworn to before me on 8-14- 1970

12. Signature of Notary: Sandra K. Murray
13. Notary Commission expires: 6-3 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	U.S. Department of Commerce Bureau of the Census	Sep.25,1969	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 10	Idaho	Edna Frazier	James M. Frazier

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of marriage return	Lewis County, Washington book 3, page 184	Mar.16,1970	July 20,1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 22	Idaho	Edna Herren	James H. Frazier

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
transcript of school record	Central Washington College of Education, Ellensburg, WA	Aug.13,1970	Sept.28,1925

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.12,1909	Moscow, Idaho	----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

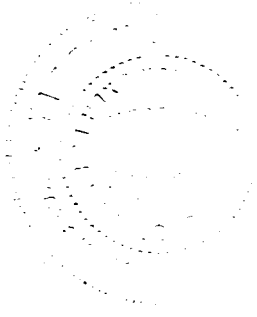
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Sept. 17, 1970

FORM BH 56067

Certified Copy Issued 7-2-69

SEP 17 1970



534-121-014-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-668

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: David Clyde Elder, Jr.			2. Date of Birth (month) (day) (year): February 21, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: David Clyde Elder, Sr.			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Mary Phyllis McGee			9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: David Clyde Elder Jr		11. Present Address of Registrant: 3806 Wallingford N. Seattle Wash
NOTARY (Seal)	Subscribed and sworn to before me on: August 28 1970	12. Signature of Notary: F. L. Smith		13. Notary Commission expires: 4-17 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of reinstatement application for membership &ins.	By whom issued and signed: The Order of United Commercial Travelers of America		Date Issued: Nov.14,1941	Date Orig. Entry: Oct.15,1941
	Date of Birth: Feb.21,1909	Birth Place: Nampa, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of separation qualification record	By whom issued and signed: U.S. Army, Fort Devens, Mass. Separation Center, John Barclay, 2nd Lt. MAC		Date Issued: Jan.8,1946	Date Orig. Entry: Nov.3,1942
	Date of Birth: Feb.21,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Federal Census record	By whom issued and signed: U.S. Department of Commerce Bureau of the census		Date Issued: Aug.7,1970	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 1	Birth Place: Idaho	Full Name of Mother: Mary P. Elder	Name of Father: David C. Elder	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Sept. 21, 1970

FORM BH 56067 2 copies pd. 6-29-71 gml

SEP 2 2 1970

959-111-010-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-679

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur George Reiss		2. Date Of Birth (month) March (day) 11 (year) 1909
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Otto George Reiss		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Elizabeth Schramm		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur George Reiss	11. Present Address of Registrant: Route 2, Box 450 Chickasha, Okla.
NOTARY (Seal)	Subscribed and sworn to before me on: August 28 19 70	12. Signature of Notary: Mary E. Hopkins	13. Notary Commission expires: September 5 19 70

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of application for marriage license		By whom issued and signed: Grady County, Oklahoma	Date issued: Aug.27,1970	Date Orig. Entry: Oct.5,1935
	Date of Birth: Age: 26	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate #18229		By whom issued and signed: State of Oklahoma	Date issued: July 11,1944	Date Orig. Entry: child born July 29,1936
	Date of Birth: Age: 27	Birth Place: Idaho Falls,Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of church record		By whom issued and signed: G. Toenjes, Ev.Luth. Pastor	Date issued: ----	Date Orig. Entry: Mar.20,1909
	Date of Birth: Mar.11,1909	Birth Place: Idaho Falls,Idaho	Full Name of Mother: Elisabeth Schramm	Name of Father: Otto Reiss	
QUALIFYING INFORMATION					

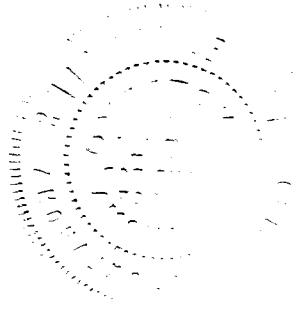
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Sept.29,1970

FORM BH 56067 (Enclosed $2.00) also 3 documents (R) 8-24-70 [illegible]

SEP 30 1970



634-223-001-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE70-687

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cecil Annie Oldson			2. Date of Birth (month) May (day) 23 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Victor Earl Oldson			7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Bessie Mabel Goff			9. State or Country of Mother's Birth: North Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cecil A. Dennis		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 29 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notarized copy of Hospital birth record	By whom issued and signed: St. Luke's Hospital Boise, Ida. by Dianne E. Kohtz	Date Issued: Sept 29, 1970	Date Orig. Entry: Born May 23, 1909
	Date of Birth: May 23, 1909 / Birth Place: Boise, Idaho	Full Name of Mother: Bessie Oldson	Name of Father: Victor E. Oldson	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Washington Elem. School Boise Loyle V. Washam-Supv. of Records	Date Issued: Sept 29, 1970	Date Orig. Entry: End Sem. Jan. 21, 1916
	Date of Birth: May 23, 1909 / Birth Place: -----	Full Name of Mother: ------	Name of Father: V. E. Oldson	
SUPPORTING RECORD 3.	Type of Document: 1st United Presb. Church Church Record	By whom issued and signed: Mrs. Audrey Beckstead, Sec.	Date Issued: Sept. 29, 1970	Date Orig. Entry: June 9, 1910
	Date of Birth: May 23, 1909 / Birth Place: -----	Full Name of Mother: Bessie Oldson	Name of Father: Victor E. Oldson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Sue Lowe	Sept. 29, 1970

FORM BH 56067

SEP 2 9 1970

141-22-022-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-690

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Tolia Adair			2. Date of Birth (month) Oct. (day) 27 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Warm River	b. City or Town of Birth: Freemont
FATHER	6. Full Name of Father: Randolph Adair			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: It Tolia Rebecca Adair			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Tolia Adair Rodemack		11. Present Address of Registrant: 10313 67th Ave E. Puyallup Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: august 27 1970	12. Signature of Notary: Elsie M Webb		13. Notary Commission expires: Jan 22 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #232423	Date Issued: ----	Date Orig. Entry: child born May 23,1935	
	Date of Birth: Age: 25	Birth Place: Warm River, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: St. Luke's Hospital, Boise, ID Nancy Carpenter, A.R.T.	Date Issued: Aug.27,1970	Date Orig. Entry: May-28,1970	
	Date of Birth: Oct.27,1909	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: Dolph Adair	
SUPPORTING RECORD 3.	Type of Document: Affidavit by older sister	By whom issued and signed: Beatrice Rane Age: 71	Date Issued: Aug.29,1970	Date Orig. Entry: ----	
	Date of Birth: Oct.27,1909	Birth Place: Warm River,Idaho	Full Name of Mother: It Tolia Rebecca Adair	Name of Father: Randolph Adair	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: October 5, 1970

FORM BH 56067

8-27-70

Podemack

OCT 5 1970

Child Cut. # 232423 - 0K

345-212-014-617

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-703

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Tuning		2. Date of Birth (month) July (day) 12 (year) 1909	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Parma
FATHER	6. Full Name of Father: James Tuning		7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Julia Wagner		9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Fritts	11. Present Address of Registrant: Route #2, Parma	
NOTARY (Seal)	Subscribed and sworn to before me on: October 6 1970	12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

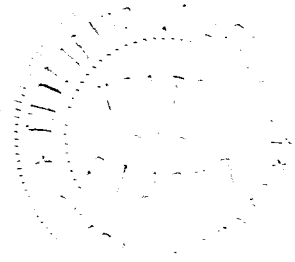
SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: County of Caldwell	Date Issued: Aug.13,1970	Date Orig. Entry: Census takenn Sept.1915
	Date of Birth: July 12,1909 / Birth Place: Parma, Idaho	Full Name of Mother: ----	Name of Father: James Tuning	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 206273	Date Issued: ---	Date Orig. Entry: child born Aug.4,1932
	Date of Birth: July 12,1909 / Birth Place: Parma, Idaho	Full Name of Mother: -----	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Canyon County	Date Issued: Oct.6,1970	Date Orig. Entry: Married Mar.1,1928
	Date of Birth: Age 18 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: Oct.9, 1970

FORM BH 56067

1 cp pd rec # 3369

OCT 9 1970



582-226-022-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE70-708

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leoda Nyborg.
2. Date of Birth (month) August (day) 26 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Squirrel

FATHER

6. Full Name of Father: William Nyborg
7. State or Country of Father's Birth: Mt. Pleasant - Utah

MOTHER

8. Full Maiden Name of Mother: Laurinda Jensen
9. State or Country of Mother's Birth: Mt. Pleasant - Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leoda N. Wharton
11. Present Address of Registrant: 615 West 2nd Meridian

NOTARY (Seal)

Subscribed and sworn to before me on Oct. 13 1970
12. Signature of Notary: Florence Curtright
13. Notary Commission expires: 4-20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own childs birth Certificate	State of Idaho # 180944	------	Child born May 17,1930
	Date of Birth / Birth Place: Age 20years Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Certificate of Blessing	LDS Church	Oct. 21,1909	Oct.21,1909
	Date of Birth / Birth Place: Aug 26,1909 Squirrel, Idaho	Full Name of Mother: Lorinda Jensen	Name of Father: William Nyborg	
SUPPORTING RECORD 3.	Family Record	Family	-----	Obviously Old
	Date of Birth / Birth Place: Aug 26,1909 Squirrel, Idaho	Full Name of Mother: Laurinda Nyborg	Name of Father: William Nyborg	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Sue Lowe	Oct. 13, 1970

FORM BH 56067

N Corresp

Wharton

OCT 13 1970

815-231-035-815

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De 70-718
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Evelyn Hansen		2. Date of Birth (month) Aug. (day) 31 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Peck
FATHER	6. Full Name of Father: George Hansen		7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Anne Katherine Hansen		9. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Evelyn Hansen	11. Present Address of Registrant: Rt #5 Spokane, Wa. 99208	
NOTARY (Seal)	Subscribed and sworn to before me on: 22nd day of Sept. 1970	12. Signature of Notary: William A. Johnson	13. Notary Commission expires: March 9 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of hospital certificate of own child's birth		By whom issued and signed: Sacred Heart Hospital, Spokane, WA	Date Issued: ----	Date Orig. Entry: child born Aug.11,1949
Class*	Date of Birth: Aug.31,1909	Birth Place: Peck, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of pages from family Bible Record		By whom issued and signed: Family Bible Records	Date Issued: ---	Date Orig. Entry: obviously old
Class	Date of Birth: Aug.31,1909	Birth Place: -----	Full Name of Mother: Anne Katherine Hansen	Name of Father: George Hansen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Anna K. Hansen	Date Issued: Oct.6,1970	Date Orig. Entry: ---
Class	Date of Birth: Aug.31,1909	Birth Place: Peck, Idaho	Full Name of Mother: Anna K. Hansen	Name of Father: George Hansen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Oct. 19, 1970

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

346-111-022-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-721

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Franklin Lufkin			2. Date Of Birth (month) Feb. (day) 11 (year) 1909	
	3. Color or Race: White	4. Sex: M.	5. Place of Birth: Menan, Ida. a. County: Fremont	b. City or Town of Birth: Menan, Idaho	
FATHER	6. Full Name of Father: John Franklin Lufkin			7. State or Country of Father's Birth: Nevada, Humboldt 12-20-1874	
MOTHER	8. Full Maiden Name of Mother: Kate Watson			9. State or Country of Mother's Birth: Utah-Utah-Apr. 4-1879	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wm H Lufkin		11. Present Address of Registrant: 226 E. 1st So. Rigby Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 21 1970	12. Signature of Notary: James A Rice		13. Notary Commission expires: 10/24 1972	

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of honorable discharge	By whom issued and signed: U.S. Army, W.G. Eissler, Jr., Major, Air Corps, Executive	Date Issued: discharged Oct.7,1943	Date Orig. Entry: inducted Mar.22,1942	
	Date of Birth: Age: 33	Birth Place: Menan, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records (pg.62,bk.A #870 &	By whom issued and signed: LDS Church, Logan, Utah pg.673 #27787-27794 Book C)	Date Issued: Apr.28,1958	Date Orig. Entry: May 19,1920 (sealed)	
	Date of Birth: Feb.11,1909	Birth Place: Fremont County Menan, Idaho	Full Name of Mother: Kate Watson	Name of Father: John Franklin Lufkin	
SUPPORTING RECORD 3.	Type of Document: photocopy of first page of insurance policy #45200-J	By whom issued and signed: Gem State Mutual Life Assoc. Inc., Pocatello, Idaho	Date Issued: Nov.10,1947	Date Orig. Entry: ----	
	Date of Birth: Feb.11,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 21, 1970

FORM BH 56067

Ltr dtd Rec'd 2463

(2) 9-10-70 Appl

OCT 2 1 1970

312-215-021-264

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-732

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Norma Lake
2. Date of Birth (month) (day) (year): 9 15 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Franklin
b. City or Town of Birth: Fairview, Idaho

FATHER

6. Full Name of Father: Lyman James Lake
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Lydia Bodily
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Norma Lake Sepp
11. Present Address of Registrant: 6546 - 2nd NW-Seattle, Wn.

NOTARY (Seal)

Subscribed and sworn to before me on: September 28 1970

12. Signature of Notary: Cleo H Sorensen
13. Notary Commission expires: Nov. 15 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister A	Inez Lake Bigler (bd.11/22/96)	July 27, 1964	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.15,1909	Fairview, Idaho Franklin County	Lydia Bodily Lake	Lyman James Lake

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of certificate of membership	LDS Church	----	baptized Sep.15,1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.15,1909	Fairview, Idaho Franklin County	Lydia E. Bodily	Lyman J. Lake

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of own child's birth certificate Vol.1935 #4947	City of Seattle, City Registrar's office, Washington	Feb.21,1952	child born Dec.25,1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 26	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	October 21,1970

FORM BH 56067 nm

7-24-64 (S)

Sepp

OCT 27 1970

132-117-011-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-754

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leonard George Albert		2. Date of Birth (month) (day) (year): Feb. 17, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: ~~Bonners~~ Ferry Boundary; b. City or Town of Birth: Bonners Ferry, Idaho
FATHER	6. Full Name of Father: George Henry Albert		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Lura Willina Starr		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leonard George Albert	11. Present Address of Registrant: 11807 E. 16th, Spokane, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: October 12th 19 70	12. Signature of Notary: Marian Rosenbrock	13. Notary Commission expires: March 1 19 73

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Mrs. Charles E. McGlocklin (age:73)	Date Issued: 10-12-70	Date Orig. Entry: ----
	Date of Birth: 2-17-09 / Birth Place: Bonners Ferry, Ida.	Full Name of Mother: Lura W. Starr	Name of Father: George Henry Albert	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Notification of Marriage	By whom issued and signed: St. Patrick's Church, Spokane, WA Parish Priest Schiller	Date Issued: 10-8-70	Date Orig. Entry: 11-30-33
	Date of Birth: Feb. 17, 1909 / Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Lura Star	Name of Father: George H. Albert	
SUPPORTING RECORD 3.	Type of Document: photocopy of County Register of Birth	By whom issued and signed: Boundary County, Idaho.	Date Issued: ---	Date Orig. Entry: ---
	Date of Birth: Feb. 17, 09 / Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Lurah Starr Alberts	Name of Father: Geo. Alberts	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 4, 1970

FORM BH 56067

Sheet(s)

NOV 5 1970

866-108-022-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-772

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verrel Louis Howard			2. Date of Birth (month) June (day) 8 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho / Fremont	b. City or Town of Birth: Chester
FATHER	6. Full Name of Father: John Lester Howard			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Marion Matilda Bird			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verrel Louis Howard		11. Present Address of Registrant: 210 McAuliffe, Emmett Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 5 1970	12. Signature of Notary: Florence Cutright		13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho # 191231	Date Issued: ----	Date Orig. Entry: Child born May 12,1931
	Date of Birth: Age 21 years / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license affidavit #1233	By whom issued and signed: Payette County, Idaho	Date Issued: Oct.12,1970	Date Orig. Entry: Sept.29,1928
	Date of Birth: Age: 19 / Birth Place: ----	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of church certificate of membership	By whom issued and signed: LDS Church	Date Issued: ----	Date Orig. Entry: Blessed Oct.3,1909
	Date of Birth: June 8,1909 / Birth Place: Chester, Idaho	Full Name of Mother: Marion Bird	Name of Father: John L. Howard	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson sl	Nov. 9, 1970

FORM BH 56067

13-5-70

NOV 10 1970

Howard

169-08-006-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-792

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melburn Jorgensen		2. Date Of Birth (month) 12 (day) 8 (year) 1909	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Ammon
FATHER	6. Full Name of Father: John C Jorgensen		7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Margaret Ann Andrus		9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melburn Jorgensen	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on 28 Oct 1970	12. Signature of Notary: Clara Faulkner	13. Notary Commission expires 17 March 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L.D.S.Church	Date Issued:	Date Orig. Entry: Blessed July 3, 1910
	Date of Birth: Dec.8,1909	Birth Place: Ammon, Idaho	Full Name of Mother: Margaret Andruss	Name of Father: John Jorgensen
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 257899	Date Issued: ----	Date Orig. Entry: child born Aug 5, 1937
	Date of Birth: Age 27	Birth Place: Ammon, Idaho	Full Name of Mother: ----------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age78	By whom issued and signed: Marintha Unger	Date Issued: Nov.6,1970	Date Orig. Entry: -----
	Date of Birth: Dec.8,1909	Birth Place: Ammon, Idaho	Full Name of Mother: Margaret Ann Andrus	Name of Father: John C. Jorgensen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Nov. 20,1970

FORM BH 56067

NOV 2 1970

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655-212-001-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE70-798

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lola Catherine Weeks			2. Date Of Birth (month) (day) (year): Sept. 12 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Joseph Waldo Weeks			7. State or Country of Father's Birth: Eagle Island, Idaho
MOTHER	8. Full Maiden Name of Mother: Martha Belle Keith			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jan W. Burns		11. Present Address of Registrant: 1622 Fairview Caldwell Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 30 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File #264959	Date Issued: ------	Date Orig. Entry: Child born March 9,1938
	Date of Birth: Age 28 yrs / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother Age 84Yr	By whom issued and signed: Martha B. Weeks -Mother	Date Issued: Nov 30,1970	Date Orig. Entry: ----------
	Date of Birth: Sept 12,1909 / Birth Place: Boise, Idaho	Full Name of Mother: Martha Belle Keith	Name of Father: Joseph Waldo Weeks	
SUPPORTING RECORD 3.	Type of Document: Nursing Record	By whom issued and signed: State of Idaho -Dept of Law Enforce.-Bureau of License	Date Issued: Oct 22,1931	Date Orig. Entry: -------
	Date of Birth: Sept 12 1909 / Birth Place: Boise, Idaho	Full Name of Mother: -------	Name of Father: --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sl Sue Lowe	Date Filed: Dec. 1, 1970

FORM BH 56067

DEC 1 1970

266-22-036-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-812

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VERDA BOWEN			2. Date of Birth (month) FEB. (day) 27 (year) 1909
	3. Color or Race: AMERICAN	4. Sex: FEMALE	5. Place of Birth a. County: IDAHO ONEIDA	b. City or Town of Birth: SAMARIA
FATHER	6. Full Name of Father: WALTER FREDERICK BOWEN			7. State or Country of Father's Birth: IDAHO JUNE 15, 1873
MOTHER	8. Full Maiden Name of Mother: ESTHER CATHERINE THOMAS			9. State or Country of Mother's Birth: IDAHO NOV. 21, 1879
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verda Bowen		11. Present Address of Registrant: SALT LAKE CITY, UTAH
NOTARY (Seal)	Subscribed and sworn to before me on 11/11 1970	12. Signature of Notary: L A Bowen		13. Notary Commission expires 9/22 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: LDS Church Certificate of Birth	By whom issued and signed: Malad Stake, Samaria Ward, Rec. birs. & blessings pg. 392, ln. 98	Date Issued: Nov. 5, 1970	Date Orig. Entry: May 2, 1909	
	Date of Birth: Feb. 27, 1909	Birth Place: Samaria, Idaho Oneida County	Full Name of Mother: Esther Thomas	Name of Father: Walter F. Bowen	
SUPPORTING RECORD 2.	Type of Document: photocopy of Insurance Policy application	By whom issued and signed: Pacific Mutual Life Ins. Co.	Date Issued: Aug. 26, 1939	Date Orig. Entry: Aug. 26, 1939	
	Date of Birth: Feb. 27, 1909	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by materaal aunt	By whom issued and signed: Lillie Caldwell	Date Issued: Nov. 11, 1970	Date Orig. Entry: ---	
	Date of Birth: Feb. 27, 1909	Birth Place: Samaria, Idaho Oneida County	Full Name of Mother: Esther Catherine Thomas	Name of Father: Walter Frederick Bowen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Dec. 4, 1970

FORM BH 56067

1 Cp pd rec # 27757

1-22-70

Garrett

DEC 4 1970

291-206-037-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-816

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gertrude Brandau		2. Date of Birth (month) (day) (year): August 6, 1909
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Parents Home Owyhee; b. City or Town of Birth: Wilson
FATHER	6. Full Name of Father: George Brandau		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Minnie Olson		9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gertrude Brandau McMahon	11. Present Address of Registrant: Melba, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: 3rd November 1970	12. Signature of Notary: D. L. Webb	13. Notary Commission expires: Feb - 2 - 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother Age 85		By whom issued and signed: Minnie Olson Brandau	Date Issued: Nov.3,1970	Date Orig. Entry: --------
	Date of Birth: Aug.6,1909	Birth Place: Wilson,Idaho	Full Name of Mother: Minnie Olson	Name of Father: George Brandau	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 279005	Date Issued: ----	Date Orig. Entry: child born April 3, 1939
	Date of Birth: Age 29	Birth Place: Wilson,Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 79583		By whom issued and signed: Northern Life Ins. Co.	Date Issued: Apr.11,1925	Date Orig. Entry: Apr. 11, 1925
	Date of Birth: Aug.6,1909	Birth Place: Wilson, Idaho	Full Name of Mother: Minnie Brandau	Name of Father: GeorgeBrandau	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Dec. 11, 1970

K FORM BH 56067 / [illegible] 10-12-70

DEC 11 1970

593-20Y-022-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-824

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANNA TERESA EICHINGER			2. Date of Birth (month) (day) (year): AUGUST 4 1909
	3. Color or Race: Cauc	4. Sex: F	5. Place of Birth a. County: IDAHO FREMONT	b. City or Town of Birth: ROBERTS
FATHER	6. Full Name of Father: NICHOLAS EICHINGER			7. State or Country of Father's Birth: GERMANY
MOTHER	8. Full Maiden Name of Mother: MARIA LAUERER			9. State or Country of Mother's Birth: GERMANY
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ann A. Staydon		11. Present Address of Registrant: Rt 16 Bx 46 Olympia, Wa
NOTARY (Seal)	Subscribed and sworn to before me on: November 16 1970	12. Signature of Notary: James F Bennett		13. Notary Commission expires: Sept 28 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic Church	Date Issued: Sept.11,1969	Date Orig. Entry: Baptized Sept. 15,1909	
	Date of Birth: Aug.4,1909	Birth Place: ---	Full Name of Mother: Maria Laurer	Name of Father: Nicolas Eichinger	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: Health Dept. - Olympia,Wash.	Date Issued: Jul.8,1954	Date Orig. Entry: Child born Jun.1,1954	
	Date of Birth: Age 44	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #325688	By whom issued and signed: Bankers Life Co., Des Moines	Date Issued: Oct.4,1934	Date Orig. Entry: Sept.21,1934	
	Date of Birth: Aug.4,1909	Birth Place: Roberts, Idaho	Full Name of Mother: -----	Name of Father: Nick Eichinger	
QUALIFYING INFORMATION					

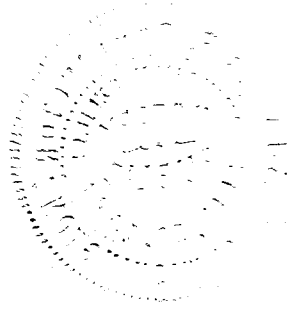
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Dec.17,1970

FORM BH 56067

DEC 17 1970



249-26-042-264

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-827

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carl Gus Smith			2. Date of Birth (month) September (day) 26 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Lloyd Clevenger Smith			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Olive May Boughton			9. State or Country of Mother's Birth: South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carl Gus Smith		11. Present Address of Registrant: 221 Quince Street
NOTARY (Seal)	Subscribed and sworn to before me on: November 12th. 1970	12. Signature of Notary: Drucilla J. Smith, Salt Lake City, Utah		13. Notary Commission expires: October 8th 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S.Church	Date Issued: Jan.2,1949	Date Orig. Entry: Baptized Dec.29,1948
	Date of Birth: Sept.26,1909 / Birth Place: Twin Falls	Full Name of Mother: Olive May Boughton	Name of Father: Loyd Clevenger Smith	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage	By whom issued and signed: Uinta Co. Utah	Date Issued: May 8,1943	Date Orig. Entry: Married May 8,1943
	Date of Birth: Age 33 / Birth Place: Twin Falls,Idaho	Full Name of Mother: Olive M. Boughton	Name of Father: Lloyd C. Smith	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #31494	By whom issued and signed: Aetna Life Ins, Co.	Date Issued: Jan.1,1953	Date Orig. Entry: ---
	Date of Birth: Sept.26,1909 / Birth Place: ----	Full Name of Mother: ------	Name of Father: -----	
QUALIFYING INFORMATION	Family Record gives date of birth as Sept. 26,1909 born in Twin Falls, Idaho to Loyd C. Smith and Olive May Boughton. Record obviously old.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright		Date Filed: Dec.17,1970

FORM BH 56067

11-3-70

DEC 17 1970

915-219-003-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-833

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emily Ransom			2. Date Of Birth (month) May (day) 19 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Home a. County: Bannock	b. City or Town of Birth: ~~Clayton, Idaho~~ Cleveland, Idaho
FATHER	6. Full Name of Father: Hyrum Ames Ransom			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Lottie Covert			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Emily Walton	11. Present Address of Registrant: 294 Lava St., Idaho Falls, Id.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 3 1970		12. Signature of Notary: Bernice L Davis	13. Notary Commission expires: 12-8-71 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records		By whom issued and signed: Idaho Falls Sacred Heart Hosp. Ada C. Vaughn, RRL, Director, Med. Rec.	Date issued: Sep. 29, '70	Date Orig. Entry: Mar. 26, 1953
	Date of Birth: May 19, 1909	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for employment		By whom issued and signed: Rogers Bros. Seed Co.,	Date issued: ---	Date Orig. Entry: Sept. 5, 1957
	Date of Birth: May 19, 1909	Birth Place: Cleveland, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt Age 78		By whom issued and signed: Hazel Toone	Date issued: Nov. 13, 1970	Date Orig. Entry: -----
	Date of Birth: May 19, 1909	Birth Place: Cleveland, Idaho	Full Name of Mother: LottieCovert	Name of Father: Hyrum A. Ransom	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	Dec. 18, 1970

FORM BH 56067

DEC 18 1979

319-117-038-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-853

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Chester Elton Carpenter
2. Date of Birth (month) (day) (year): Feb. 17, 1909
3. Color or Race: Cauc.
4. Sex: Male
5. Place of Birth a. County: Payette
b. City or Town of Birth: Payette

FATHER

6. Full Name of Father: Winifred Albert Carpenter
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Lovie Inez Lowe
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Chester Elton Carpenter
11. Present Address of Registrant: Rt. 1, Box 300 Gerber, Calif. 96035

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 1 19 69

12. Signature of Notary: Thomas D. John
13. Notary Commission expires: May 24 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Lovie Inez Carpenter	Nov.1,1969	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.17,1909	Payette, Idaho	Lovie Inez Carpenter	Winifred Albert Carpenter

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of affidavit of application marr.license	Washoe County, Nevada #44014	Dec.5,1969	Dec. 1, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 25	----	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	U.S. Department of Commerce Bureau of the Census	Nov.12,1970	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 10	Idaho	Lovie Carpenter	Winifred Carpenter

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

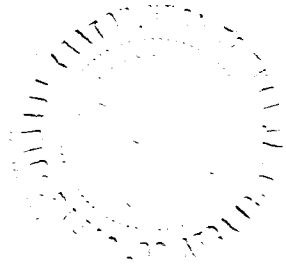
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: Dec. 21, 1970

FORM BH 56067

10-2-69

DEC 22 1970



512-131-021-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-013

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Wiess Nash
2. Date Of Birth (month) (day) (year): January 31 1909
3. Color or Race: Caucasian
4. Sex: male
5. Place of Birth a. County: Franklin
b. City or Town of Birth: Franklin

FATHER

6. Full Name of Father: David Howland Nash
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Ida Larsen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John Wiess Nash
11. Present Address of Registrant: 146 ne 1st w Preston Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Aug 30 1966
12. Signature of Notary: [signature]
13. Notary Commission expires: Apr 7 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certified copy of application for license to marry #325
By whom issued and signed: Cache County, Utah
Date Issued: Oct.2,1928
Date Orig. Entry: Dec.7,1970
Date of Birth: Jan.31,1909
Birth Place: Franklin, Idaho
Full Name of Mother: Ida Larsen
Name of Father: David H. Nash

SUPPORTING RECORD 2.

Type of Document: Affidavit by friend of family in the area at time of birth
By whom issued and signed: Laura Nash Atkinson Age:77
Date Issued: Nov.19,1970
Date Orig. Entry: ----
Date of Birth: Jan.31,1909
Birth Place: Franklin, Idaho
Full Name of Mother: Ida Larsen
Name of Father: David Howland Nash

SUPPORTING RECORD 3.

Type of Document: Own child's birth certificate
By whom issued and signed: On file Idaho #212369
Date Issued: ----
Date Orig. Entry: child born May 19,1933
Date of Birth: Age:24
Birth Place: Franklin, Idaho
Full Name of Mother: ---
Name of Father: ----

QUALIFYING INFORMATION X

I was present at the birth of John Wiess Nash in Franklin Idaho Jan 31, 1909. Estella M. Wright

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Barron
Evidence reviewed by: Glenda Larson
Date Filed: January 8, 1971

FORM BH 56067

10-2-68

JAN 1 1 1971

DEC 2 4 1974

666-227-006-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-016

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dortha May Wood		2. Date Of Birth (month) (day) (year): January 27, 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Joseph Waddoups Wood		7. State or Country of Father's Birth: Bountiful, Utah
MOTHER	8. Full Maiden Name of Mother: Agnes Christina Biorn		9. State or Country of Mother's Birth: Minkcreek, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dortha M. Carlin	11. Present Address of Registrant: 507 E. Dunn, Pocatello
NOTARY (Seal)	Subscribed and sworn to before me on: January 9 1971	12. Signature of Notary: LaWayne Chapman	13. Notary Commission expires: January 2 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #164864	Date Issued: ---	Date Orig. Entry: child born Sept.29,1928
	Date of Birth: Age: 19	Birth Place: Blackfoot, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Blessing		By whom issued and signed: LDS Church, Ed Benzley, Clerk	Date Issued: ---	Date Orig. Entry: blessed Apr.4,1909
	Date of Birth: Jan.27,1909	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Agnes C. Biorn	Name of Father: Jos. W. Wood	
SUPPORTING RECORD 3.	Type of Document: photocopy of personnel Security Questionnaire		By whom issued and signed: R.J.Swain, Chief, Fed.personnel and Management Branch AEC	Date Issued: Nov.5,1970	Date Orig. Entry: Sept.17,1957
	Date of Birth: Jan.27,1909	Birth Place: Blackfoot, Idaho Bingham County USA	Full Name of Mother: Agnes C. Biorn Wood	Name of Father: Joseph Waddoups Wood	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: January 11, 1971

FORM BH 56067

JAN 12 1971

469-101-018-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-024

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHESTER ALGERNON MORRISSEY		2. Date Of Birth (month) AUG (day) 1 (year) 1909
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: a. County Clearwater; b. City or Town of Birth: OROFINO
FATHER	6. Full Name of Father: HARRY MORRISSEY		7. State or Country of Father's Birth: INDANA USA
MOTHER	8. Full Maiden Name of Mother: MINNIE CRUMP GRAHAM		9. State or Country of Mother's Birth: HARRISON, ARKANSAS - BOONE County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chester A. Morrissey	11. Present Address of Registrant: 360 NE 24th ST BOCA RATON FLA.
NOTARY (Seal)	Subscribed and sworn to before me on: December 14 19 70	12. Signature of Notary: Maize Marsburn Fulham	13. Notary Commission expires: NOTARY PUBLIC, STATE OF FLORIDA AT LARGE MY COMMISSION EXPIRES, SEPT. 18, 1974 BONDED THROUGH MUROSKI HUCKLEBERRY, INC. 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Military Discharge		By whom issued and signed: U.S. Navy, J. H. Hoover, Capt. U.S.Navy, Commanding. SanDiego	Date issued: discharged Aug.25,1933	Date Orig. Entry: enlisted Aug.26,1927
	Date of Birth: Aug.1,1909	Birth Place: Orofino, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy 20-671-920		By whom issued and signed: The Prudential Insurance co. of America	Date issued: Oct.31,1956	Date Orig. Entry: Oct.8,1956
	Date of Birth: Aug.1,1909	Birth Place: Orofino, Idaho USA	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by maternal aunt		By whom issued and signed: Henrietta Jacobs Fischer	Date issued: Dec.2,1970	Date Orig. Entry: ----
	Date of Birth: Aug.1,1909	Birth Place: Orofino, Idaho	Full Name of Mother: Minnie Crump Graham	Name of Father: Harry Morrissey	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	January 12, 1971

FORM BH 56067 1 Copy Pl Reg. # 01111 8-31-70

JAN 13 1971

613-130-022-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-035

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Darrold Walker			2. Date Of Birth (month) Dec. (day) 30 (year) 1909	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: Idaho a. County was Fremont (now Jefferson Co.)	b. City or Town of Birth: Lewisville	
FATHER	6. Full Name of Father: William Wallace Walker			7. State or Country of Father's Birth: Union Salt Lake City Utah	
MOTHER	8. Full Maiden Name of Mother: Anna Lila Clark			9. State or Country of Mother's Birth: Stanwick North-Hampton England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: George Darrold Walker		11. Present Address of Registrant: 21 N. Center Wellsville Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 12 1970	12. Signature of Notary: Grover M. Larsen		13. Notary Commission expires: Sept 1 1973	

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of application for license to marry #239		By whom issued and signed: Cache County, Utah	Date Issued: July 29,1970	Date Orig. Entry: June 21,1933
	Date of Birth: Dec.30,1909	Birth Place: Idaho	Full Name of Mother: Lillie Clark	Name of Father: Wm. H. Walker	
SUPPORTING RECORD 2.	Type of Document: Notification of Personnel Action,Bureau of Indian Affairs		By whom issued and signed: Frank E. Pence,Acting Area Personnel Officer	Date Issued: Aug.12,1963	Date Orig. Entry: Aug.12,1963
	Date of Birth: Dec.30,1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #529-05-0637		By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth: Dec.30,1909	Birth Place: Lewisville, Idaho Jefferson County	Full Name of Mother: Annie Lillie Clark	Name of Father: William Hay Walker	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	gml Glenda Larson	January 13,1971

FORM BH 56067

(W) 10-12-70 gmc

JAN 14 1971

168-105-044-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-044

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Howard Johnson		2. Date Of Birth (month) 6 (day) 5 (year) 1909
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Weiser Washington; b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Scott W Johnson		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: IDA Bell Holdrider		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard Johnson	11. Present Address of Registrant: Eden Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 12/10 1970	12. Signature of Notary: Jack Perry	13. Notary Commission expires 11/1 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #354847	Date Issued: ----	Date Orig. Entry: child born July 19, 1942
	Date of Birth: Age: 33	Birth Place: Weiser, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: Robert Sherman, Supt., Kimberly School Dist. #414, Idaho	Date Issued: Feb. 3, 1969	Date Orig. Entry: graduated 1928
	Date of Birth: June 5, 1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement and copy of letter from Children's Home Society		By whom issued and signed: Boise, Idaho - Lillian Carse, Supt. at that time.	Date Issued: letter was dated 9/29/33	Date Orig. Entry: March 14, 1917
	Date of Birth: June 5, 1909	Birth Place: ----	Full Name of Mother: Ida Johnson (nee Holdrider)	Name of Father: Scott Johnson	

QUALIFYING INFORMATION

Statement regarding insurance policy by C.T. Jones, Supv. Pacific Standard Life Ins.Co. dated December 28, 1970 gives birthdate as June 5, 1909 in Weiser, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	January 14, 1971

FORM BH 56067

Copy sent #29300

3-6-67

JAN 14 1971

155223-036-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-049

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FERN IRENE JENSEN			2. Date Of Birth (month) November (day) 23 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida, Idaho	b. City or Town of Birth: Preston, Oneida County, Idaho	
FATHER	6. Full Name of Father: Lars N. Jensen			7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Laurena Nelson			9. State or Country of Mother's Birth: Denmark	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: 763 N. 1000 E. Provo, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: December 29 1970	12. Signature of Notary: Robert A Larsen		13. Notary Commission expires: December 1 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of blessing	By whom issued and signed: LDS Church, Preston 1st Ward, Oswald Christensen, Clark		Date Issued: Feb.6,1910	Date Orig. Entry: blessed Feb.6,1910
	Date of Birth: Nov.23,1909	Birth Place: Preston, Idaho Oneida County	Full Name of Mother: Laurena Nelson	Name of Father: Lars N. Jensen	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho		Date Issued:	Date Orig. Entry:
	Date of Birth: Age: 40	Birth Place: Preston, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Orion Jensen (10 years older)		Date Issued: Dec.10,1970	Date Orig. Entry: ----
	Date of Birth: Nov.23,1909	Birth Place: Preston, Idaho	Full Name of Mother: Laurena Christena Nielsen	Name of Father: Lars Niels Jensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: Glenda Larson	Date Filed: January 18,1971

FORM BH 56067

JAN 19 1971

115 - 124 - 206 - 115

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-059

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Herman Jantzen			2. Date of Birth (month) 3 (day) 24 (year) 09	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Aberdeen	
FATHER	6. Full Name of Father: John Jantzen			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Marie Jantzen			9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: X Herman Jantzen	11. Present Address of Registrant: c/o Hal J. Taylor, Route 2, Burley, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: December 30, 19 70		12. Signature of Notary: Anthony L. James	13. Notary Commission expires: November 1, 19 74	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Records		By whom issued and signed: U.S. Department of Commerce Bureau of The Census	Date Issued: Sept.30,1968	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 1	Birth Place: Idaho	Full Name of Mother: Mary Jantzen	Name of Father: John Jantzen	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #85653		By whom issued and signed: Beneficial Life Ins. Co. of Utah	Date Issued: Sep.20,1928	Date Orig. Entry: Sept.4,1928
	Date of Birth: Mar.24,1909	Birth Place: Aberdeen, Idaho	Full Name of Mother: Marie Jantzen	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth		By whom issued and signed: Margaret E. Giesbrecht Age:79	Date Issued: Apr.11,1970	Date Orig. Entry: ---
	Date of Birth: Mar.24,1909	Birth Place: Aberdeen, Idaho	Full Name of Mother: Marie Jantzen	Name of Father: John Jantzen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gl Glenda Larson	Date Filed: January 20,1971

FORM BH 56067

JAN 27 1971

893-126-029-444

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-085

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Edward Hill			2. Date Of Birth (month) (day) (year): December 26, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: John R. Hill			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Mina Ann Mudgett			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Edward Hill		11. Present Address of Registrant: 816 E. Clay Dayton Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 18, 1971	12. Signature of Notary: [signature]		13. Notary Commission expires: 6-19- 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of county birth registration #587		By whom issued and signed: Latah County, Idaho (reported by Dr.Chas.L.Gritman)	Date issued: Dec.8,1969	Date Orig. Entry: Jan.6,1910
	Date of Birth: Dec.26,1909	Birth Place: Moscow, Idaho Latah County	Full Name of Mother: Mina Ann Mudgett	Name of Father: John R. Hill	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #399224	Date issued: ---	Date Orig. Entry: child born Nov.27,1944
	Date of Birth: Age: 34	Birth Place: Moscow, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #3312730		By whom issued and signed: Modern Woodmen of America	Date issued: Feb.26,1926	Date Orig. Entry: Feb.23,1926
	Date of Birth: Dec.26,1909	Birth Place: Moscow, Latah County, Idaho	Full Name of Mother: Nina Ann Hill	Name of Father: John R. Hill	
QUALIFYING INFORMATION					

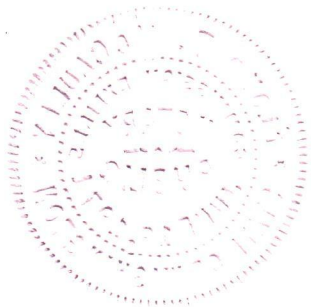
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	gml Glenda Larson	January 29,1971

FORM BH 56067

FEB 8 1971



25572/-035-452

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-095

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Payne Bever
2. Date Of Birth (month) (day) (year): September 21 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Nez Perce
b. City or Town of Birth: Lewiston

FATHER

6. Full Name of Father: Edward Elmer Bever
7. State or Country of Father's Birth: Iowa - USA

MOTHER

8. Full Maiden Name of Mother: Sadie Tawe DeBaun
9. State or Country of Mother's Birth: Walla Walla, Wash. U.S.A

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wm P. Bever
11. Present Address of Registrant: 982 B Mangrove Sunnyvale, Calif

NOTARY (Seal)

Subscribed and sworn to before me on 1/25 1971

12. Signature of Notary: Josephine C. Zichterman
13. Notary Commission expires: 12/6 1974

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
U.S. Passport #G044776	U. S. Dept. of State	Feb.14,1966	Feb.14,1966

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.21,1909	Idaho, U.S.A.	---- -	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	U.S. Department of Commerce Bureau of the Census	Dec.3,1970	Apr.15,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 6 mos.	Idaho	Sadie J. Bever	Edward E. Bever

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of register of births	Nez Perce County, Idaho reported by C.C.Phillips	Jul.10,1970	1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.21,1909	Lewiston, Idaho	Sadie Beaver (nee DeBaum)	E. E. Beaver

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	January 29,1971

FORM BH 56067

1 C.C.pd. rec #6758 (B) 1-8-71 gml

Bever

FEB 1 1971

983-105-033-983

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-101

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Douglas Orr Rytting	2. Date Of Birth (month) April (day) 5 (year) 1909
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: a. County: Lyman Ida Madison Idaho	b. City or Town of Birth: Lyman, Idaho
FATHER	6. Full Name of Father: John A. Rytting	7. State or Country of Father's Birth: Upsala, Sweden
MOTHER	8. Full Maiden Name of Mother: Mariette Orr Rytting	9. State or Country of Mother's Birth: Utah, (Grantsville)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Douglas Orr Rytting; 11. Present Address of Registrant: 554 West Pine St
NOTARY (Seal)	Subscribed and sworn to before me on: 22nd of January 1971	12. Signature of Notary: A B Chase; 13. Notary Commission expires: 11-14 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister		By whom issued and signed: LaRena Rytting Smith (bd.4-25-1892)	Date issued: Jan.22,1971	Date Orig. Entry: ---
	Date of Birth: Apr.5,1909	Birth Place: Lyman, Idaho	Full Name of Mother: Mariette Orr Rytting	Name of Father: John A. Rytting	
SUPPORTING RECORD 2.	Type of Document: Agreement regarding retirement Firemen's Retirement Act		By whom issued and signed: Industrial Accident Board of The State of Idaho	Date issued: Jan.14,1969	Date Orig. Entry: employed July 28,1942
	Date of Birth: Apr.5,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination as a Priest		By whom issued and signed: LDS Church, Acequia Ward, Wm. H. Hansen, Ward Clerk	Date issued: Dec.14,1930	Date Orig. Entry: ordination date Oct.5,1930
	Date of Birth: Apr.5,1909	Birth Place: Lyman, Idaho	Full Name of Mother: Mariette Orr	Name of Father: John A. Rytting	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	gml Glenda Larson	Feb. 1, 1971

FORM BH 56067

1-18-71

FEB 2 1971

238-129-034-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-105

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carl Andrew Schrock	2. Date Of Birth (month) (day) (year): Jan. 29 1909
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: Heyburn; a. County: Minidoka	b. City or Town of Birth: At Home (800W-300S
FATHER	6. Full Name of Father: Edward ~~Buter~~ Buler Schroch	7. State or Country of Father's Birth: Mo.
MOTHER	8. Full Maiden Name of Mother: Minnie Elisbeth Long	9. State or Country of Mother's Birth: Ill.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carl Andrew Schroch; 11. Present Address of Registrant: 850 W 450 S Heyburn, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 18 19 70	12. Signature of Notary: [illegible] Crawford; 13. Notary Commission expires: July 10, 19 74

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #288126	Date issued: ----	Date Orig. Entry: child born Sep.26,1939
	Date of Birth: Age: 30	Birth Place: Heyburn, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Modern Woodmen of America	Date issued: ---	Date Orig. Entry: May 21,1942
	Date of Birth: Jan.29,1909	Birth Place: Heyburn, Idaho Minidoka County	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records		By whom issued and signed: Minidoka County Schools, Rupert ID, Camden B. Meyer, Supt.	Date issued: Jan.27,1971	Date Orig. Entry: 1924-29
	Date of Birth: Jan.29,1909	Birth Place: Minidoka County Heyburn, Idaho	Full Name of Mother: Minnie Elizabeth Long Schrock	Name of Father: Edward B. Schrock	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

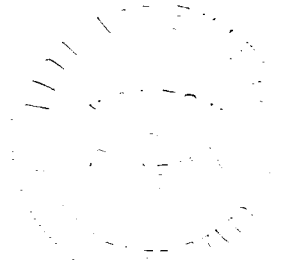
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	February 3,1971

FORM BH 56067

6-18-40

FEB 4 1971



419-215-028-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-138

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ella Elizabeth Martin			2. Date Of Birth (month) (day) (year): April 15, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: George Robert Martin			7. State or Country of Father's Birth: Palouse, Washington
MOTHER	8. Full Maiden Name of Mother: Clara Elizabeth King			9. State or Country of Mother's Birth: Valley City, North Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ella Elizabeth Mull	11. Present Address of Registrant: 275 W. 13th Eugene
NOTARY (Seal) RODNEY A. WAGNER NOTARY PUBLIC - OREGON	Subscribed and sworn to before me on 1971		12. Signature of Notary: Rodney A. Wagner	13. Notary Commission expires: My Commission Expires November 15, 1974 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of return of marriage		By whom issued and signed: Lane County, Oregon	Date Issued: Dec.31,1970	Date Orig. Entry: Sept.5,1936
	Date of Birth: Age: 27	Birth Place: Moscow, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #231411		By whom issued and signed: The Brotherhood of American Yeomen	Date Issued: Apr.20,1925	Date Orig. Entry: Apr.20,1925
	Date of Birth: Apr.15,1909	Birth Place: Idaho	Full Name of Mother: Clara E. Martin	Name of Father: G. R. Martin	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record		By whom issued and signed: Vernon W. Smith, Asst. Supt. for Business Affairs	Date Issued: ---	Date Orig. Entry: 1916
	Date of Birth: Age: 7	Birth Place: ---	Full Name of Mother: ---	Name of Father: G. R. Martin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	Feb. 12, 1971

FORM BH 56067

CC DI IFC #7594

(M) 1-20-71 gml

Mull (nee Martin)

FEB 12 1971

381-204-028-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-143

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Elizabeth Challis			2. Date Of Birth (month) Jan. (day) 4 (year) 1909	
	3. Color or Race: Cauc.	4. Sex: Fe.	5. Place of Birth a. County: Coeur d'Alene, Idaho	b. City or Town of Birth	
FATHER	6. Full Name of Father: Dr Edward Dan Challis			7. State or Country of Father's Birth: Bulgaria	
MOTHER	8. Full Maiden Name of Mother: Sarah Alice Priest			9. State or Country of Mother's Birth: Eureka Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Dora Challis Hall	11. Present Address of Registrant: P.O. Box 896 - Keaau Hawaii 96749	
NOTARY (Seal)	Subscribed and sworn to before me on: February 8 19 71		12. Signature of Notary: [illegible]	13. Notary Commission expires: February 26 19 73	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

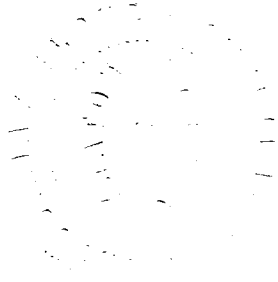
SUPPORTING RECORD 1.	Type of Document: photocopy of application for nurse training		By whom issued and signed: Virginia Mason Hospital, Seattle, Washington	Date Issued: ----	Date Orig. Entry: May 3,1927
	Date of Birth: Jan.4,1909	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: Seattle Public Schools,WA Woodrow S.Samata,Supv.	Date Issued: Dec.29,1970	Date Orig. Entry: Sept.5,1916
	Date of Birth: Jan.4,1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: Dr. E. I. Challis	
SUPPORTING RECORD 3.	Type of Document: Federal Census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Jan.5,1971	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 1	Birth Place: Idaho	Full Name of Mother: Sarah A. Challis	Name of Father: Edward I. Challis	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 12, 1971

FORM BH 56067

12-14-70

FEB 12 1971



546/02 4013 619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-145

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Zahnor Edwards			2. Date Of Birth (month) Sept. (day) 22 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Camas	b. City or Town of Birth: Soldier
FATHER	6. Full Name of Father: John Lyon Edwards			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Nancy Margarett Wardrop			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Zahnor Edwards		11. Present Address of Registrant: Fairfield Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 9 1971	12. Signature of Notary: Robert L. Newhouse		13. Notary Commission expires: March 13 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: State of Idaho # 196239	Date Issued: -----	Date Orig. Entry: Child born Nov 13,1931
	Date of Birth: Age 22 yrs	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Family Bible		By whom issued and signed: Family	Date Issued: ----	Date Orig. Entry: Obviously Old
	Date of Birth: Sept. 22,1909	Birth Place: Soldier, Idaho	Full Name of Mother: Margarett Wardrop	Name of Father: John L. Edwards	
SUPPORTING RECORD 3.	Type of Document: Copy of Electors Oath	Fairfield Precinc	By whom issued and signed: Estelle Vaught, County Recorder Helen Struble, Camas County	Date Issued: Dec.31,1970	Date Orig. Entry: Sept 25,1930
	Date of Birth: 1909	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sl Florence Curtright	Date Filed: Feb. 12,1971

FORM BH 56067

FEB 12 1971

285724-029-842

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-146

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raynold-Conrad-Shepherd			2. Date Of Birth (month) 10 (day) 24 (year) 09
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Troy
FATHER	6. Full Name of Father: Nim-Rod-Shepherd			7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Maud-Alta-Hubert			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raynold Conrad Shepherd		11. Present Address of Registrant: TROY, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: JANUARY 28 19 71	12. Signature of Notary: Lloyd G. Martinson / LLOYD G. MARTINSON		13. Notary Commission expires: OCTOBER 5 19 71.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Jennie Marie Bachman (bd.2-6-1896)		Date Issued: Feb.9,1971	Date Orig. Entry: ---
	Date of Birth: Oct.24,1909	Birth Place: Troy, Idaho	Full Name of Mother: Maud Alta Hubert	Name of Father: Nim Rod Shepherd	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #421483		Date Issued: ----	Date Orig. Entry: child born June 26,1946
	Date of Birth: Age: 36	Birth Place: Troy, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge	By whom issued and signed: U.S. Army, John Hayes, Major, AUS, HQ Camp Gruber, OK		Date issued: discharged Sep.20,1945	Date Orig. Entry: inducted Jan.18,1943
	Date of Birth: Oct.24,1909	Birth Place: Troy, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Barron	Glenda Larson	Feb. 16, 1971

FORM BH 56067

7-17-70

FEB 17 1971

DECEASED

154-205-003-067

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-147

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bergetta Andrus			2. Date Of Birth (month) June (day) 9 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Thatcher
FATHER	6. Full Name of Father: Franklin William Andrus			7. State or Country of Father's Birth: Franklin, Idaho
MOTHER	8. Full Maiden Name of Mother: Harriet Dessie Hogan			9. State or Country of Mother's Birth: Richmond, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bergetta Tuckett		11. Present Address of Registrant: Bergetta Tuckett
NOTARY (Seal)	Subscribed and sworn to before me on: February 16 1971	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 1-20- 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother Age 71	By whom issued and signed: Clauson Andrus		Date Issued: 2-16-71	Date Orig. Entry: ------
	Date of Birth: Jun.9,1909	Birth Place: Thatcher, Idaho	Full Name of Mother: Harriet Dessie Hogan	Name of Father: Franklin William Andrus	
SUPPORTING RECORD 2.	Type of Document: Family Record	By whom issued and signed: L.D.S.Church - Genealogy Book		Date Issued: 1962	Date Orig. Entry: ----
	Date of Birth: Jun.9,1909	Birth Place: Thatcher, Idaho	Full Name of Mother: Harriet Dessie Hogan	Name of Father: Franklin Andrus	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Salt Lake County Salt Lake, Utah		Date Issued: 1931	Date Orig. Entry: Married Aug. 1, 1931
	Date of Birth: Age 22	Birth Place: ----	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Feb. 16, 1971

FORM BH 56067

FEB 17 1971

231-216-039-292

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-158

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel D Stanton			2. Date Of Birth (month) 6 (day) 16 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Latah	b. City or Town of Birth: Kendrick
FATHER	6. Full Name of Father: Hugh D Stanton			7. State or Country of Father's Birth: Carlton Illinois
MOTHER	8. Full Maiden Name of Mother: Maude Elton Bibb			9. State or Country of Mother's Birth: Montgomery City Mo
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel D Cox		11. Present Address of Registrant: 1144-14 Ave
NOTARY (Seal)	Subscribed and sworn to before me on SEP 8 1970 19	12. Signature of Notary: Byron L. LaRocque		13. Notary Commission expires: May 25 19 73

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of a pagesfrom family Bible	By whom issued and signed: Family Records in Bible	Date Issued: May 15,1968	Date Orig. Entry: appears old
	Date of Birth: June 16,1909 / Birth Place: Kendrick, Idaho	Full Name of Mother: Maude Elton Stanton	Name of Father: Hugh D. Stanton	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital record of own child's birth	By whom issued and signed: St. Joseph's Hospital, Lewiston, Idaho	Date Issued: ----	Date Orig. Entry: child born Jan.21,1931
	Date of Birth: June 16,1909 / Birth Place: Kendrick, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Latah County, Idaho Dist. #24 census report	Date Issued: Nov.6,1967	Date Orig. Entry: Sept.2,1919
	Date of Birth: Age:10 / Birth Place: ---	Full Name of Mother: ----	Name of Father: Hugh Stanton	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Larson	gml Glenda Larson	Feb. 19, 1971

FORM BH 56067

FEB 22 1971

568-230-009-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-162

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian Doris Ewing			2. Date of Birth (month) (day) (year): December 30, 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Sandpoint
FATHER	6. Full Name of Father: Arthur James Ewing			7. State or Country of Father's Birth: Michigan, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Frances Lillian Galusha			9. State or Country of Mother's Birth: Michigan, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Doris Ewing Buck		11. Present Address of Registrant: Lakeside, Sandpoint, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: January 12 1971	12. Signature of Notary: Robert L. Byers		13. Notary Commission expires: January 18 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of county record of birth	By whom issued and signed: Bonner County, Idaho Book 1, Page 13	Date Issued: Feb.12,1971	Date Orig. Entry: ---
	Date of Birth: Dec.30,1909 / Birth Place: Sandpoint, Idaho Bonner County	Full Name of Mother: Frances Galusha	Name of Father: Arthur J. Ewing	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Bonner County School Dist.#82 Wayne Hagadone, clerk-treas.	Date Issued: Feb.12,1971	Date Orig. Entry: Sept. 1917
	Date of Birth: Dec.30,1909 / Birth Place: ---	Full Name of Mother: ---	Name of Father: Arthur Ewing	
SUPPORTING RECORD 3.	Type of Document: Statement regarding newpaper notice ofbirth	By whom issued and signed: The Sandpoint News-Bulletin Gary L.Pietsch, co-publisher	Date Issued: Feb.12,1971	Date Orig. Entry: Jan.4,1910
	Date of Birth: last Thurs. / Birth Place: ---	Full Name of Mother: Mrs. A. J. Ewing	Name of Father: Mr. A. J. Ewing	

QUALIFYING INFORMATION

Affidavit by friend and former neighbor at time of birth, Geneva Gill, Age 75, dated Feb. 1, 1971 gives born at home in Sandpoint, Idaho to Arthur James Ewing and Frances Lillian Galusha. About December 30, 1909

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Glenda Larson	Feb. 19, 1971

FORM BH 56067

FEB 22 1971

753-201-003-256

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-166

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jeannett Ivy Peck		2. Date of Birth (month) (day) (year): December 1 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Ivans, Idaho Bannock; b. City or Town of Birth: Ivans
FATHER	6. Full Name of Father: Everret Peck		7. State or Country of Father's Birth: Wyoming
MOTHER	8. Full Maiden Name of Mother: Olive Knowles		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jeannett Ivy Peck Peterson	11. Present Address of Registrant: %Utah Power & Light Grace, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 9 1971	12. Signature of Notary: [illegible]	13. Notary Commission expires: April [illegible] 1971

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Membership	By whom issued and signed: L.D.S. Church	Date Issued: Aug.16,1951	Date Orig. Entry: Baptized July 26,1919	
	Date of Birth: Dec.1,1909	Birth Place: Ivins,Idaho	Full Name of Mother: Olive Knowles	Name of Father: Everett Peck	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 195283	Date Issued: ----	Date Orig. Entry: child born ~~Oct 19,1931~~	
	Date of Birth: Age 21	Birth Place: Ivins, Idaho	Full Name of Mother: ------	Name of Father: - ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother Age	By whom issued and signed: Olive Peck Goodsell	Date Issued: Nov.1,1970	Date Orig. Entry: -- --	
	Date of Birth: Dec.1,1909	Birth Place: Ivans, Idaho	Full Name of Mother: Olive Peck (Knowles)	Name of Father: Everret Peck	
QUALIFYING INFORMATION					

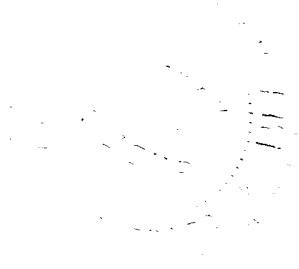
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb.22,1971

FORM BH 56067

FEB 22 1971



355209-001-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-173

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Alice Teeter			2. Date Of Birth (month) Sept. (day) 9 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: ADA	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: William B. Teeter			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Emma Alice Born			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emma Bienapfl		11. Present Address of Registrant: 1518 Rand St. Boise
NOTARY (Seal)	Subscribed and sworn to before me on: February 19 1971	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own Childs birth certificate		By whom issued and signed: State of Idaho File # 209810	Date issued: -------	Date Orig. Entry: Child born Jan.30,1933
	Date of Birth: Age 23 yrs	Birth Place: Boise, Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister age 70yrs		By whom issued and signed: Maude F. Bourner	Date issued: Feb. 22,1971	Date Orig. Entry: -----
	Date of Birth: Sept9,1909	Birth Place: Idaho	Full Name of Mother: Emma Alice(Teeter) Born	Name of Father: William B. Teeter	
SUPPORTING RECORD 3.	Type of Document: Hospital Record		By whom issued and signed: St. Alphonsus Hospital	Date issued: Feb 23,1971	Date Orig. Entry: Patient 1933
	Date of Birth: Age 23	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sl Florence Curtright	Feb.23,1971

FORM BH 56067

Kim & Pfl

FEB 23 1971

469-202-010-163

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-193

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Mildred Morden
2. Date Of Birth (month) 12 (day) 2 (year) 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth — a. County: Bonneville; b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: Stephen Richard Morden
7. State or Country of Father's Birth: Canada

MOTHER

8. Full Maiden Name of Mother: Lellah Jolley
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy Morden Wagele
11. Present Address of Registrant: 22 La Cuesta Dr. San Rafael, Calif. 94901

NOTARY (seal)

Subscribed and sworn to before me on January 19 1971

12. Signature of Notary: Mildred O Phillips
13. Notary Commission expires: 5-1- 1974

MILDRED O. PHILLIPS NOTARY PUBLIC CALIFORNIA MARIN COUNTY My Commission Expires May 1, 1974

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License and Certificate #63840	Alameda County, California Book 205, page 880	Apr.30,1933	Apr.22,1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 23	Idaho	---	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
U.S. Passport #D177404	Secretary of The State	Apr.11,1963	Apr.11,1963

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.2,1909	Idaho, U.S.A.	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by step father	Marshall Radcliff Age:80	Feb.22,1971	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.2,1909	Idaho Falls, IDAHO	Lellah M. Morden	Stephen Richard Morden

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	March 8, 1971

FORM BH 56067

MAR 9 1971

795-214-022-847

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-194

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Genevieve Rose Greene		2. Date Of Birth (month) April (day) 14 (year) 1909
	3. Color or Race: White	4. Sex: F.	5. Place of Birth: Home a. County: Freemont b. City or Town of Birth: Teton Idaho
FATHER	6. Full Name of Father: Alphus Theron Greene		7. State or Country of Father's Birth: Lehi, Utah
MOTHER	8. Full Maiden Name of Mother: Ruth Hughes		9. State or Country of Mother's Birth: Mendon, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Genevieve R. Wright	11. Present Address of Registrant: 803 Yakima Filer, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 11 1970	12. Signature of Notary: Frances L. Wells	13. Notary Commission expires: November 1 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy 14-332-763	By whom issued and signed: The Prudential Ins. Company of America	Date issued: ----	Date Orig. Entry: Sept.9,1946
	Date of Birth: Apr.14,1909 / Birth Place: Teton City, Idaho USA	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Magic Valley Memorial Hospital Statement of admission	By whom issued and signed: Mary Lou England, Med.Rec.Lib. Twin Falls, Idaho	Date issued: Feb.9,1971	Date Orig. Entry: Feb.28,1953
	Date of Birth: Apr.14,1909 / Birth Place: Teton City, Idaho	Full Name of Mother: Ruth Hughes	Name of Father: Alphus Green	
SUPPORTING RECORD 3.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church, Filer Ward, Raymond R. Hepworth, Bishop	Date issued: ---	Date Orig. Entry: baptized Oct.5,1918
	Date of Birth: Apr.14,1909 / Birth Place: Teton City, Idaho Fremont County	Full Name of Mother: Ruth Hughs	Name of Father: Alphus Theron Green	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	gml Glenda Larson	March 8, 1971

FORM BH 56067

1-8-71

Wright

MAR 9 1971

964-219-012-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-206

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Annie Elizabeth Rodgers			2. Date Of Birth (month) May (day) 19 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Howe a. County: Butte	b. City or Town of Birth: Howe
FATHER	6. Full Name of Father: Joseph Robert Rodgers			7. State or Country of Father's Birth: Idaho Blaine County
MOTHER	8. Full Maiden Name of Mother: Edith Larsen			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Annie Elizabeth Rodgers		11. Present Address of Registrant: 361 Orchid Lane, Pomona, Cal. Apt 4
NOTARY (Seal)	Subscribed and sworn to before me on: December 17 19 70	12. Signature of Notary: Grace Williams		13. Notary Commission expires: Jan. 14 19 71

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #162804	Date issued: ---	Date Orig. Entry: child born June 5, 1928
	Date of Birth: Age: 19	Birth Place: Howe, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Federal Census record		By whom issued and signed: U.S. Department of Commerce Bureau of the census	Date issued: Feb.22,1971	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 10	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: Joseph Rodgers	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person who lived in same apt. house at birth		By whom issued and signed: Helen Rodgers Age:77	Date issued: Feb.19,1971	Date Orig. Entry: ---
	Date of Birth: May 19,1909	Birth Place: Howe, Idaho	Full Name of Mother: Edith Larson Rodgers	Name of Father: Joseph R. Rodgers	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	March 10, 1971

FORM BH 56067

1 copy paid rec 29578 (present 11-6-70 gml) (W) 3-19-68

Wynne

MAR 11 1971

465-231-036-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-211

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irma Monson		2. Date Of Birth (month) Dec (day) 31 (year) 1909
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Franklin Oneida; b. City or Town of Birth: Franklin
FATHER	6. Full Name of Father: EZRA PETER MONSON		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Olive Smart Parkinson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irma M. Stuart	11. Present Address of Registrant: Hyattsville, Md.
NOTARY (Seal)	Subscribed and sworn to before me on: 18th February 1971	12. Signature of Notary: Eleanor E. Hooney	13. Notary Commission expires: 7-1-1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother	By whom issued and signed: Matthias Parkinson Monson (10 yrs, older)	Date issued: Oct.16,1970	Date Orig. Entry: ---
	Date of Birth: Dec.31,1909 / Birth Place: ---	Full Name of Mother: Olive Smart Parkinson	Name of Father: Ezra Peter Monson	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Franklin, Idaho	Date issued: Feb.18,1971	Date Orig. Entry: blessed Mar.6,1910
	Date of Birth: Dec.31,1909 / Birth Place: Franklin, Idaho	Full Name of Mother: Olive Parkinson	Name of Father: Ezra P. Monson	
SUPPORTING RECORD 3.	Type of Document: Own Child's Birth certificate Certified copy	By whom issued and signed: Town of Greenbelt, Maryland Town Clerk	Date issued: Aug.25,1941	Date Orig. Entry: child born Aug.16,1941
	Date of Birth: Dec.31,1909 / Birth Place: Franklin, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Glenda Larson	March 11, 1971

FORM BH 56067

MAR 12 1971

239-212-001-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-217

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ETHELYN KATHERINE STIFF			2. Date Of Birth (month) June (day) 12 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Robert Emmett Stiff			7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Stella Bertha McLane			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethelyn Katherine Brashears		11. Present Address of Registrant: 1141 North 9th St., Payette, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 26, 19 71	12. Signature of Notary: Jane Raby		13. Notary Commission expires: February 1, 19 73

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #542-30-8261	By whom issued and signed: Social Security Administration	Date Issued: ---	Date Orig. Entry: Apr.9,1946
	Date of Birth: June 12,1909 / Birth Place: Boise, Idaho Ada County	Full Name of Mother: Stella Bertha McLane	Name of Father: Robert Emmett Stiff	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #167632	Date Issued: ---	Date Orig. Entry: child born Jan.19,1929
	Date of Birth: Age: 19 / Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: certified copy of high school cumulative record card	By whom issued and signed: Boise High School, Loyle V. Washam, Supv. of Records	Date Issued: Jan.26,1971	Date Orig. Entry: 1924-25
	Date of Birth: June 12,1909 / Birth Place: Boise	Full Name of Mother: ---	Name of Father: R. E. Stiff	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: Glenda Larson	Date Filed: March 15, 1971

FORM BH 56067

MAR 1 5 1971

155-28-036-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-231

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lamonte Antone Jensen		2. Date of Birth (month) Nov. (day) 28 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Weston, Idaho
FATHER	6. Full Name of Father: Franklin Jensen		7. State or Country of Father's Birth: Weston Idaho Oneida
MOTHER	8. Full Maiden Name of Mother: Sarah Maude Jacobs Jensen		9. State or Country of Mother's Birth: Salem, Ida. Fremont
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LaMonte Antone Jensen	11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: November 25, 1970	12. Signature of Notary: Wayne F. Burr	13. Notary Commission expires: May 8, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Sarah Maude Jensen	Date Issued: Oct.28,1970	Date Orig. Entry: ---
	Date of Birth: Nov.28,1909 / Birth Place: Weston, Idaho	Full Name of Mother: Sarah Maude Jacobs	Name of Father: Franklin Jensen	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #1601	By whom issued and signed: State of Utah	Date Issued: Apr.10,1963	Date Orig. Entry: child born June 24,1957
	Date of Birth: Age: 47 / Birth Place: Weston, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church,Oneida St.Weston, Ward,members #19018 line 176	Date Issued: Mar.3,1971	Date Orig. Entry: Feb.6,1910
	Date of Birth: Nov.28,1909 / Birth Place: Weston, Oneida County, Idaho	Full Name of Mother: Maud Jacobs	Name of Father: Franklin Jensen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: March 19,1971

FORM BH 56067

MAR 1 9 1971

689-124-023-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-245

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Edison Whipple			2. Date Of Birth (month) (day) (year): June 24, 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Emmett Gem	b. City or Town of Birth: Emmett	
FATHER	6. Full Name of Father: John Q. Whipple			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Sarah Manda Conrad			9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: George Edison Whipple	11. Present Address of Registrant: 103 North Third Street Nyssa, Oregon 97913	
NOTARY (Seal)	Subscribed and sworn to before me on: January 27 19 71		12. Signature of Notary: Dee Stump	13. Notary Commission expires: February 23 19 72	

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records		By whom issued and signed: Malheur Co. Schools, Oregon Dist.#26, Leroy Paulsen, Supt.	Date Issued: Feb.4,1971	Date Orig. Entry: Nov.1,1922
	Date of Birth: Age: 13	Birth Place: ---	Full Name of Mother: Mrs. J. I. Whipple	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #201		By whom issued and signed: State of Oregon Vital Statistics Section	Date Issued: Jan.11,1971	Date Orig. Entry: child born June 4,1940
	Date of Birth: Age: 30	Birth Place: Emmett, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister		By whom issued and signed: Tessie Clifford (b.d. 3-11-1885)	Date Issued: Mar.5,1971	Date Orig. Entry: ---
	Date of Birth: June 24,1909	Birth Place: rural Emmett*	Full Name of Mother: Sarah Conrad Whipple	Name of Father: John Q. Whipple	
QUALIFYING INFORMATION	*location then known as Falk's Store, between Emmett, Idaho and New Plymouth, Idaho"				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: March 23, 1971

FORM BH 56067

1-18-71

MAR 23 1971

SEP 04 1997

381-120-001-669

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-249

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Antone Chacartegui		2. Date of Birth (month) November (day) 20 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Jose Chacartegui		7. State or Country of Father's Birth: Spain
MOTHER	8. Full Maiden Name of Mother: Lucasia Foruria		9. State or Country of Mother's Birth: Spain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Antone Chacartegui	11. Present Address of Registrant: Route 5, Nampa
NOTARY (Seal)	Subscribed and sworn to before me on: March 23, 1971	12. Signature of Notary: [signature]	13. Notary Commission expires: Jan. 31 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: St. John's Cathedral	Date Issued: Sept. 11, 1970	Date Orig. Entry: Baptized Jan. 27, 1910
	Date of Birth: Nov. 20, 1909	Birth Place: Boise, Idaho	Full Name of Mother: Lucasia Foruria	Name of Father: Jose Chacartegui
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 278699	Date Issued: ---	Date Orig. Entry: child born April 1, 1939
	Date of Birth: Age 29	Birth Place: Boise, Idaho	Full Name of Mother: -------	Name of Father: - ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin Age 80 yrs	By whom issued and signed: Julio Gabiola	Date Issued: March 23, 1971	Date Orig. Entry: ---------
	Date of Birth: Nov. 20, 1909	Birth Place: Boise, Idaho	Full Name of Mother: Lucasia Foruria	Name of Father: Jose Chacartegui
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Sue Lowe	March 23, 1971

FORM BH 56067 1 Copy Paid

MAR 23 1971

659-125-009-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-252

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Samuel John Ferraro			2. Date Of Birth (month) (day) (year): January 25, 1909	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Sandpoint	
FATHER	6. Full Name of Father: George Ferraro			7. State or Country of Father's Birth: Italy	
MOTHER	8. Full Maiden Name of Mother: Anna Severani			9. State or Country of Mother's Birth: Italy	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Samuel J. Ferraro		11. Present Address of Registrant: 1806 N. 4th St., Coeur d'Alene Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 19 1971	12. Signature of Notary: [illegible]		13. Notary Commission expires: May 5, 1972	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Joseph's Church, Sandpoint, ID, Rev. James Kelly		Date Issued: Mar.13,1957	Date Orig. Entry: baptized Feb.24,1909
	Date of Birth: Jan.25,1909	Birth Place: Sandpoint, Idaho	Full Name of Mother: Severino Ferraro (Anna)	Name of Father: George Ferraro	
SUPPORTING RECORD 2.	Type of Document: certified copy of County Register of Births Bk.1,pg.8	By whom issued and signed: Bonner County, Idaho - reported by M.McKinnon,M.D.		Date Issued: Dec.29,1941	Date Orig. Entry: ----
	Date of Birth: Jan.25,1909	Birth Place: Sandpoint, Idaho	Full Name of Mother: Mrs. Joe Farriro	Name of Father: Joe Farriro	
SUPPORTING RECORD 3.	Type of Document: Marriage License #1571	By whom issued and signed: Sanders County, Montana, J.P. Sheridan, Justice of the Peace		Date Issued: Nov.24,1942	Date Orig. Entry: Nov.24,1942
	Date of Birth: Age: 33	Birth Place: Sandpoint, Idaho	Full Name of Mother: Anna Severni	Name of Father: George Ferraro	

QUALIFYING INFORMATION

Affidavit by brother, Joseph Ferraro (bd.1891), dated March 15, 1971 states, Samuel John Ferraro was born January 25, 1909 at Sandpoint, Idaho to Mr. and Mrs. George Ferraro.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Beeson	Glenda Larson	March 24, 1971

FORM BH 56067

MAR 25 1971

213-230-226-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-255

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ora Ball			2. Date of Birth (month) July (day) 30 (year) 1909	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Lewisville, Jefferson	b. City or Town of Birth: Lewisville, Idaho	
FATHER	6. Full Name of Father: Alfred William Ball			7. State or Country of Father's Birth: Vernon, Tooele Couty, Utah	
MOTHER	8. Full Maiden Name of Mother: Ann Taylor Walker			9. State or Country of Mother's Birth: Leamington, Willard County, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ora B. Young		11. Present Address of Registrant: P. O. Box 404, Lewisville, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 12 1971	12. Signature of Notary: X Robert J. Barnes		13. Notary Commission expires: July 9 1973	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by maternal aunt	By whom issued and signed: Leonora W. Erickson Age:72		Date Issued: July 6,1967	Date Orig. Entry: ---
	Date of Birth: July 30,1909	Birth Place: Lewisville	Full Name of Mother: Ann Taylor Walker Ball	Name of Father: Alfred William Ball	
SUPPORTING RECORD 2.	Type of Document: photocopy of pages from Family Bible	By whom issued and signed: Family Records in Bible		Date Issued: Mar.12,1971	Date Orig. Entry: obviously old
	Date of Birth: July 30,1909	Birth Place: Lewisville, Idaho	Full Name of Mother: Ann Taylor Walker	Name of Father: Alfred William Ball	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license affidavit	By whom issued and signed: Jefferson County, Idaho		Date Issued: Mar.11,1971	Date Orig. Entry: Nov.11,1940
	Date of Birth: Age: 31	Birth Place: Lewisville, Idaho	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	March 24, 1971

FORM BH 56067

MAR 30 1971

962-126-003-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-266

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leroy Neils Rosdahl			2. Date of Birth (month) April (day) 26 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Central
FATHER	6. Full Name of Father: John F. Rosdahl			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Amanda Petersen			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LeRoy N Rosdahl		11. Present Address of Registrant: Rt 3 Caldwell
NOTARY (Seal)	Subscribed and sworn to before me on: March 26 19 71	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Family	Date Issued: Mar.15,1923	Date Orig. Entry: ----	
	Date of Birth: Apr.26,1909	Birth Place: Central, Idaho	Full Name of Mother: Amanda Petersen	Name of Father: John F. Rosdahl	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L.D.S.Church	Date Issued: Jun.30,1917	Date Orig. Entry: Blessed May 3,1909	
	Date of Birth: Apr.26,1909	Birth Place: Central, Idaho	Full Name of Mother: Amanda Petersen	Name of Father: John F. Rosdahl	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Protective Assn.	Date Issued: Jan.19,1942	Date Orig. Entry: Jan.16,1942	
	Date of Birth: Apr.26,1909	Birth Place: Central, Idaho	Full Name of Mother: ---------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: March 26,1971

FORM BH 56067

MAR 26 1971

692

795-211-036-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-278

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucy Pierson		2. Date Of Birth (month) (day) (year): Jan. 11 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Daniels
FATHER	6. Full Name of Father: Samuel Levi Pierson		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ellen Areta Stevenson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucy P. Evans	11. Present Address of Registrant: 662 Moreland Ave. Pocatello,
NOTARY (Seal)	Subscribed and sworn to before me on: March 18 1971	12. Signature of Notary: Glenden K. Scott	13. Notary Commission expires: Dec. 20 1972

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister		By whom issued and signed: Margaret Pierson Christophersen (bd. 3-7-1893)	Date Issued: Mar. 31, 1971	Date Orig. Entry: --
	Date of Birth: Jan. 11, 1909	Birth Place: Daniels, Idaho Oneida County	Full Name of Mother: Ellen Areta Stevenson Pierson	Name of Father: Samuel Levi Pierson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Firth Ward, Louis E. Henderson, Bishop	Date Issued: Mar. 18, 1945	Date Orig. Entry: baptized Mar. 18, 1945
	Date of Birth: Jan. 11, 1909	Birth Place: Daniels, Idaho Oneida County	Full Name of Mother: Ellen Areta Stevenson	Name of Father: Samuel Levi Pierson	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy 640,881,174MS		By whom issued and signed: The Metropolitan Life Ins. Co.	Date Issued: Aug. 1, 1964	Date Orig. Entry: July 6, 1964
	Date of Birth: Jan. 11, 1909	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: March 31, 1971

FORM BH 56067

APR 2 1971

MAY 1 2 1971

355-229-006-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De 71-293**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Flora Alonnie Lee			2. Date Of Birth (month) October (day) 29 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Jabez Carter Lee			7. State or Country of Father's Birth: Utah - Davis County
MOTHER	8. Full Maiden Name of Mother: Rena Burgess			9. State or Country of Mother's Birth: Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Flora A. Ashley		11. Present Address of Registrant: 105 Roosevelt Mtn. Home, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 3-23- 1971	12. Signature of Notary: Anne F. Ashley		13. Notary Commission expires: 8-25- 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of federal census records - Arco precinct	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Nov.19,1970	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 6 mos.	Birth Place: Idaho	Full Name of Mother: Rena Lee	Name of Father: Jabey Lee
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital insurance statement	By whom issued and signed: Blue Cross Idaho Hospital Service, Inc.	Date Issued: ---	Date Orig. Entry: Feb.7,1962
	Date of Birth: Oct.29,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #48-14790	Date Issued: ----	Date Orig. Entry: child born Dec.7,1948
	Date of Birth: Age: 39	Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	April 7, 1971

FORM BH 56067

10-23-69

APR 13 1971

696-204-021-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De 71-297**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Fifield			2. Date Of Birth (month) Dec (day) 4 (year) 1909	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Weston	
FATHER	6. Full Name of Father: Wesley Andrew Fifield			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Abigail Kilbourn Fife			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Margaret Fifield	11. Present Address of Registrant: Weston Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 5 1971		12. Signature of Notary: Lyman W Merrill	13. Notary Commission expires: March 7 1975	

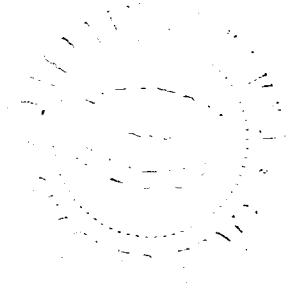
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Anna Gassman, clk. Weston Ward	Date Issued: Mar.6,1910	Date Orig. Entry: blessed Dec.12,1909
	Date of Birth: Dec.4,1909	Birth Place: Weston, Idaho	Full Name of Mother: Abbie Fife	Name of Father: Wesley A. Fifield	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Continental Life Ins. Co., St. Louis, Missouri	Date Issued: ----	Date Orig. Entry: May 5,1931
	Date of Birth: Dec.4,1909	Birth Place: Weston, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend of parents who lived in Weston most of her life		By whom issued and signed: Bertha O. Griffits Age:73	Date Issued: Apr.6,1971	Date Orig. Entry: ---
	Date of Birth: Dec.4,1909	Birth Place: Weston, Idaho	Full Name of Mother: Abbie K. Fife	Name of Father: Wesley A. Fifield	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: April 8, 1971

FORM BH 56067

APR 7 1971



238-104-016-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-308

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: OTTO. FELIX. SCHNEIDER.		2. Date Of Birth (month) MAY (day) 4TH (year) 1909
	3. Color or Race: WHITE.	4. Sex: MALE.	5. Place of Birth a. County: BURLEY. IDAHO. CASSIA. b. City or Town of Birth: BURLEY. IDAHO
FATHER	6. Full Name of Father: FRANK. WILLIAM. SCHNEIDER.		7. State or Country of Father's Birth: WEST. PLAINS. MISSOURI.
	8. Full Maiden Name of Mother: HATTIE B. BARNETT.		9. State or Country of Mother's Birth: WEST. PLAINS. MISSOURI.
	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Otto F. Schneider	11. Present Address of Registrant: 4423 Carpenter Lancaster, Calif.
	Subscribed and sworn to before me on: March 15 1971	12. Signature of Notary: Gilbert R Gregory	13. Notary Commission expires: Sept 26 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of military discharge	By whom issued and signed: U.S. Army, Alvin O. Mark. Col. Air Corps	Date Issued: discharged Sept 23, 1945	Date Orig. Entry: inducted May 20, 1942
	Date of Birth: May 4, 1909 / Birth Place: Burley, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The National Reserve Life Insurance Co., Topeka, KS	Date Issued: ---	Date Orig. Entry: July 22, 1948
	Date of Birth: May 4, 1909 / Birth Place: Burley, Idaho	Full Name of Mother: Hattie B. Schneider	Name of Father: Frank W. Schneider	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Bankers Life Ins. Co. of Nebraska	Date Issued: Jan. 24, 1958	Date Orig. Entry: Jan. 23, 1958
	Date of Birth: May 4, 1909 / Birth Place: Burley, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Barron	Glenda Larson	April 13, 1971

FORM BH 56067

APR 1 3 1971

219-205-030-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-319

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alta L. Barton		2. Date of Birth (month) (day) (year): Feb. 5 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ulysses, Idaho Lemhi — b. City or Town of Birth: Ulysses, Idaho
FATHER	6. Full Name of Father: Peter J. Barton		7. State or Country of Father's Birth: U.S.A.
MOTHER	8. Full Maiden Name of Mother: Alta A. Callahan		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alta L. Moore	11. Present Address of Registrant: 741 4th Ave Yuma, Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: 4-1-71 19__	12. Signature of Notary: Mary Betty Zigich	13. Notary Commission expires: 6-16 19 73

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of federal census record - Lemhi Co., Idaho		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Sept.15,1970	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 1	Birth Place: Idaho	Full Name of Mother: Alta Barton	Name of Father: P. J. Barton	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate		By whom issued and signed: State of Montana	Date Issued: Mar.17,1971	Date Orig. Entry: child born Oct.29,1937
	Date of Birth: Age: 28	Birth Place: Ulysses, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record		By whom issued and signed: Butte High School entered from Ulysses, Idaho	Date Issued: Sep.3,1965	Date Orig. Entry: Sept.10,1923
	Date of Birth: Feb.5,1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	April 16, 1971

FORM BH 56067

4-16-71

APR 16 1971

393-207-214-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-325

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Irene Lilly			2. Date of Birth (month) (day) (year): August 2, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Parma
FATHER	6. Full Name of Father: John Irvin Lilly			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Cynthia Lent			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Mabel Irene Lilly Moyer		11. Present Address of Registrant: 426 SALINAS RD. Watsonville, California
	NOTARY (Seal) OFFICIAL SEAL NANCY J. LEWIS NOTARY PUBLIC - CALIFORNIA COUNTY OF SANTA CRUZ My Commission Expires December 25, 1972 — Subscribed and sworn to before me on APRIL 16, 1971	12. Signature of Notary: Nancy J. Lewis		13. Notary Commission expires: DECEMBER 25, 1972

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County Record of birth	By whom issued and signed: Page 46 - Register of Births Canyon County, Idaho	Date Issued: Oct.4,1961	Date Orig. Entry: reported Aug.2,1909
	Date of Birth: Aug.2,1909 / Birth Place: Parma, Idaho	Full Name of Mother: Cynthia Lent Lilly	Name of Father: John Irvin Lilly	
SUPPORTING RECORD 2.	Type of Document: Federal Census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Sep.30,1970	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age:9 mos. / Birth Place: Idaho	Full Name of Mother: Cynthia Lily	Name of Father: John Lily	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: The Methodist Church, Rev. Luis Bove, Sutherlin, Oregon	Date Issued: ---	Date Orig. Entry: baptized Apr.18,1954
	Date of Birth: Aug.2,1909 / Birth Place: Parma, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Larson	fc gml Glenda Larson	April 20, 1971

FORM BH 56067

4-9-91 gml

APR 20 1971

419-206-009-869

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-326

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fern Madge Evelyn Maine	2. Date Of Birth (month) (day) (year): March 6 1909
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Bonner	b. City or Town of Birth: Chance Post Office
FATHER	6. Full Name of Father: Morton Devereau Maine	7. State or Country of Father's Birth: Wisconsin State
MOTHER	8. Full Maiden Name of Mother: Mary May Hoisington	9. State or Country of Mother's Birth: Minnesota State
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fern E. Stengel; 11. Present Address of Registrant: 8504 East Knox Spokane WN.
NOTARY (Seal)	Subscribed and sworn to before me on: June 7th 1969	12. Signature of Notary: Gretchen M. Rollis; 13. Notary Commission expires: 11/24/ 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of family record	By whom issued and signed: Family Record	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Mar.6,1909; Birth Place: Chance, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Age:77	By whom issued and signed: Warren E. Maine	Date issued: Jan.2,1971	Date Orig. Entry: ----
	Date of Birth: Mar.6,1909; Birth Place: Chance, Idaho	Full Name of Mother: May M. Maine	Name of Father: Morton Devereau Maine	
SUPPORTING RECORD 3.	Type of Document: certified copy of certificate of marriage #42518	By whom issued and signed: Spokane County, Washington	Date issued: Apr.15,1971	Date Orig. Entry: July 3,1929
	Date of Birth: Age: 20; Birth Place: Idaho	Full Name of Mother: May Hoisington	Name of Father: Morton Maine	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	April 20, 1971

FORM BH 56067 1CP pdl rec # 4724 12-4-68

APR 20 1971

213-216-014-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-71-327

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Pearl Marie [redacted] Sala
2. Date Of Birth (month) May (day) 16 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: CANYON
b. City or Town of Birth: Nampa Idaho

FATHER

6. Full Name of Father: Samuel Edwin Sala
7. State or Country of Father's Birth: Mosko Missouri

MOTHER

8. Full Maiden Name of Mother: Mary Bell Taylor
9. State or Country of Mother's Birth: Mosko missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Pearl Marie Cheek
11. Present Address of Registrant: 5710 S. Grant Littleton Colo

NOTARY (Seal)

Subscribed and sworn to before me on February 26 1971

12. Signature of Notary: J. A Barton
13. Notary Commission expires: 1-4 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of page from family Bible- notarized	Family Records in Bible	---	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 16,1909	Nampa, Idaho	Mary B. Sala	Samuel E. Sala

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding hospital records	Maxine L. Rush,RRL, Med.Rec. Dept.,Swedish Medical Center,Littleton,CO	Dec.22,1970	Sept.6,1959

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 16,1909	----	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth certificate	State of Oklahoma	Apr.13,1971	child born Sept.6,1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 18	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	April 20, 1971

FORM BH 56067

APR 20 1971

262-230-016-843

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-333

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Truth G. Kossman		2. Date Of Birth (month) Nov. (day) 30 (year) 1909
	3. Color or Race: White	4. Sex: f	5. Place of Birth a. County: Albion, Cassia; b. City or Town of Birth: Albion
FATHER	6. Full Name of Father: Fredrick Martin Kossman		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Anna Sublett Hutchison		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Truth G. Kossman Wrigley	11. Present Address of Registrant: Rte 3. Burley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 25 1971	12. Signature of Notary: Leland C. Hunter	13. Notary Commission expires: April 22 1974

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of baptism and confirmation	By whom issued and signed: LDS Church, Archie D. Johnston Burley, Stake	Date issued: June 10, 1952	Date Orig. Entry: baptized May 25, 1952
	Date of Birth: Nov. 30, 1909 / Birth Place: Albion, Idaho Cassia County	Full Name of Mother: Anna Sublett Hutchison	Name of Father: Fred Martin Kossman	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #214694	Date issued: ---	Date Orig. Entry: child born Aug. 29, 1933
	Date of Birth: Age: 23 / Birth Place: Albion, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding employment records - Pershing School	By whom issued and signed: Camden, B. Meyer, Supt. Schools Minidoka Co., Idaho	Date issued: Apr. 12, 1971	Date Orig. Entry: 1947-48
	Date of Birth: Nov. 30, 1909 / Birth Place: Cassia County Albion, Idaho	Full Name of Mother: Anna Sublett Hutchison Kossman	Name of Father: Frederick Martin Kossman	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	April 22, 1971

FORM BH 56067 1 cp Paid Rec. #11465 3-10-71

APR 22 1971

249-201-010-966

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-334

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sarah Isabelle Burke
2. Date Of Birth (month) (day) (year): August 1 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Iona Idaho Bonneville
b. City or Town of Birth: Iona Idaho

FATHER

6. Full Name of Father: Joseph William Burke
7. State or Country of Father's Birth: ~~Idaho~~ Utah Tennessee

MOTHER

8. Full Maiden Name of Mother: Mary Leone Roweberry
9. State or Country of Mother's Birth: Lila Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sarah J. Bethune
11. Present Address of Registrant: 5058 W. 5400 S. Salt Lake City Utah

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 2 1968
12. Signature of Notary: [illegible]
13. Notary Commission expires: June 25 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Membership Willard H. Sorensen, Bishop	LDS Church, Certificate of Membership, Lost River Ward	Dec. 13, 1924	blessed Oct. 3, 1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 1, 1909	Iona, Idaho Bonneville, County	Mary L. Roweberry	Joseph W. Burke

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage license application #250852	State of Nevada, Washoe County-H.K.Brown, Clerk	Feb. 16, 1961	Sept. 9, 1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 38	----	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth certificate #1234	State of Montana Teton County	4-9, 1971	child born Sept. 6, 1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 23	Iona, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

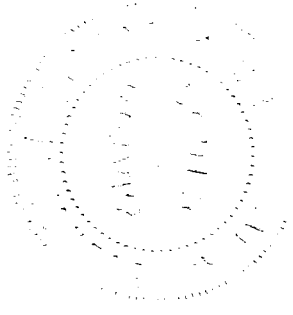
State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	April 22, 1971

FORM BH 56067

1 Cpy Pd Mar 8715 a

8-27-68

APR 2 2 1971



Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

386-231-022-745

(Be sure the information is complete and accurate)

State File No. De 71-347
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED APR 26 1971 Bureau of Vital Statistics

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Marysville
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Rural TWP 9

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Marysville
d. STREET ADDRESS (If rural, give location): Rural TWP 9

3. CHILD'S NAME (Type or print)
a. (First): Nellie
b. (Middle): Melinda
c. (Last): Thompson

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) January (Day) 31 (Year) 1909

FATHER OF CHILD

7. FULL NAME
a. (First): Joseph
b. (Middle): Robinson
c. (Last): Thompson

8. AGE (At time of this birth): 31 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Christiansberg, Virginia
10. USUAL OCCUPATION: Rancher
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Nancy
b. (Middle): Virginia
c. (Last): Gunter

13. AGE (At time of this birth): 28 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Dillsboro, North Carolina
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?) None
16. INFORMANT'S SIGNATURE OR NAME (Relationship): Nellie Melinda Thompson

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: [signature]
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Ashton, Idaho
20. DATE SIGNED: April 22, 1971
21. DATE REC'D BY LOCAL REG.: April 26, 1971
22. REGISTRAR'S SIGNATURE: W. W. Benson, State Registrar
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER
RACE OR COLOR OF MOTHER
METHOD OF DELIVERY: DELAYED
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

APR 2 8 1971

485-229-001- 363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-382

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Marie Myers		2. Date Of Birth: (month) 11 (day) 29 (year) 09	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County	b. City or Town of Birth: Mora
FATHER	6. Full Name of Father: James Emory Myers			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Lizzie Idaho Colson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edna Marie Haynes	11. Present Address of Registrant: Pampa, Texas
NOTARY (Seal)	Subscribed and sworn to before me on: March 23 19 71		12. Signature of Notary: Kat Ramsey	13. Notary Commission expires: June 1 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Feb.19,1971	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 10 / Birth Place: Idaho	Full Name of Mother: Ida Myers	Name of Father: James E. Myers	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage license and certificate	By whom issued and signed: Baker County, Oregon	Date Issued: Feb.12,1971	Date Orig. Entry: Jan.26,1929
	Date of Birth: Age: 19 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #462-38-5034	By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: May 6,1944
	Date of Birth: Nov.29,1909 / Birth Place: Moro, Idaho	Full Name of Mother: Ida Colson	Name of Father: James Emery Myers	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: gml Glenda Larson	Date Filed: May 12, 1971

FORM BH 56067

MAY 13 1971

381-210-010-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-384

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Vernona Chaffin			2. Date Of Birth: April 10 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Lincoln
FATHER	6. Full Name of Father: John Walter Chaffin			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Louisa Collins			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Vernona Chaffin		11. Present Address of Registrant: Route #4, Box 198 Blackfoot, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 6 May 1971	12. Signature of Notary: [signature]		13. Notary Commission expires: Feb 21 1972

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of family who visited shortly after birth	By whom issued and signed: Martha Madsen Lilya Age:83		Date Issued: May 6,1971	Date Orig. Entry: ---
	Date of Birth: Apr.10,1909	Birth Place: Lincoln, Idaho Bonneville County	Full Name of Mother: Sarah Louisa Chaffin	Name of Father: John Walter Chaffin	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #241098		Date Issued: ---	Date Orig. Entry: child born Mar.15,1936
	Date of Birth: Age: 26	Birth Place: Lincoln, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statementregarding school census records	By whom issued and signed: Bingham County, Idaho, Rose School, School Dist. #29		Date Issued: May 6,1971	Date Orig. Entry: school year 1920
	Date of Birth: Age: 11	Birth Place: ----	Full Name of Mother: Sarah L. Chaffin	Name of Father: John W. Chaffin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Glenda Larson	May 12, 1971

FORM BH 56067

MAY 13 1971

452-201-010-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-395

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Effie Luzetta Messervy			2. Date Of Birth (month) Sept. (day) 1 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonniville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Willard Urwin Messervy			7. State or Country of Father's Birth: Hooper Utah
MOTHER	8. Full Maiden Name of Mother: Maggie Cunningham			9. State or Country of Mother's Birth: Eagle Rock (Idaho Falls) Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Effie M. Thompson	11. Present Address of Registrant: 4206 Gayle St. Reno, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on 11 19 71		12. Signature of Notary: Ernestine J. Angle	13. Notary Commission expires: August 19, 19 74

ERNESTINE J. ANGLE
Notary Public — State of Nevada
Washoe County
My Commission Expires Aug. 19, 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #279137	Date Issued: ----	Date Orig. Entry: child born Apr.26,1939
	Date of Birth: Age: 29	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of baptism and confirmation		By whom issued and signed: LDS Church, Preston 3rd Ward, Eugene A. Kofoed, Clerk	Date Issued: --	Date Orig. Entry: baptized Sept.5,1936
	Date of Birth: Sept.1,1909	Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Maggie Cunningham	Name of Father: Willard U. Messervy	
SUPPORTING RECORD 3.	Type of Document: photocopy of statement by attending physician		By whom issued and signed: Wm. Kinnaird, M.D. Los Angeles, CA	Date Issued: ---	Date Orig. Entry: March 9,1942
	Date of Birth: Sept.1,1909	Birth Place: Idaho Falls,Idaho	Full Name of Mother: Maggie Cunningham	Name of Father: Willard Urwin Messervy	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: May 19,1971

FORM BH 56067

MAY 20 1971

818-226-035-217

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-397

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orpha May Haynes			2. Date Of Birth (month) May (day) 26 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Nez Perce, Idaho	b. City or Town of Birth: (Lewis County)
FATHER	6. Full Name of Father: Major Haynes			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Mable Eloise Baxter			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orpha May Sherman		11. Present Address of Registrant: 5535 Lake Wash. Blvd. Kirkland, Wash
NOTARY (Seal)	Subscribed and sworn to before me on: May 11 1971	12. Signature of Notary: [signature]		13. Notary Commission expires: May 26 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #4 576 873		By whom issued and signed: The Penn Mutual Life Ins.Co.	Date Issued: Aug.6,1959	Date Orig. Entry: July 10,1959
	Date of Birth: May 26,1909	Birth Place: Nezperce, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: Los Angeles County, Calif. Book 714 page 25475	Date Issued:	Date Orig. Entry:
	Date of Birth: Age: 36	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records		By whom issued and signed: The Doctors Hospital, Seattle, WA, Ethel Ottersbach, Med.Rec.	Date Issued: May 7,1971	Date Orig. Entry: May 15,1957
	Date of Birth: May 26,1909	Birth Place: Idaho	Full Name of Mother: Mabel Baxter	Name of Father: Major Haynes	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: Glenda Larson	Date Filed: May 19, 1971

FORM BH 56067

MAY 2 0 1971

639-102-001-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-409

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: David H. OLIVER		2. Date of Birth (month) (day) (year): Dec 2 1909
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: David MURRY OLIVER		7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: Ella Prescott		9. State or Country of Mother's Birth: Rhode Island
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: David H Oliver	11. Present Address of Registrant: 407 E 4th Ave Kennewick, Wash 99336
NOTARY (Seal)	Subscribed and sworn to before me on: May 14 1971	12. Signature of Notary: David J Kerson	13. Notary Commission expires: March 11 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

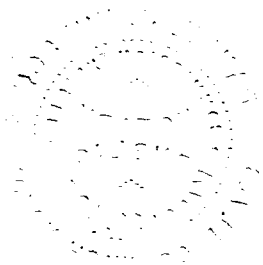
SUPPORTING RECORD 1.	Type of Document: Certified copy of voter's registration records	By whom issued and signed: Helen L.Carpenter,City Clerk Kennewick, WA	Date Issued: May 14,1971	Date Orig. Entry: July 12, 1952
	Date of Birth: Dec.2,1909 / Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of marriage return	By whom issued and signed: married in Asotin, Washington	Date Issued: ---	Date Orig. Entry: Feb.17,1933
	Date of Birth: Age: 23 / Birth Place: Boise, Idaho	Full Name of Mother: Ella Prescott	Name of Father: David Oliver	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record #A-15127	By whom issued and signed: Kennewick General Hospital	Date Issued: ---	Date Orig. Entry: Aug.14,1955
	Date of Birth: Dec.2,1909 / Birth Place: Boise, Idaho	Full Name of Mother: Ella P. Oliver	Name of Father: D. M. Oliver	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Barson	Evidence reviewed by: Glenda Larson	Date Filed: May 20, 1971

FORM BH 56067

5-11-71

MAY 2 1 1971



363-108-019-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-419

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edgar Frank Coleman		2. Date Of Birth (month) (day) (year): December 8 1909
	3. Color or Race: White	4. Sex: M.	5. Place of Birth: Challis, Idaho a. County: Custer
			b. City or Town of Birth: Challis, Idaho
FATHER	6. Full Name of Father: Edgar Frank Coleman		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Kathryn Agnes Sullivan Coleman		9. State or Country of Mother's Birth: Pioche, Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edgar Frank Coleman	11. Present Address of Registrant: 1201 Durant Modesto, Ca
NOTARY (Seal)	Subscribed and sworn to before me on: May 24 1971	12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1974

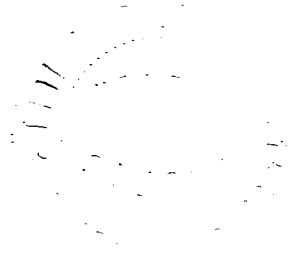
APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit for Marriage	By whom issued and signed: Shoshone County, Idaho	Date Issued: Feb. 22, 1971	Date Orig. Entry: Married June 26, 1936
	Date of Birth: Age 26 / Birth Place: Challis, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Employment Record	By whom issued and signed: City of Modesto, Calif.	Date Issued: Apr. 5, 1949	Date Orig. Entry: Apr. 5, 1949
	Date of Birth: Dec. 8, 1909 / Birth Place: Challis, Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mid-Wife	By whom issued and signed: Lillian F. Boyle	Date Issued: Dec. 1962	Date Orig. Entry: ----
	Date of Birth: Dec. 8, 1909 / Birth Place: Challis, Idaho	Full Name of Mother: Katherine Sullivan	Name of Father: Edgar Frank Coleman	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: May 24, 1971

FORM BH 56067

MAY 25 1971



249-102-022-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-438

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Wallace Burnham			2. Date Of Birth (month) (day) (year): October 2 1909
	3. Color or Race: White	4. Sex: male	5. Place of Birth: Ora, Idaho	a. County: Fremont; b. City or Town of Birth: Ora
FATHER	6. Full Name of Father: Luther Charles Burnham			7. State or Country of Father's Birth: Cash Valley, Utah (Cash Valley)
MOTHER	8. Full Maiden Name of Mother: Minnie Stout			9. State or Country of Mother's Birth: Rexburg, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Don W. Greenhorn	11. Present Address of Registrant: Pleasanton, California 415 E. Angela St.
NOTARY (Seal)	Subscribed and sworn to before me on: May 24 19 71		12. Signature of Notary: Mark E. Gerton	13. Notary Commission expires: Dec. 27 19 71

OFFICIAL SEAL
MARK E. GERTON
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
ALAMEDA COUNTY
My Commission Expires December 27, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Marriage Certified copy		By whom issued and signed: Spokane County, Washington #46583 A	Date issued: Aug.11,1966	Date Orig. Entry: Aug.3,1932
	Date of Birth: Age: 22	Birth Place: Ora, Idaho	Full Name of Mother: Minnie Stout	Name of Father: L. C. Burnham	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #219871	Date issued: ---	Date Orig. Entry: child born Mar.8,1934
	Date of Birth: Age: 24	Birth Place: Ora, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #3115101 - 11		By whom issued and signed: Certified life Ins. Co. of California	Date issued: Dec.27,1962	Date Orig. Entry: Dec.20,1962
	Date of Birth: Oct.2,1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	June 2, 1971

FORM BH 56067

(E) 4-20-71 gml

Burnham

JUN 3 1971

483-220-026-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-448

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fern Lottie Myler		2. Date Of Birth (month) (day) (year): August 20, 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Jefferson; b. City or Town of Birth: East of Rigby, Idaho
FATHER	6. Full Name of Father: William Oscar Myler		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ida Margaret Mathias		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: 151½ Idaho Ave, Rigby Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 10 19 70	12. Signature of Notary: [signature]	13. Notary Commission expires: September 19 19 71

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage license affidavit		By whom issued and signed: Bonneville, County, Idaho	Date issued: Sep.21,1967	Date Orig. Entry: Nov.21,1958
	Date of Birth: Age: 49	Birth Place: Rigby, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by first cousin present at time of birth		By whom issued and signed: Lora Dayley (abt.12 years older)	Date issued: Oct.13,1969	Date Orig. Entry: ----
	Date of Birth: Aug.20,1909	Birth Place: East of Rigby, Idaho	Full Name of Mother: Ida Margaret Mathias	Name of Father: William Oscar Myler	
SUPPORTING RECORD 3.	Type of Document: carbon copy of hospital statement		By whom issued and signed: Idaho Falls Sacred Heart Hospital	Date issued: May 21,1967	Date Orig. Entry: May 21,1967
	Date of Birth: Aug.20,1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	June 8, 1971

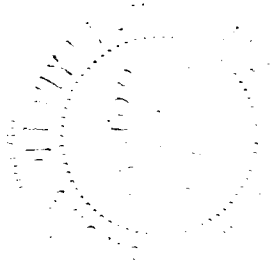
FORM BH 56067

1 Copy paid rec. 18712

8-25-67

Stamps

JUN 9 1971



391-125-044-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-449

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Forrest Cranor			2. Date of Birth (month) Sept (day) 25 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington	b. City or Town of Birth: Weiser Idaho
FATHER	6. Full Name of Father: Rubin Monroe Cranor			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Emma Corleda Fisk			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Albert F. Cranor		11. Present Address of Registrant: 18433 S.E. River Rd Milwaukie Ore. 97222
NOTARY (Seal)	Subscribed and sworn to before me on: May 27 1971	12. Signature of Notary: Locke Thompson		13. Notary Commission expires: 4-14 1973

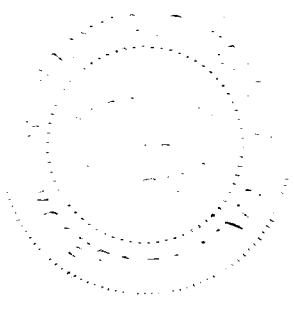
APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding employment records	By whom issued and signed: Tri-County Metropolitan Transit Authority, Portland, OR	Date Issued: Apr.20,1971	Date Orig. Entry: July 16,1941
	Date of Birth: Sep.25,1909 / Birth Place: Weiser, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Stateeent regarding school records	By whom issued and signed: Clacamas County Intermediate Education Dist., Oregon City	Date Issued: Apr.15,1971	Date Orig. Entry: Oct.25,1921
	Date of Birth: Age: 12 / Birth Place: ----	Full Name of Mother: ---	Name of Father: R. M. Cranor	
SUPPORTING RECORD 3.	Type of Document: Federal Census record Malheur County, Oregon	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: May 20,1971	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 8 mos. / Birth Place: Idaho	Full Name of Mother: Emma C. Cranor	Name of Father: Ruben Cranor	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: June 8, 1971

FORM BH 56067

JUN 9 1971



815-105-016-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-450

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Herbert Howard Hanna			2. Date Of Birth (month) April (day) 5 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Burley	
FATHER	6. Full Name of Father: George Albert Hanna			7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: Mary Elvina Smith			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Herbert Howard		11. Present Address of Registrant: Rt. 1, Box 126, Coolidge, Ariz.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 1971	12. Signature of Notary: Emma M. Greenslate		13. Notary Commission expires: Aug 21 1971	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Marriage License & Certificate	By whom issued and signed: Pinal County, Arizona Book 13 page 130		Date Issued: Mar.25,1971	Date Orig. Entry: May 11,1934
	Date of Birth: Age: 25	Birth Place: ---	Full Name of Mother: Mary E. Hanna	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #12 497 202	By whom issued and signed: New York Life Ins. Co.		Date Issued: Jan.7,1935	Date Orig. Entry: Dec.29,1934
	Date of Birth: Apr.5,1909	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of pages from family Bible	By whom issued and signed: Family Records in Bible		Date Issued: Apr.19,1971	Date Orig. Entry: obviously old
	Date of Birth: Apr.5,1909	Birth Place: Burley, Idaho	Full Name of Mother: Mary Elvina Smith	Name of Father: George Albert Hanna	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	June 8, 1971

FORM BH 56067

JUN 9 1971

731-230-024-897

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-460

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Minnie Laura Glauner		2. Date Of Birth (month) (day) (year): December 30, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gooding; b. City or Town of Birth: Hagerman
FATHER	6. Full Name of Father: William Franklin Glauner		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Laura Elizabeth Higley		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Minnie L. French	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: June 9 19 71	12. Signature of Notary: Florence Layle Wyatt	13. Notary Commission expires: 11/4 19 72

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Gooding County, Idaho Hagerman School	Date Issued: July 6,1970	Date Orig. Entry: 1921-22
	Date of Birth: Dec.30,1909 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Duplicate certificate of Baptism and Confirmtion	By whom issued and signed: Reorganized LDS Church,Leona McDole,Sec.,Independence,Mo.	Date Issued: Aug.1919 recorded	Date Orig. Entry: baptized Aug.30,1919
	Date of Birth: Dec.30,1909 / Birth Place: Hagerman, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 72yrs	By whom issued and signed: Izetta Condit	Date Issued: June 9, 1971	Date Orig. Entry: ---------
	Date of Birth: Dec 30,1909 / Birth Place: Hagerman,Idaho	Full Name of Mother: Laura Elizabeth Higley	Name of Father: William Franklin Glauner	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Sue Lowe	Date Filed: June 11,1971

FORM BH 56067

JUN 1 1 1971

391-130-922-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-492

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Winford Whitney Crapo		2. Date Of Birth (month) July (day) 30 (year) 1909
	3. Color or Race: White	4. Sex:	5. Place of Birth: a. County Fremont; b. City or Town of Birth: Parker
FATHER	6. Full Name of Father: George A. Smith Crapo		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Elizabeth Housley		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Winford W. Crapo	11. Present Address of Registrant: R # 2, St. Anthony, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 10 19 71	12. Signature of Notary	13. Notary Commission expires: Elective 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Parker Ward, LDS Church, Geo. F. Rudd, Clerk	Date Issued: ---	Date Orig. Entry: blessed Sep. 5, 1909
	Date of Birth: July 30, 1909 / Birth Place: Parker, Fremont County, Idaho	Full Name of Mother: Elizabeth Housley	Name of Father: Geo. A. Crapo	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Fremont County, Idaho	Date Issued: June 9, 1971	Date Orig. Entry: Sept. 1921
	Date of Birth: Age: 12 / Birth Place: ---	Full Name of Mother: ---	Name of Father: George A. Crapo	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor & friend of family	By whom issued and signed: Thomas Grover Age: 75	Date Issued: June 10, 1971	Date Orig. Entry: ---
	Date of Birth: July 30, 1909 / Birth Place: Parker, Idaho	Full Name of Mother: Elizabeth Housley	Name of Father: George A. Crapo	
QUALIFYING INFORMATION	Own child's birth certificate on file Idaho #236312 for child born September 4, 1935 gives - Winford W. Crapo age 26 born in Parker			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson		Date Filed: June 23, 1971

FORM BH 56067

JUN 24 1971

231-216-024-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-495

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bessie Charmean Blackwood		2. Date Of Birth (month) September (day) 16 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Gooding; b. City or Town of Birth: Gooding, Idaho
FATHER	6. Full Name of Father: William Lewis Blackwood		7. State or Country of Father's Birth: Texas
MOTHER	8. Full Maiden Name of Mother: Mary Jane Mathis		9. State or Country of Mother's Birth: Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bessie Charmean Blackwood Kenney	11. Present Address of Registrant: 3945 S. E. Ankeny Portland, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: June 10 1971	12. Signature of Notary: Clara Lee Wong	13. Notary Commission expires: September 7 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of statement regarding hospital records	By whom issued and signed: Providence Hospital, Portland, OR. Mrs. O. Lood, RRL, Med. Rec.	Date Issued: May 7, 1971	Date Orig. Entry: Oct. 6, 1947
	Date of Birth: Sep. 16, 1909; Birth Place: Idaho	Full Name of Mother: Mary Mathis	Name of Father: William L.	
SUPPORTING RECORD 2.	Type of Document: Photocopy of application for social security #544-28-3510	By whom issued and signed: Social Security Adm.	Date Issued: --	Date Orig. Entry: Sept. 19, 1944
	Date of Birth: Sep. 16, 1909; Birth Place: Gooding, Idaho Gooding County	Full Name of Mother: Mary J. Mathis	Name of Father: William L. Blackwood	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Occidental Life Ins. Co.	Date Issued: Apr. 13, 1938	Date Orig. Entry: Apr. 13, 1938
	Date of Birth: Sep. 16, 1909; Birth Place: Gooding	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION: photocopy of affidavit by mother, Mary McCoy, signed January 26, 1967 gives: birthdate - September 16, 1909; birthplace - Gooding, Idaho, Gooding County;

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	June 24, 1971

FORM BH 56067

JUN 2 4 1971

995-20-025-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-504

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAZEL CLEO RING			2. Date Of Birth (month) JUNE (day) 20 (year) 1909	
	3. Color or Race: wh	4. Sex: F	5. Place of Birth a. County: GRANGEVILLE IDAHO	b. City or Town of Birth: GRANGEVICLE	
FATHER	6. Full Name of Father: GEORGE VINCENT RING			7. State or Country of Father's Birth: MISSOURI	
MOTHER	8. Full Maiden Name of Mother: LENA ~~E.~~ GROSS			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel C. Lyon		11. Present Address of Registrant: 1718 Peggy Lane Santa Rosa Cal	
NOTARY (Seal) See reverse	Subscribed and sworn to before me on: June 17 1971	12. Signature of Notary: Alton D Stringer		13. Notary Commission expires: 9/20 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Marriage	By whom issued and signed: Auditor - Spokane Washington	Date Issued: Apr.2,1956	Date Orig. Entry: Married Oct. 30,1928	
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: Lena Gross	Name of Father: Geroge V. Ring	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Ida/ Grangeville H.S. Grangeville	Date Issued:	Date Orig. Entry: Sept. 1925	
	Date of Birth: Age 16	Birth Place: Grangeville, Ida.	Full Name of Mother: ---	Name of Father: George Ring	
SUPPORTING RECORD 3.	Type of Document: (at time of birth) Affidavit by neighbor age 75	By whom issued and signed: Clyde F.VanSise	Date Issued: Apr15,1971	Date Orig. Entry: -----	
	Date of Birth: Jun 20,1909	Birth Place: Grangeville	Full Name of Mother: Lena Gross	Name of Father: George Vincent Ring	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	June 29, 1971

FORM BH 56067

JUN 2 9 1971

OFFICIAL SEAL
ALTON D. STRINGER
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SANTA CLARA COUNTY
My Commission Expires Sept. 20, 1974

963-20 4 1010-443

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-71-519

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Anna Rockwood			2. Date of Birth (month) October (day) 4 (year) 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Iona
FATHER	6. Full Name of Father: Albert Jed Rockwood			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Ann Mulliner			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edith Anna Rockwood Pogsley	11. Present Address of Registrant: Fallon, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on 1971		12. Signature of Notary: E. Mark Mullen	13. Notary Commission expires: 8/24 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother-in-law who lived nearby at time of birth		By whom issued and signed: W. D. Kelly Age:72	Date Issued: Apr.30,1971	Date Orig. Entry: ----
	Date of Birth: Oct.4,1909	Birth Place: Iona, Idaho	Full Name of Mother: Mary Ann Mulliner Rockwood	Name of Father: Albert Jed Rockwood	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #161738	Date Issued: ---	Date Orig. Entry: child born Apr.19,1928
	Date of Birth: Age: 18	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Social Security Application		By whom issued and signed: Social Security Adm.	Date Issued: Mar.12,1951	Date Orig. Entry: ----
	Date of Birth: Oct.4,1909	Birth Place: Iona, Idaho	Full Name of Mother: Mae Mullner	Name of Father: Jed Albert Rockwood	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	July 2, 1971

FORM BH 56067

TO 447 C

(Individual)

TI

STATE OF ~~CALIFORNIA~~ NEVADA

COUNTY OF Churchill } SS.

On 5/7/71 before me, the undersigned, a Notary Public in and for said State, personally appeared EDITH ANNA (Rockwood) PARRATT,

known to me to be the person whose name subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

Signature

Name (Typed or Printed)

MARK S. MILLER
Notary Public — State of Nevada
Churchill County
My Commission Expires August 24, 19

(This area for official notarial seal)

STAPLE HERE

JUL 2 1971

466-215-022-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-521

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucy Verna Moon		2. Date Of Birth (month) April (day) 15 (year) 1909
	3. Color or Race	4. Sex	5. Place of Birth a. County: b. City or Town of Birth: Parker Idaho Fremont Co.
FATHER	6. Full Name of Father: John Robert Moon		7. State or Country of Father's Birth: Center Point Linn Co. Iowa
MOTHER	8. Full Maiden Name of Mother: Mary Adel Parker		9. State or Country of Mother's Birth: Morgan Utah Morgan Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: L. Verna Wyatt	11. Present Address of Registrant: 975 Dwight St. San Francisco Calif.
NOTARY (Seal)	Subscribed and sworn to before me on June 11 1971	12. Signature of Notary: Gilbert G. Lee	13. Notary Commission Expires: OFFICIAL SEAL GILBERT G. LEE NOTARY PUBLIC-CALIFORNIA SAN FRANCISCO COUNTY My Commission Expires Oct. 12, 1974 2809 24th St., San Francisco, Calif. 94110

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin		By whom issued and signed: Reah Winegar (bd.7/20/1890)	Date issued: Aug. 11, 1965	Date Orig. Entry: ----
	Date of Birth: Apr.15,1909	Birth Place: Parker, Idaho Fremont County	Full Name of Mother: Della (Mary Adel) Parker Moon	Name of Father: John (Jack) Robert Moon	
SUPPORTING RECORD 2.	Type of Document: Bible Record		By whom issued and signed: Family Bible	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Apr.15,1909	Birth Place: Parker, Idaho	Full Name of Mother: Mary Adel Parker	Name of Father: John Robert Moon	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 237623	Date issued: ---	Date Orig. Entry: child born Oct. 30, 1935
	Date of Birth: Age 26	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: - ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	July 6, 1971

FORM BH 56067 1cp pd rec # 4854 8-31-65

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JUL 6 1971

295-207-029-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-523

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name ~~at Birth~~: Rosa Breckner		2. Date Of Birth (month) Oct (day) 7 (year) 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Latah; b. City or Town of Birth: Potlatch
FATHER	6. Full Name of Father: Joseph H Breckner		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Laura C. W. Gartzke		9. State or Country of Mother's Birth: Indianna
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rose B. Doty	11. Present Address of Registrant: Princeton Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 29 1971	12. Signature of Notary: Melvin J Alsoger	13. Notary Commission expires: January 4 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother		By whom issued and signed: Joseph F. Breckner (over 10)	Date issued: Jun 29,1971	Date Orig. Entry: ----
	Date of Birth: Oct.7,1909	Birth Place: Potlatch,Idaho	Full Name of Mother: Laura C. Gartzke	Name of Father: Joseph H. Breckner	
SUPPORTING RECORD 2.	Type of Document: Family Record		By whom issued and signed: Family	Date issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Oct.7,1909	Birth Place: Potlatch,Idaho	Full Name of Mother: Joseph H. Breckner	Name of Father: Laura Gartzke	
SUPPORTING RECORD 3.	Type of Document: School Record Dist.# 37		By whom issued and signed: Latah Co.-M.K.Cline,Clerk	Date issued: Apr.5,1971	Date Orig. Entry: Examinations Spring 1922
	Date of Birth: Age 12	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 7, 1971

FORM BH 56067

Daty

JUL 7 1971

433-108-029-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-530

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Howard Oliver Ullery		2. Date Of Birth (month) May (day) 8 (year) 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Latah; b. City or Town of Birth: Viola
FATHER	6. Full Name of Father: Oliver Ullery		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ollie Louise Stevens		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard O Ullery	11. Present Address of Registrant: 715 E Penn Ave Deer Lodge, Montana
NOTARY (Seal)	Subscribed and sworn to before me on July 1 1971	12. Signature of Notary: Nina M. Nielsen	13. Notary Commission expires NOTARY PUBLIC for the State of Montana Residing at Deer Lodge, Montana My Commission Expires January 1, 1972.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle Age 78		By whom issued and signed: Floyd Ullery	Date issued: Aug 14, 1968	Date Orig. Entry: ----
	Date of Birth: May 8, 1909	Birth Place: Viola, Idaho	Full Name of Mother: Ollie Louise Stevens	Name of Father: Oliver Ullery	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: Murray Hospital-Butte, Mont.	Date issued: Jul. 23, 1950	Date Orig. Entry: child born July 23, 1950
	Date of Birth: May 8, 1909	Birth Place: Viola, Idaho	Full Name of Mother: ------	Name of Father: - ----	
SUPPORTING RECORD 3.	Type of Document: Marriage License		By whom issued and signed: Ravalli Co, Montana	Date issued: Oct. 14, 1940	Date Orig. Entry: Married Oct. 14, 1940
	Date of Birth: Age 31	Birth Place: Viola, Idaho	Full Name of Mother: Ollie Stevens	Name of Father: Oliver Ullery	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

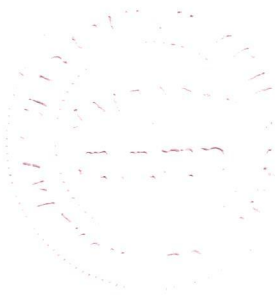
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 12, 1971

FORM BH 56067

No Record - No Cancel

Ullery

JUL 1 2 1971



215-102-022314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-531

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RAY CLIFFORD SANDY		2. Date Of Birth (month) (day) (year): NOV 2 1909
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: ROBERTS FREMONT; b. City or Town of Birth: ROBERTS, IDAHO
FATHER	6. Full Name of Father: CLIFFORD SANDY		7. State or Country of Father's Birth: ~~IOWA~~ NEB.
MOTHER	8. Full Maiden Name of Mother: LAURA BLANCHE LAUDER		9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Ray Clifford Sandy	11. Present Address of Registrant: RT. 3 BOX 1930 HILLSBORO, OREGON
NOTARY (Seal)	Subscribed and sworn to before me on: July 1 1971	12. Signature of Notary: Elsie H. Taunton	13. Notary Commission expires: My Commission Expires May 3, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother Age 82		By whom issued and signed: Laura B. Sandy	Date issued: Jun.30,1971	Date Orig. Entry: ----
	Date of Birth: Nov.2,1909	Birth Place: Roberts, Idaho	Full Name of Mother: Laura Blanche Lauder	Name of Father: Clifford Sandy	
SUPPORTING RECORD 2.	Type of Document: School Census		By whom issued and signed: Washington County	Date issued: Aug.13,1969	Date Orig. Entry: Census taken 1924
	Date of Birth: Age 15	Birth Place: ----	Full Name of Mother: ------	Name of Father: Clifford Sandy'	
SUPPORTING RECORD 3.	Type of Document: Application for marriage		By whom issued and signed: Washington Co.,Oregon	Date issued: Aug.13,1969	Date Orig. Entry: Oct.23,1930
	Date of Birth: Nov.2,1909	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

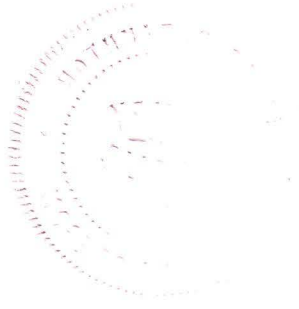
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 12,1971

FORM BH 56067

ICD [illegible] #17280 7-9-67

Sandy

JUL 1 2 1971



619-221-006-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-535

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eunice Mary Ward	2. Date Of Birth (month) (day) (year): November 21, 1909
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Sterling Bingham	b. City or Town of Birth: Sterling Bing - Idaho
FATHER	6. Full Name of Father: Richard Alvin Ward	7. State or Country of Father's Birth: Idaho.
MOTHER	8. Full Maiden Name of Mother: Marinda Irene John	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Eunice Cammack; 11. Present Address of Registrant: 498 So. Fisher, Blackfoot Ida
NOTARY (Seal)	Subscribed and sworn to before me on: July 1 1971	12. Signature of Notary: Virginia L Miller; 13. Notary Commission expires: MY COMMISSION EXPIRES JUNE 20, 1973 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church, Blackfoot, ID, Alva Lewis, Bishop 2nd Ward	Date issued: May 1, 1969	Date Orig. Entry: blessed Jan. 3, 1910
	Date of Birth: Nov. 21, 1909; Birth Place: Sterling, Idaho Bingham County	Full Name of Mother: Marinda Irene John	Name of Father: Richard Alvin Ward	
SUPPORTING RECORD 2.	Type of Document: Certified copy of application for License to Marry #904	By whom issued and signed: Cache County, Utah	Date issued: May 25, 1971	Date Orig. Entry: Jan. 24, 1930
	Date of Birth: Nov. 21, 1909; Birth Place: Sterling, Idaho	Full Name of Mother: Irene John	Name of Father: R. A. Ward	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Marinda Irene John Ward	Date issued: May 10, 1969	Date Orig. Entry: ---
	Date of Birth: Nov. 21, 1909; Birth Place: Sterling, Idaho Bingham County	Full Name of Mother: Marinda Irene John Ward	Name of Father: Richard Alvin Ward	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	July 14, 1971

FORM BH 56067

1 CR Add rec # 2407

4-16-61

Cannack

JUL 15 1971

449-22-3407658

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-544

REGISTRANT (Person whose Birth is being registered)	**1. Registrant's Full Name at Birth**: Gertrude Ellen Murphy		**2. Date Of Birth** (month) August (day) 22 (year) 1909
	3. Color or Race: White	**4. Sex**: Female	**5. Place of Birth** a. County: Shoshone; b. City or Town of Birth: Wallace
FATHER	**6. Full Name of Father**: William Christopher Murphy		**7. State or Country of Father's Birth**: Michigan
MOTHER	**8. Full Maiden Name of Mother**: Helen Agatha Weyer		**9. State or Country of Mother's Birth**: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	**10. Signature of Registrant**: Gertrude E. Murphy	**11. Present Address of Registrant**: P. O. Box 1006, Wallace, Idaho 83873
NOTARY (Seal)	**Subscribed and sworn to before me on**: July 8, 1971	**12. Signature of Notary**: Ingal E. Wood	**13. Notary Commission expires**: January 1 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	**Type of Document**: Transcript of Baptismal Record		**By whom issued and signed**: Eric A. Schermonson, Rector St. Alphonsus Church, Wallace, ID	**Date Issued**: Aug. 21, 1934	**Date Orig. Entry**: baptized Sept. 13, 1909
	Date of Birth: Aug. 22, 1909	**Birth Place**: Wallace, Idaho	**Full Name of Mother**: Helen Weyer	**Name of Father**: William Murphy	
SUPPORTING RECORD 2.	**Type of Document**: Federal Census record Wallace, Idaho		**By whom issued and signed**: U.S. Department of Commerce Bureau of the Census	**Date Issued**: June 24, 1971	**Date Orig. Entry**: April 15, 1910
	Date of Birth: Age: 7 mos.	**Birth Place**: Idaho	**Full Name of Mother**: Helen Murphy	**Name of Father**: William C. Murphy	
SUPPORTING RECORD 3.	**Type of Document**: Affidavit by friend of family		**By whom issued and signed**: Anne Dunphy Magnuson (bd. 4/8/1898)	**Date Issued**: May 24, 1971	**Date Orig. Entry**: ---
	Date of Birth: Aug. 22, 1909	**Birth Place**: Wallace, Idaho Shoshone County	**Full Name of Mother**: Helen Agatha Weyer	**Name of Father**: William Christopher Murphy	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		**Evidence reviewed by**: Glenda Larson		**Date Filed**: July 14, 1971

FORM BH 56067

Murphy

JUL 15 1971

238-101-022-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-546

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louis Willie Arthur Schulz			2. Date Of Birth (month) October (day) 1 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Greentimber, Idaho (Fremont)	b. City or Town of Birth: Greentimber
FATHER	6. Full Name of Father: J. F. William Schulz (Wilhelm)			7. State or Country of Father's Birth: Bernheide, Brandenberg, Prussia
MOTHER	8. Full Maiden Name of Mother: Anna Marie Frieda Mueller			9. State or Country of Mother's Birth: Meklenberg, M.Sch. Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur William Schulz		11. Present Address of Registrant: 5025 Alcott St. Denver, Colo. 80221
NOTARY (Seal)	Subscribed and sworn to before me on: July 6 19 71	12. Signature of Notary: [illegible]		13. Notary Commission expires: July 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy #427339		By whom issued and signed: Reliance Life Ins. Co. of Pittsburgh	Date Issued: ---	Date Orig. Entry: May 2, 1928
	Date of Birth: Oct.1,1909	Birth Place: Green Timber, Idaho	Full Name of Mother: Anna Kummer	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister		By whom issued and signed: Hattie Elizabeth (Schulz) Hendricksen Age: 72	Date Issued: June 30,1971	Date Orig. Entry: ---
	Date of Birth: Oct.1,1909	Birth Place: Greentimber, Idaho	Full Name of Mother: Anna Marie Mueller Schulz	Name of Father: J. F. William Schulz	
SUPPORTING RECORD 3.	Type of Document: photocopy & statement regarding church records		By whom issued and signed: Rev.Richard A. Laux, Lutheran Church Zion, Ashton, Idaho	Date Issued: June 30,1971	Date Orig. Entry: baptized Jan.11,1914
	Date of Birth: Oct.1,1909	Birth Place: ---	Full Name of Mother: Anna Mueller	Name of Father: Wilhelm Schulz	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Barron		Evidence reviewed by: Glenda Larson		Date Filed: July 15, 1971

FORM BH 56067

Schultz

JUL 16 1971

236-250-003-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-561

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera May Bloxham		2. Date Of Birth (month) (day) (year): 3 30 1909
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Downey Bannock; b. City or Town of Birth: Downey Idaho
FATHER	6. Full Name of Father: Richard Thomas Bloxham		7. State or Country of Father's Birth: Utah, Davis, Kaysville
MOTHER	8. Full Maiden Name of Mother: Elsie H Blotkamp		9. State or Country of Mother's Birth: Idaho Arcida, Clifton
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera Leyland	11. Present Address of Registrant: Pocatello, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 25 1963	12. Signature of Notary: Sam Robinson	13. Notary Commission expires: 5-10- 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record of Birth	By whom issued and signed: L.D.S.Church	Date Issued: Jan.14,1971	Date Orig. Entry: Recorded March 1909
	Date of Birth: Mar.30,1909	Birth Place: Downey, Idaho	Full Name of Mother: Elsie Henderson	Name of Father: Richard Bloxham
SUPPORTING RECORD 2.	Type of Document: Marriage License # 69018	By whom issued and signed: Salt Lake County, Utah	Date Issued: Aug 15,1934	Date Orig. Entry: License issued Aug. 15, 1934
	Date of Birth: Age 34	Birth Place: Downey, Idaho	Full Name of Mother: -----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Blessing Certificate	By whom issued and signed: L. D. S. Church	Date Issued: Jun 27,1971	Date Orig. Entry: Blessed May 2,1909
	Date of Birth: Mar.30,1909	Birth Place: Downey, Idaho	Full Name of Mother: Elsie Henderson	Name of Father: Richard T. Bloxham
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	July 20,1971

FORM BH 56067

JUL 20 1971

847-101-022-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-582

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RULON-HUGHES-			2. Date Of Birth (month) 8 (day) 1 (year) 1909
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: TETON, FREMONT	b. City or Town of Birth: TETON CITY IDAHO
FATHER	6. Full Name of Father: FREDERICK-PARLEY HUGHES			7. State or Country of Father's Birth: MENDON-UTAH
MOTHER	8. Full Maiden Name of Mother: RHODA DELIA ROBBINS			9. State or Country of Mother's Birth: ALBION IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rulon Hughes		11. Present Address of Registrant: Teton City Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 29 July 1971	12. Signature of Notary: W. L. Johnston		13. Notary Commission expires: March 19 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of first page of insurance policy #46576-X(-X4)	By whom issued and signed: Gem State Mutual Life Assoc. Inc., Pocatello, Idaho	Date Issued: June 2,1947	Date Orig. Entry: June 2, 1947
	Date of Birth: Aug.1,1909 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certified copy of school census record - Card #433	By whom issued and signed: Fremont County, ID	Date Issued: July 26,1971	Date Orig. Entry: Sept.1921
	Date of Birth: Age: 12 / Birth Place: ---	Full Name of Mother: ---	Name of Father: Fred Hughes	
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of genealogy sheet	By whom issued and signed: Family Record	Date Issued: July 29,1971	Date Orig. Entry: ----
	Date of Birth: Aug.1,1909 / Birth Place: Teton, Idaho Fremont County	Full Name of Mother: Rhoda Delia Robbins	Name of Father: Frederick Parley Hughes	
QUALIFYING INFORMATION	Own child's birth certificate, On File Idaho #210851 for child born March 2, 1933 gives age of mother as 21 years and mother's birthplace as Idaho.			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Johnston	Glenda Larson	August 4, 1971

FORM BH 56067

AUG 4 1971

357-229.04X-665

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-583
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gladys J. Lepak
2. Date Of Birth: (month) June (day) 29 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho — b. City or Town of Birth: Washington — Weiser

FATHER

6. Full Name of Father: Joseph Lepak
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Elsie Woellner
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys L. Martin
11. Present Address of Registrant: 2585 Evergreen Ave Salt Lake City 6, Ut.

NOTARY (Seal)

Subscribed and sworn to before me on: Feb. 14, 1956
12. Signature of Notary: Lamar M. Child
13. Notary Commission expires: Sept. 18, 1957

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
CHURCH RECORD	ST. AGNES CHURCH Weiser, Idaho	11-9-55	baptized March 27, 1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 29 1909	---	Elsie Woellner	Joseph Lepak

SUPPORTING RECORD 2.

Class A

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Photocopy of Federal Census Record	U.S. Dept. Commerce, Census George H. Brown Bureau	7-20-71	4-15-1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
*9 ~~12~~	Idaho	Ella Lepak	Joseph Lepak

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
photocopy of application for Social Security Record	Social Security Adm. #528-30-6933	---	Aug.3,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 28 1909	Washington County Weiser, Idaho	Elsie Woellner	Joe Lepak

QUALIFYING INFORMATION

*Meaning nine months of age

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 4, 1971

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DBH #0067

AUG 4 1971

AUG 1 1971

818-218-001-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-588

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELMA FRANCES ~~MYRES~~ HAYES			2. Date Of Birth (month) 12 (day) 18 (year) 1909	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Meridian	b. City or Town of Birth: Meridian	
FATHER	6. Full Name of Father: James Howard Hayes			7. State or Country of Father's Birth: Arkansas	
MOTHER	8. Full Maiden Name of Mother: Lillie Lee Brown			9. State or Country of Mother's Birth: Arkansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Elma Frances Hayes	11. Present Address of Registrant: 2938 Galena Avenue Simi Valley, CA 93065	
NOTARY (Seal)	OFFICIAL SEAL W. FRED GIBSON NOTARY PUBLIC—CALIFORNIA PRINCIPAL OFFICE IN VENTURA COUNTY	Subscribed and sworn to before me on February 15 19 71	12. Signature of Notary: W Fred Gibson	13. Notary Commission expires: My Commission Expires April 3, 1971 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage license		By whom issued and signed: State of Arkansas, County of Washington Page 264 book X	Date Issued: Mar.1,1948	Date Orig. Entry: Aug.21,1933
	Date of Birth: Age: 23	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #37-64203		By whom issued and signed: State of California Vital Statistics Bureau	Date Issued: Feb.2,1971	Date Orig. Entry: child born Sept.28,1937
	Date of Birth: Age: 27	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #556-24-2751		By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: July 5,1940
	Date of Birth: Dec.18,1909	Birth Place: Ada County Meridian, Idaho	Full Name of Mother: Lillie Lee Brown	Name of Father: James Howard Hayes	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: August 9, 1971

FORM BH 56067

AUG 17 1971

231-205-006-857

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-595

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Olga Elizabeth Klassen			2. Date Of Birth (month) April (day) 5 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Aberdeen, Ida. Bingham	b. City or Town of Birth: Aberdeen, Idaho
FATHER	6. Full Name of Father: Cornelius Klassen			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Paula Hege			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Olga E. Dear	11. Present Address of Registrant: 234 Harrison, Oak Park, Ill. 60304
NOTARY (Seal)	Subscribed and sworn to before me on July 19 19 71		12. Signature of Notary: Alice Lehman	13. Notary Commission expires: March 21 19 73

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate 50-85131		By whom issued and signed: State of Missouri	Date Issued: Aug.31,1955	Date Orig. Entry: child born Nov.25,1950
	Date of Birth: Age: 41	Birth Place: Aberdeen, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Paula Klassen	Date Issued: July 19,1971	Date Orig. Entry: ---
	Date of Birth: Apr.5,1909	Birth Place: Aberdeen, Idaho	Full Name of Mother: Paula Hege Klassen	Name of Father: Cornelius Klassen	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record		By whom issued and signed: Keith Slane, Supt., Aberdeen High School, Idaho	Date Issued: ----	Date Orig. Entry: graduated 1928
	Date of Birth: Apr.5,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: Cornelius Klassen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Barron	Evidence reviewed by: Glenda Larson	Date Filed: August 11, 1971

FORM BH 56067

AUG 12 1971

493-220-022-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-607

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Effie Myrle Miller			2. Date of Birth (month) (day) (year): May 20 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Parker
FATHER	6. Full Name of Father: Arnold Daniel Miller, Jr.			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Effie Abigal Secrist			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Effie Myrle Miller		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on ____ 19 71	12. Signature of Notary: [illegible]		13. Notary Commission expires: January 6 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person who assisted at the birth & Neighbor in Parker, ID	By whom issued and signed: Hettie M. Shirley (bd. 6-25-1887)		Date Issued: July 27, 1971	Date Orig. Entry: ----
	Date of Birth: May 20, 1909	Birth Place: ---	Full Name of Mother: Effie Secrist Miller	Name of Father: Arnold Daniel Miller	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #414542		Date Issued: ---	Date Orig. Entry: child born Dec. 13, 1945
	Date of Birth: Age: 36	Birth Place: Parker, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: record of membership	By whom issued and signed: LDS Church		Date Issued: ---	Date Orig. Entry: blessed Nov. 7, 1909
	Date of Birth: May 20, 1909	Birth Place: Fremont County Parker, Idaho	Full Name of Mother: Effie Secrist	Name of Father: Arnold Daniel Miller, Jr.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Brown	gml Glenda Larson	Aug. 17, 1971

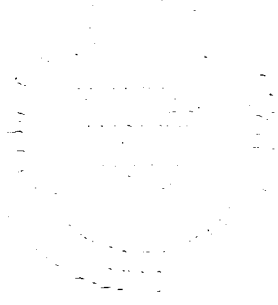
FORM BH 56067

1 cp pd rec # 18351

7-1-71

White

AUG 16 1971



419-212-021-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-611

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wanda Parkinson Daines
2. Date Of Birth (month) June (day) 12 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: [illegible] Co.
b. City or Town of Birth: Preston, Idaho

FATHER

6. Full Name of Father: Robert Henry Daines
7. State or Country of Father's Birth: Brigham City, Utah

MOTHER

8. Full Maiden Name of Mother: Arabella Smart Parkinson
9. State or Country of Mother's Birth: Franklin, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wanda D. Hammond
11. Present Address of Registrant: 357 East 5th North Logan, Utah

NOTARY (Seal)

Subscribed and sworn to before me on 23rd of March 19 59

12. Signature of Notary Public: Phil R Harrington
13. Notary Commission expires: June 10, 1962 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from Bible	By whom issued and signed: Family Records in Bible	Date Issued: Aug.19,1971	Date Orig. Entry: obviously old
	Date of Birth: June 12,1909 / Birth Place: Preston, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of LDS Church membership record	By whom issued and signed: LDS Church	Date Issued: ----	Date Orig. Entry: blessed Aug.1,1909
	Date of Birth: June 12,1909 / Birth Place: Preston, Idaho Oneida County	Full Name of Mother: Arabella Parkinson	Name of Father: Robert H. Daines	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record	By whom issued and signed: Agricultural College of Utah, Logan, UT	Date Issued: Sep.10,1958	Date Orig. Entry: May 1930
	Date of Birth: June 12,1909 / Birth Place: ---	Full Name of Mother: ---	Name of Father: R. H. Daines	

QUALIFYING INFORMATION

photocopy of affidavit by mother signed March 8, 1960 gives: born June 12, 1909 in Preston, Idaho to Robert Henry and Arabella S. Daines.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	August 24, 1971

FORM BH 56067

AUG 2 5 1971

253-239-001-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-634

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernice Ellen Becker		2. Date of Birth (month) July (day) 29 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Boise, Ada — b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Philip Daniel Becker		7. State or Country of Father's Birth: Michigan, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Sarah Evaline Strout		9. State or Country of Mother's Birth: Nevada, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernice E. Mellor	11. Present Address of Registrant: 5401 E. Akron, Mesa, Ariz.
NOTARY (Seal)	Subscribed and sworn to before me on: August 24 1971	12. Signature of Notary: Janet K Witte	13. Notary Commission expires: My Commission Expires May 3, 1975

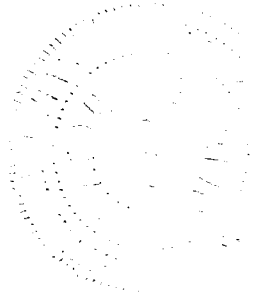
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: State of Utah #920	Date Issued: Apr.26,1971	Date Orig. Entry: child born Mar.17,1931
	Date of Birth: Age: 21 / Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Federal Census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: June 25,1971	Date Orig. Entry: April 1,1950
	Date of Birth: Age: 40 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by maternal uncle	By whom issued and signed: Leonard Earl Strout (bd.1891)	Date Issued: Jan.29,1971	Date Orig. Entry: ----
	Date of Birth: July 29,1909 / Birth Place: Boise, Idaho Ada County	Full Name of Mother: Sarah Evaline Strout Becker	Name of Father: Philip Daniel Becker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Jameson	Evidence reviewed by: Glenda Larson	Date Filed: August 30,1971

FORM BH 56067

SEP 10 1971



866-224-040-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-638

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Syringa Hoffman		2. Date Of Birth (month) (day) (year): MARCH 24 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Mace Idaho Shoshone Co; b. City or Town of Birth: Mace, Idaho Shoshone Co.
FATHER	6. Full Name of Father: Robert B. (Burt) Hoffman also known as R.R. Hoffman		7. State or Country of Father's Birth: Portland Oregon
MOTHER	8. Full Maiden Name of Mother: Ruth Alfra May Renfro		9. State or Country of Mother's Birth: Dallas Texas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Syringa Hoffman Stadler	11. Present Address of Registrant: P.O. Box 865 Redwood City Cal 94064
NOTARY (Seal)	Subscribed and sworn to before me on 8-11 19 71	12. Signature of Notary: Beverly J. Schroeder	13. Notary Commission expires: Dec 3, 19 74

SEVERUS J. SCHROEDER
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
SAN MATEO COUNTY
My Commission Expires December 3, 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of marriage record		By whom issued and signed: Santa Clara County, CA Book 103 Reg.#858	Date Issued: ---	Date Orig. Entry: April 21,1959
	Date of Birth: Age: 50	Birth Place: Idaho	Full Name of Mother: Ruth Renfro	Name of Father: Robert R. Hoffman	
SUPPORTING RECORD 2.	Type of Document: photocopy of federal census record, Mace Prec. Shoshone Co. ID		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Aug.20,1971	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 1	Birth Place: Idaho	Full Name of Mother: Ruth M. Hoffman	Name of Father: Robert B. Hoffman	
SUPPORTING RECORD 3.	Type of Document: photocopy of affidavit by mother		By whom issued and signed: Ruth Hoffman Barnard	Date Issued: ----	Date Orig. Entry: July 25,1964
	Date of Birth: Mar.24,1909	Birth Place: Mace, Idaho	Full Name of Mother: Ruth Hoffman Barnard	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 31, 1971

FORM BH 56067 1 cc. pd. rec. #19328 (H) 7-29-71 gml

AUG 3 1 1971

Stadler (nee Hoffman)

234-210-029-234

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-644

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melba M. Kludas			2. Date Of Birth (month) Mar. (day) 10 - (year) 1909	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: IN the COUNTRY	b. City or Town of Birth: IN the COUNTRY - @ Moscow	
FATHER	6. Full Name of Father: George John Kludas			7. State or Country of Father's Birth: Deceased - United States	
MOTHER	8. Full Maiden Name of Mother: Anne Carolyn Kludas			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melba M. Elledge		11. Present Address of Registrant: 2316 E. 17th. Bremerton Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 9 19 71	12. Signature of Notary: J Blackstein		13. Notary Commission expires: 8/31 19 74	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Records in Bible		Date Issued: Aug.10,1971	Date Orig. Entry: appears old
	Date of Birth: Mar.10,1909 / Birth Place: Moscow, ID	Full Name of Mother: Anne Carolyn Kludas		Name of Father: George John Kludas	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Albert Ambacher		Date Issued: Aug.20,1971	Date Orig. Entry: ---
	Date of Birth: Mar.10,1909 / Birth Place: Moscow, Idaho	Full Name of Mother: Anne Carolyn Kludas		Name of Father: George John Kludas	
SUPPORTING RECORD 3.	Type of Document: Notorized copy of Own childs birth certificate	By whom issued and signed: Swedish Hospital-Seattle,Wn.		Date Issued: Aug.30,1971	Date Orig. Entry: Child born Aug. 20,1942
	Date of Birth: Mar.10,1909 / Birth Place: Moscow,Idaho	Full Name of Mother: -----		Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	Sept.3,1971

FORM BH 56067

SEP 3 1971
OCT 2 2 1971
APR 2 7 1973

381-226-004-663

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-647

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LuElla DeOrr Chaffin			2. Date Of Birth (month) (day) (year): December 26 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: Ira Erwin Chaffin			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Amy Lee Wolford			9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LuOrr Schengler		11. Present Address of Registrant: 415 E. Springfield Boise
NOTARY (Seal)	Subscribed and sworn to before me on: August 2 1971	12. Signature of Notary: Florence Cartright		13. Notary Commission Expires: 4-20 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 313709	Date Issued: ----	Date Orig. Entry: Child born April 15,1941	
	Date of Birth: Age 31	Birth Place: Montpelier, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Marriage Certificate	By whom issued and signed: Ada County # 35911	Date Issued: Oct.25,1963	Date Orig. Entry: Married Oct. 25,1963	
	Date of Birth: Age 53	Birth Place: Montpelier, Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother Age 96 yrs	By whom issued and signed: Mrs. Amy Chaffin	Date Issued: Aug.31,1971	Date Orig. Entry: -------	
	Date of Birth: Dec.26,1909	Birth Place: Montpelier,Idaho	Full Name of Mother: Amy Lee Wolford	Name of Father: Ira Erwin Chaffin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Sue Lowe	Sept.7,1971

FORM BH 56067

SEP 7 1971

SEP 27 2000

DECEASED

819-202-022-847

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 71-654**

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARY GWENDOLYN HARRIS
2. Date of Birth (month) (day) (year): APRIL 2 1909
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth: a. County: Idaho FREMONT; b. City or Town of Birth: TETON

FATHER

6. Full Name of Father: CYRUS IRVING HARRIS
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: HANNA MAUD HUGHES
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Gwendolyn Wades
11. Present Address of Registrant: 12328 KATHLEEN WHITTIER

NOTARY (Seal) Attached

Subscribed and sworn to before me on August 16 19 71

12. Signature of Notary: Anne M. JaCobson
13. Notary Commission Expires: ANNE M. JaCOBSON My Commission Expires August 8, 1975 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of school census marshal's report	By whom issued and signed: Fremont County, ID Card #403	Date Issued: July 19, 1971	Date Orig. Entry: Sept. 1919	
	Date of Birth: Age: 10	Birth Place: ---	Full Name of Mother: ---	Name of Father: C. I. Harris	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage license affidavit	By whom issued and signed: Bonneville County, ID	Date Issued: Aug.20,1971	Date Orig. Entry: June 5,1929	
	Date of Birth: Age: 20	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #61111	By whom issued and signed: Beneficial Life Ins. Co. of Utah	Date Issued: Jan.20,1926	Date Orig. Entry: Dec.22,1925	
	Date of Birth: Apr.2,1909	Birth Place: Teton City, Idaho	Full Name of Mother: Hanna Maud Harris	Name of Father: Cyrus Irving Harris	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Sept. 10, 1971

FORM BH 56067

STATE OF CALIFORNIA
COUNTY OF Los Angeles } SS.

On August 16th 1971 before me,
the undersigned, a Notary Public in and for said County and State,
personally appeared Mary Gwendolyn Woolsey,

, known to me
to be the person whose name is subscribed to the within
instrument and acknowledged that she executed the same.

Signature Anne M. JaCobson
ANNE M. JaCOBSON
My Commission Expires August 8, 1975

Name (Typed or Printed)
Notary Public in and for said County and State

FOR NOTARY SEAL OR STAMP

OFFICIAL SEAL
Anne M. JaCobson
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY

Misc.-166 (G.S.) Ack. Individual (Rev. 12-63) Staple Staple

SEP 10 1971

386-203-025-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No: DE 71-659

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GRACE MARY THOMAS		2. Date of Birth (month) (day) (year): January 3 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: White Bird Idaho; b. City or Town of Birth: White Bird
FATHER	6. Full Name of Father: John E. Thomas		7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Mabel C. Richey		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Mary St Jean	11. Present Address of Registrant: 8923 N. Syracuse, Portland, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: July 16, 1971 19__	12. Signature of Notary: Ann Johnson	13. Notary Commission expires: April 28, 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: Holladay Park Hospital Portland, Oregon	Date Issued: ---	Date Orig. Entry: June 14,1966
	Date of Birth: Jan.3,1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Certified copy of certificate of marriage #A15760	By whom issued and signed: State of Washington Clark County	Date Issued: Aug.19,1971	Date Orig. Entry: Mar.15,1929
	Date of Birth: Age: 20	Birth Place: Idaho	Full Name of Mother: Mabel Ritchey	Name of Father: John Thomas
SUPPORTING RECORD 3.	Type of Document: Statement regarding School records - Ladd School	By whom issued and signed: Portland Public Schools,OR Mrs. Carma Lauderdale, Sec.	Date Issued: Aug.18,1971	Date Orig. Entry: 1920-21
	Date of Birth: Jan., 1909	Birth Place: Whitebird, Idaho	Full Name of Mother: Mrs. Mabel Thomas	Name of Father: ----
QUALIFYING INFORMATION	Affidavit by mother, Mabel C. Ring, issued August 27, 1971 gives: born January 3, 1909 in Whitebird, Idaho to John E. Thomas and Mabel C. (Richey) Thomas.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Larson	Evidence reviewed by: gml Glenda Larson		Date Filed: Sept. 13, 1971

FORM BH 56067

SEP 13 1971

249-215:001-359

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 71-668**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Flavia Smith		2. Date Of Birth (month) 9 (day) 15 (year) 1909	
	3. Color or Race: Negro	4. Sex: Female	5. Place of Birth a. County: Boise, Idaho Ada	b. City or Town of Birth: Boise Idaho
FATHER	6. Full Name of Father: Elmer T. Smith		7. State or Country of Father's Birth: Ohio (Delphos)	
MOTHER	8. Full Maiden Name of Mother: Vesta Terrell Smith		9. State or Country of Mother's Birth: Illinois (Pulaski)	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Flavia Roy	11. Present Address of Registrant: 627 Gresham Place NW WASH. D.C.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 20, 1971	12. Signature of Notary: Edward J. Johnson	13. Notary Commission expires: January 31, 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt (more than 10 years older)		By whom issued and signed: Anna B. Watkins	Date Issued: Aug.12,1971	Date Orig. Entry: ----
	Date of Birth: Sep.15,1909	Birth Place: So.Boise, Idaho	Full Name of Mother: Vesta T. Smith	Name of Father: Elmer T. Smith	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record Linn County, Iowa		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: July 1,1971	Date Orig. Entry: Apr.1,1930
	Date of Birth: Age: 20	Birth Place: Idaho	Full Name of Mother: Vesta Smith	Name of Father: Elmer T. Smith	
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's birth #581458		By whom issued and signed: District of Columbia	Date Issued: ---	Date Orig. Entry: child born Oct.22,1946
	Date of Birth: Age: 37	Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jensen	Glenda Larson	Sept. 17, 1971

FORM BH 56067

1-18-67

SEP 28 1971

766-101-022-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-693

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lloyd William Powell			2. Date Of Birth (month) (day) (year): February 1, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Egin
FATHER	6. Full Name of Father: Joseph Heber Powell			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Edith Sophia Cox			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lloyd William Powell		11. Present Address of Registrant: St. Anthony Ida. R#2
NOTARY (Seal)	Subscribed and sworn to before me on: 15 Sept 1971	12. Signature of Notary: [illegible]		13. Notary Commission expires: 20 Sept 1973

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Egin Ward, J.W. Rhodehouse, Bishop	Date Issued: Nov.7,1909	Date Orig. Entry: blessed Nov.7,1909
	Date of Birth: Feb.1,1909 / Birth Place: Egin, Fremont County, Idaho	Full Name of Mother: Edith Cox	Name of Father: Joseph H. Powell	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #255033	Date Issued: ---	Date Orig. Entry: child born Apr.18,1937
	Date of Birth: Age: 28 / Birth Place: Egin	Full Name of Mother: ---	Name of Father: - ---	
SUPPORTING RECORD 3.	Type of Document: certified copy of school records	By whom issued and signed: Madison County, Idaho	Date Issued: July 29,1971	Date Orig. Entry: 1918
	Date of Birth: Age: 9 / Birth Place: ---	Full Name of Mother: ---	Name of Father: Joe Powell	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	October 5, 1971

FORM BH 56067

OCT 6 1971

331-124-034-349

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-705

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Merle Emery Clayville
2. Date Of Birth (month) (day) (year): April 24 1909
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Paul, Minidoka
   b. City or Town of Birth: Paul, Idaho

FATHER

6. Full Name of Father: Irl Godfrey Clayville
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Honor Bright Turner
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Merle Emery Clayville
11. Present Address of Registrant: Rt 3, Box 25, Burley, Ida. 83318

NOTARY (Seal)

Subscribed and sworn to before me on: September 17 19 71

12. Signature of Notary: [illegible]
13. Notary Commission expires: 7/10 19 74

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy	State Farm Mutual Automobile Insurance Co.	---	Apr.9,1966

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.24,1909	---	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor & friend at time of birth	Edward B. Schrock (bd.10-12-79)	Sep.17,1971	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.24,1909	----	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding school records	Minidoka County Schools Darrell J.Hatfield,ED.D.Supt.	Sep.1,1971	1915-26

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.24,1909	Minidoka County Paul, Idaho	Honor Turner Clayville	Irl Clayville

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

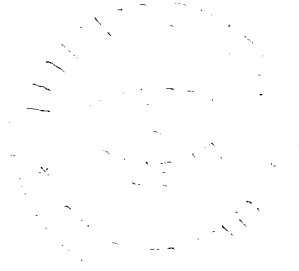
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	October 8,1971

FORM BH 56067

OCT 8 1971

FEB 1 3 1974



699-213-010-031

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-708

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lelah Wright		2. Date of Birth (month) (day) (year): September 13, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Lincoln
FATHER	6. Full Name of Father: Moses J. Wright		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Elizabeth Stanger		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lelah M. Miller	11. Present Address of Registrant: 122 Washington Ave, Rober-ts, Idaho 83449
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 1st 19 71	12. Signature of Notary: [illegible]	13. Notary Commission expires: May 1st 19 75

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother	By whom issued and signed: Earl S. Wright Age: 78	Date Issued: Sep.10,1971	Date Orig. Entry: ---
	Date of Birth: Sep.13,1909	Birth Place: Lincoln, Idaho Bonneville County	Full Name of Mother: Sarah Elizabeth Stanger	Name of Father: Moses J. Wright
SUPPORTING RECORD 2.	Type of Document: LDS Church Certificate of Birth	By whom issued and signed: Idaho Falls Stake, Lincoln Wd, births & bless., pg.130 ln.184	Date Issued: Aug.2,1971	Date Orig. Entry: Dec.5,1909
	Date of Birth: Sep.13,1909	Birth Place: Lincoln, Idaho	Full Name of Mother: Sarah E. Stanger	Name of Father: Moses Wright
SUPPORTING RECORD 3.	Type of Document: Pedigree Chart	By whom issued and signed: Family Records	Date Issued: Dec.1,1949	Date Orig. Entry: obviously old
	Date of Birth: Sep.13,1909	Birth Place: Lincoln, Idaho	Full Name of Mother: Sarah Elizabeth Stanger	Name of Father: Moses J. Wright
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	October 13, 1971

FORM BH 56067

OCT 1 3 1971

239-22-2626-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-726

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hilda Mary Strong		2. Date of Birth (month) (day) (year): August 22 1909
	3. Color or Race: White	4. Sex:	5. Place of Birth a. County: Jefferson; b. City or Town of Birth: La Belle, Jefferson County
FATHER	6. Full Name of Father: Joseph Mendenhall Strong		7. State or Country of Father's Birth: Springville, Utah
MOTHER	8. Full Maiden Name of Mother: Gwendylon Jenkins		9. State or Country of Mother's Birth: Deseret Utah Millard County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Hilda Mary Strong	11. Present Address of Registrant: 140 Ross Drive Clearfield, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: July 21 19 71	12. Signature of Notary	13. Notary Commission expires: April 9 19 74

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of membership	By whom issued and signed: LDS Church, Salt Lake City Utah, Ella D. Jack, Custodian	Date Issued: June 19, 1961	Date Orig. Entry: Baptized Aug 9, 1919
	Date of Birth: Aug. 22, 1909 Birth Place: LaBelle, Idaho	Full Name of Mother: Gwendlon Jenkins	Name of Father: Joseph M. Strong	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin Age:89 who lived nearby at time of birth	By whom issued and signed: T. Mendon Gallup	Date Issued: Aug.30,1971	Date Orig. Entry: ----
	Date of Birth: Aug.22,1909 Birth Place: Labelle, Idaho	Full Name of Mother: Gwendylen Jenkins	Name of Father: Joseph Mendon Strong	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth record #487-F	By whom issued and signed: Local Registrar, Ogden,Utah	Date Issued: Oct.1,1971	Date Orig. Entry: child born Mar.18,1944
	Date of Birth: Age: 34 Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: October 19, 1971

FORM BH 56067

6-16-71

Simmons

OCT 1 9 1971

275-207-038-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-750

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Daisy Thelma Spencer
2. Date Of Birth: April 7 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Payette; b. City or Town of Birth: New Plymouth, Idaho

FATHER

6. Full Name of Father: Fred Leroy Spencer
7. State or Country of Father's Birth: New York

MOTHER

8. Full Maiden Name of Mother: Leonora Agnes VanNatta
9. State or Country of Mother's Birth: Tennessee

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Daisy Dodge
11. Present Address of Registrant: 640 E 2nd Ave Albany Ore

NOTARY (Seal)

Subscribed and sworn to before me on: October 21 1960
12. Signature of Notary: Ruby M. Smalley
13. Notary Commission expires: Aug. 15 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Leonora Spencer	Dec. 12, 1960	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 7, 1909	Payette County New Plymouth, Idaho	Leonora Spencer	Fred Leroy Spencer

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Department	----	Sept. 15, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 7, 1909	Payette, Co., Idaho	Leonora Agnes VanNatta	Fred Leroy Spencer

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding school records, (Central School)	The Payette Public Schools, ID Velma Forsythe, Registrar	Oct. 5, 1971	1915-16

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 6	----	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	pw pw Glenda Larson	November 3, 1971

FORM BH 56067

10-19-60

10-28-60

NOV 4 1971

853-106-025-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-752

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melvin Richard Hill		2. Date Of Birth (month) 9 (day) 6 (year) 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Ferdinand Ida; b. City or Town of Birth: Ferdinand Ida
FATHER	6. Full Name of Father: Jack Hill		7. State or Country of Father's Birth: Eugene, Ore.
MOTHER	8. Full Maiden Name of Mother: Nancy Catherine Strang		9. State or Country of Mother's Birth: Sioux City South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melvin R. Hill	11. Present Address of Registrant: 4813 190 SW Lynnwood Wn 98036
NOTARY (Seal)	Subscribed and sworn to before me on: October 26, 1971	12. Signature of Notary: Wayne E. Jackhula	13. Notary Commission expires: May 26 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age:81 *		By whom issued and signed: Mary Teichert	Date issued: Sep.8,1970	Date Orig. Entry: ----
	Date of Birth: Sept.6,1909	Birth Place: Ferdinand, Idaho	Full Name of Mother: Nancy Catherine Hill	Name of Father: Jack Hill	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: Church of Assumption, Ferdinand ID, Roman Catholic Church	Date issued: Sept.3,1970	Date Orig. Entry: baptized Nov.22,1913
	Date of Birth: Sept.6,1909	Birth Place: Ferdinand	Full Name of Mother: Nancy C. Strang	Name of Father: Jack Hill	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #48-3185	Date issued: ---	Date Orig. Entry: child born Mar.19,1948
	Date of Birth: Sept.6,1909	Birth Place: Ferdinand, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION: *aunt also stated in her affidavit that the registrant was given the nickname of Kelly.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Berson	Glenda Larson	November 3,1971

FORM BH 56067 1cp pd rec # 4138 1-16-69

NOV 4 1971

386-113-003-349

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-762

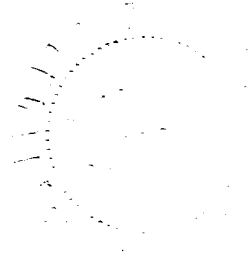
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Franklin Howard Thomas		2. Date Of Birth (month) (day) (year): May 13, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock Co. / b. City or Town of Birth: Lago, Idaho
FATHER	6. Full Name of Father: Howard Lafayette Thomas		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Annie May Turner		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Franklin Howard Thomas	11. Present Address of Registrant: Grace, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 27, 1971	12. Signature of Notary: [illegible]	13. Notary Commission expires: Mar. 18, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Howard L. Thomas	Date Issued: 2-23-53	Date Orig. Entry:
	Date of Birth: May 13, 1909 / Birth Place: ---	Full Name of Mother: Annie M. Thomas	Name of Father: Howard L. Thomas	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #37955	By whom issued and signed: Idaho Mutual Benefit Assoc., Boise, Idaho	Date Issued: Sep.11,1956	Date Orig. Entry: Sept.8,1956
	Date of Birth: May 13,1909 / Birth Place: Lago, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination as a High Priest	By whom issued and signed: LDS Church, Williams Ward, Bannock Stake, A.F. Westerberg, Ward Clerk	Date Issued: Sep.15,1945	Date Orig. Entry: ordained Aug.23,1942
	Date of Birth: May 13,1909 / Birth Place: Trout Creek, Idaho *	Full Name of Mother: Annie May Turner	Name of Father: Howard L. Thomas	
QUALIFYING INFORMATION	*Lago was first called Trout Creek. The Idaho Encyclopedia published in 1938.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: nr Glenda Larson		Date Filed: November 3, 1971

FORM BH 56067

NOV 9 1971



356-106-042-585

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-776

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glen Virgil Leonard			2. Date Of Birth: (month) April (day) 6 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Filer
FATHER	6. Full Name of Father: George Jeramiah Leonard			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Leta Viola Vincent			9. State or Country of Mother's Birth: Des Moines, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glen V Leonard		11. Present Address of Registrant: Rte #2, Filer, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 8 19 71	12. Signature of Notary: Delores Kork		13. Notary Commission expires: 1-15 19 73

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement and photocopy of school records	By whom issued and signed: Tom Turner, Supt., Filer Dist. 413, Filer High School		Date Issued: Oct.12,1971	Date Orig. Entry: Sept.29,1925
	Date of Birth: Apr.6,1909	Birth Place: Filer	Full Name of Mother: Mrs. Geo. Leonard	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Leta Viola Erhardt		Date Issued: Oct.29,1971	Date Orig. Entry: ----
	Date of Birth: Apr.6,1909	Birth Place: Filer, Idaho Twin Falls County	Full Name of Mother: Leta V. Leonard (Erhardt)	Name of Father: George Jeramiah Leonard	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #875044	By whom issued and signed: Kansas City Life Ins. Co.		Date Issued: ----	Date Orig. Entry: May 20,1925
	Date of Birth: Apr.6,1909	Birth Place: Idaho	Full Name of Mother: Leta V. Leonard	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Barnum	gml Glenda Larson	November 12, 1971

FORM BH 56067

10-4-71

NOV 1 2 1971

141-101-001-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-800

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carroll Adams			2. Date Of Birth (month) September (day) 1 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Ada	b. City or Town of Birth: Meridian	
FATHER	6. Full Name of Father: Lester Lee Adams			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Viola Starr			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Carroll C Adams	11. Present Address of Registrant: Box 7234 Boise, Idaho 83707	
NOTARY (Seal)	Subscribed and sworn to before me on: October 8 1971		12. Signature of Notary: Arlene Kalbfleisch	13. Notary Commission expires: October 17 1972	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: State of Idaho File #48-4902	Date Issued: ------	Date Orig. Entry: Child born May 16,1948
	Date of Birth: Age 38Yrs	Birth Place: Meridian,Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Family Bible		By whom issued and signed: Family	Date Issued: ------	Date Orig. Entry: Obviously Old
	Date of Birth: Sept 1,1909	Birth Place: ------	Full Name of Mother: Viola Starr	Name of Father: Lee Adam	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt Age 79yrs		By whom issued and signed: Blanche R. Starr	Date Issued: Oct.8,1971	Date Orig. Entry: -----
	Date of Birth: Sept 1,1909	Birth Place: Meridian, Idaho	Full Name of Mother: Viola Starr	Name of Father: Lester Adams	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Sue Lowe	Date Filed: Nov. 17, 1971

FORM BH 56067

NOV 17 1971

313-220-001-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-805

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rose Calzacorta		2. Date Of Birth (month) Nov (day) 20 (year) 1909
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: John J Calzacorta		7. State or Country of Father's Birth: Spain
MOTHER	8. Full Maiden Name of Mother: Lorenza Gabica		9. State or Country of Mother's Birth: Spain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rose Grass	11. Present Address of Registrant: 204 W. Dewey
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 15 1971	12. Signature of Notary: Viola Merritt	13. Notary Commission expires: July 1973

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: St.John's Cathedral, Boise, ID Msg. N.V.Hughes, Roman Catholic	Date issued: Oct.12,1971	Date Orig. Entry: baptized Feb.8,1910
	Date of Birth: Nov.20,1909	Birth Place: ---	Full Name of Mother: Lorenza Gabica	Name of Father: John Calzacorta	
SUPPORTING RECORD 2.	Type of Document: Certified copy of birth certificate for own child		By whom issued and signed: Multnomah County, Oregon	Date issued: Apr.28,1945	Date Orig. Entry: child born Oct.15,1944
	Date of Birth: Age: 34	Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records		By whom issued and signed: Canyon County, Idaho, School Dist. #37	Date issued: Nov.16,1971	Date Orig. Entry: Sept.2,1919
	Date of Birth: Age: 9	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Nov. 23, 1971

FORM BH 56067

[illegible] pdf rec #23047

9-13-71

NOV 23 1971

652-123-010241

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-823

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hugh Russell Webster
2. Date Of Birth: (month) Jan (day) 23 (year) 1909
3. Color or Race: White Amer
4. Sex: male
5. Place of Birth: a. County: Bonneville
b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: James Burton Webster
7. State or Country of Father's Birth: OHIO USA

MOTHER

8. Full Maiden Name of Mother: Nellie Small
9. State or Country of Mother's Birth: IDAHO USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Hugh Russell Webster
11. Present Address of Registrant: Dubois, Idaho 83423

NOTARY (Seal)

Subscribed and sworn to before me on: April 3, 19 71
12. Signature of Notary: H. R. Harn
13. Notary Commission expires: May 1st 19 73

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavits by parents	By whom issued and signed: Nellie Small Webster & James Burton Webster	Date Issued: Apr.10,1971 Apr.8,1971	Date Orig. Entry: ----
	Date of Birth: Jan.23,1909 / Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Nellie Small	Name of Father: James Burton Webster	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 220077	Date Issued: ----	Date Orig. Entry: child born Mar. 27,1934
	Date of Birth: Age 25 / Birth Place: Idaho Falls	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of statement by attending physician	By whom issued and signed: C.M. Cline, M.D., Idaho Falls,	Date Issued: Oct.12,1944	Date Orig. Entry: ---
	Date of Birth: Jan.23,1909 / Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Nellie Small	Name of Father: James B. Webster	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml fc Glenda Larson	Nov. 30, 1971

FORM BH 56067 1 Copy Only

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363-214-029-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-825

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Lois Cochran			2. Date Of Birth (month) (day) (year): November 14, 1909	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Juliaetta	
FATHER	6. Full Name of Father: Walter Jessie Cochran			7. State or Country of Father's Birth: Idaho, Latah	
MOTHER	8. Full Maiden Name of Mother: Mary Myrtle Morgan			9. State or Country of Mother's Birth: Idaho, Latah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: (Cochran) Mildred Lois Clark		11. Present Address of Registrant: Metaline Falls, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: 21th day March 1963	12. Signature of Notary: Oscar F Wolf		13. Notary Commission expires: 9-19-1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho State File #206494		Date Issued: ---	Date Orig. Entry: child born Sept. 17, 1932
	Date of Birth: Age: 22	Birth Place: Juliaetta, Idaho	Full Name of Mother: ----		Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: photocopy of registration card for husband	By whom issued and signed: Lehigh Portland Cement Co., Allentown, PA, Metaline Falls Plant		Date Issued: ----	Date Orig. Entry: Apr. 1949
	Date of Birth: Nov. 14, 1909	Birth Place: ---	Full Name of Mother: ----		Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Emma Morgan Kent		Date Issued: Nov. 26, 1971	Date Orig. Entry: ---
	Date of Birth: Nov. 14, 1909	Birth Place: Juliaetta, Idaho Latah County	Full Name of Mother: Mary Myrtle Cochran		Name of Father: Walter Jessie Cochran
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: sm gml Glenda Larson	Date Filed: December 2, 1971

FORM BH 56067

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419-222-035-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-832

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ETHEL PEARL DARRAH			2. Date Of Birth (month) 5 (day) 22 (year) 1909	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: NEZ PERCE	b. City or Town of Birth: LEWISTON, IDA.	
FATHER	6. Full Name of Father: HOKE A. DARRAH			7. State or Country of Father's Birth: LINCOLN Co. KANSAS	
MOTHER	8. Full Maiden Name of Mother: CORA A. STEVENS			9. State or Country of Mother's Birth: GENESEE, IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Pearl Darrah		11. Present Address of Registrant: OROVILLE, WASH.	
NOTARY (Seal)	Subscribed and sworn to before me on: 3rd September 1971	12. Signature of Notary: Betty Dieterich		13. Notary Commission expires: Jan 29 1975	

APPLICANT -- DO NOT WRITE BELOW THIS LINE

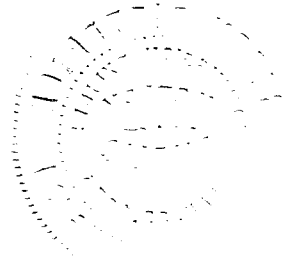
SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage Statistics #2915		By whom issued and signed: Okanogan County, Washington page 144 Book 1	Date Issued: Aug. 19, 1971	Date Orig. Entry: April 3, 1929
	Date of Birth: Age: 19	Birth Place: Nez Perce Co., Idaho	Full Name of Mother: Cora Stevens	Name of Father: Hoke Darrah	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age: 81		By whom issued and signed: Ama Beeman	Date Issued: Aug. 4, 1971	Date Orig. Entry: ----
	Date of Birth: May 22, 1909	Birth Place: ranch Cottonwood Cr. near Lewiston, Idaho	Full Name of Mother: Cora Darrah	Name of Father: H. A. Darrah	
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's birth certificate #6797		By whom issued and signed: State of Washington	Date Issued: --	Date Orig. Entry: child born Feb. 14, 1949
	Date of Birth: Age: 39	Birth Place: Lewiston, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Dec. 6, 1971

FORM BH 56067

9-21-64

DEC 7 1971



466-117-014-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-839

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marion Joseph Moore	2. Date Of Birth (month) (day) (year): Dec. 17 1909
	3. Color or Race: White; 4. Sex: M; 5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Bert Joseph Moore	7. State or Country of Father's Birth: Nebr.
MOTHER	8. Full Maiden Name of Mother: Ethel Vera White	9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marion J Moore; 11. Present Address of Registrant: Route 4 Caldwell Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 5 1967	12. Signature of Notary: [signature]; 13. Notary Commission expires: Nov 24, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle Age 75	By whom issued and signed: Lee White	Date issued: Jan 5,1966	Date Orig. Entry: ------
	Date of Birth: Dec.17,1909; Birth Place: Nampa, Idaho	Full Name of Mother: Ethel Vera White	Name of Father: Bert Joseph Moore	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy 1703669	By whom issued and signed: Sun Life Assurance Co.	Date issued: Jan.24,1944	Date Orig. Entry: Jan.14,1944
	Date of Birth: Dec.17,1909; Birth Place: Nampa, Idaho	Full Name of Mother: - ------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record Bonneville County, Idaho	By whom issued and signed: U. S. Department of Commerce Bureau of the Census	Date issued: Mar.26,1970	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 10; Birth Place: Idaho	Full Name of Mother: Ethel Moore	Name of Father: Bert Moore	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	fc Glenda Larson	December 9, 1971

FORM BH 56067 1 cp pd rec. #6030 (m) 1-31-67 [illegible]

DEC 9 1971

493-215-035-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-010

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ella Lucille Mills			2. Date Of Birth (month) (day) (year): March 15 1909
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Idaho Nez Perce	b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Marma Duke Mills			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Ella Mary Andrews			9. State or Country of Mother's Birth: Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ella L. Stanton		11. Present Address of Registrant: 1091 Lookout Ave Prineville Ore. 97754
NOTARY (Seal)	Subscribed and sworn to before me on: 31 December 1971	12. Signature of Notary: Russell A. Stanton		13. Notary Commission expires: Jan. 11 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother		By whom issued and signed: Frank A. Mills (bd.1/5/1897)	Date Issued: Dec.29,1971	Date Orig. Entry: ---
	Date of Birth: Mar.15,1909	Birth Place: Lewiston, Idaho	Full Name of Mother: Ella Mary (Andrews) Mills	Name of Father: Marma Duke Mills	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible / Notarized		By whom issued and signed: Family records in Bible	Date Issued: Dec.31,1971	Date Orig. Entry: obviously old
	Date of Birth: Mar.15,1909	Birth Place: Lewiston, Idaho	Full Name of Mother: Ella M. Andrews	Name of Father: Marma Duke Mills	
SUPPORTING RECORD 3.	Type of Document: Certified copy of county register of births #45120		By whom issued and signed: Nez Perce County, Idaho L.J.Perkins, M.D.	Date Issued: Nov.17,1971	Date Orig. Entry: quarter ending Mar.31,1909
	Date of Birth: Mar.15,1909	Birth Place: Lewiston, Idaho	Full Name of Mother: Nellie Anders Mills	Name of Father: M. D. Mills	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. L. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 7, 1972

FORM BH 56067

JAN 7 1972
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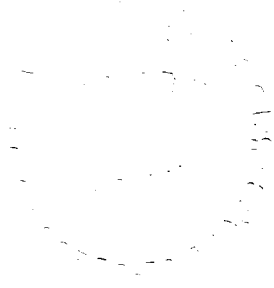

713423-210-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 72-012**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Claude Packer			2. Date Of Birth (month) July (day) 23 (year) 1909
	3. Color or Race: Caus	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Edson Berry Packer			7. State or Country of Father's Birth: Franklin, Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Agnes McGrath			9. State or Country of Mother's Birth: Concho, Arizona
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James C. Packer		11. Present Address of Registrant: 3626 Midway Rd. Apt. J88 Decatur, Georgia 30032
NOTARY (Seal)	Subscribed and sworn to before me on: December 9 1971	12. Signature of Notary: Bonnie A. Critchfield		13. Notary Commission expires: Notary Public, Georgia, State at Large My Commission Expires June 16, 1975 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mary Agnes Packer	Date Issued: Nov.15,1971	Date Orig. Entry: ---
	Date of Birth: July 23,1909	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Mary Agnes McGrath	Name of Father: Edson Berry Packer	
SUPPORTING RECORD 2.	Type of Document: photocopy of military discharge		By whom issued and signed: U.S. Navy, W.L.Gottenberg,Lt. (S) USNR Discharge Officer	Date Issued: discharged Oct.23,1945	Date Orig. Entry: enlisted Aug.3,1942
	Date of Birth: July 23,1909	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for National Service Life Ins.		By whom issued and signed: U.S.N. Center, San Bruno,CA	Date Issued: ---	Date Orig. Entry: June 7,1943
	Date of Birth: July 23,1909	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Jensen	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 7, 1972

FORM BH 56067

10-20-71

JAN 7 1972

869-208-010-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-018

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VENNA AURILIA HORROCKS			2. Date Of Birth (month) 5 (day) 8 (year) 1909	
	3. Color or Race: W	4. Sex: F	5. Place of Birth: IDAHO a. County: Bonneville	b. City or Town of Birth: IONA	
FATHER	6. Full Name of Father: WILLIAM HORROCKS			7. State or Country of Father's Birth: Heber City, Utah	
MOTHER	8. Full Maiden Name of Mother: AURILIA LEE			9. State or Country of Mother's Birth: WOODRUFF, UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Venna A. Hamsley	11. Present Address of Registrant: 1103 So. Highland Acres Bismarck, North Dakota	
NOTARY (Seal)	Subscribed and sworn to before me on: January 7 19 72		12. Signature of Notary: [illegible]	13. Notary Commission expires: Notary Public, BURLEIGH CO., N. DAK. My Commission Expires FEB. 11, 1974 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photocopy of LDS Church certificate of birth	By whom issued and signed: Bingham Stake, Iona Ward Rec, Bapt. page 80 line 87 1917		Date Issued: Aug. 18, 1970	Date Orig. Entry: Aug. 5, 1917
	Date of Birth: May 8, 1909	Birth Place: Iona, Idaho	Full Name of Mother: Aurilia Lee	Name of Father: William Horrocks	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital certificate of own child's birth	By whom issued and signed: Montana Deaconess Hospital Great Falls, Montana		Date Issued: ----	Date Orig. Entry: child born Sep. 12, 1946
	Date of Birth: May 8, 1909	Birth Place: Iona, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #J-738449	By whom issued and signed: Reserve Life Ins. Co., Dallas, Texas		Date Issued: Apr. 9, 1956	Date Orig. Entry: Mar. 28, 1956
	Date of Birth: May 8, 1909	Birth Place: ---	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	Glenda Larson	Jan. 12, 1972

FORM BH 56067

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MAY 1 5 1972
JAN 2 5 1977

258-105029-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 72-021

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Herman F. Beyer			2. Date of Birth: (month) 10 (day) 5 (year) 09	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: Deary, Idaho a. County: Latah	b. City or Town of Birth: Deary, Idaho	
FATHER	6. Full Name of Father: Charles Beyer			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Minnie Kastin			9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Herman F. Beyer	11. Present Address of Registrant: Juliaetta, Idaho - Rt. 1	
NOTARY (Seal)	Subscribed and sworn to before me on: December 28 19 71		12. Signature of Notary: [signature]	13. Notary Commission expires: May 25 19 73	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother		By whom issued and signed: Fredrick W. Beyer Age: 71	Date Issued: May 14,1971	Date Orig. Entry: ----
	Date of Birth: Oct.5,1909	Birth Place: Deary, Idaho Latah County	Full Name of Mother: Minnie Beyer	Name of Father: Charles Beyer	
SUPPORTING RECORD 2.	Type of Document: Family Record		By whom issued and signed: Family Records	Date Issued: ---	Date Orig. Entry: obviously very old
	Date of Birth: Oct.9,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding employment records		By whom issued and signed: Vern G.Spekker,State Forest Warden,Dept. of Public Lans,Idaho	Date Issued: Jan.6,1972	Date Orig. Entry: Apr.25,1966
	Date of Birth: Oct.5,1909	Birth Place: Deary, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Larson		Evidence reviewed by: gml Glenda Larson	Date Filed: Jan. 12, 1972	

FORM BH 56067

JAN 13 1972

812-131-029-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-030

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilfrid MARTIN HASFURTHER			2. Date Of Birth (month) 12 (day) 31 (year) 09
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County Genesee Idaho / Latah	b. City or Town of Birth: Genesee
FATHER	6. Full Name of Father: Victor Hasfurther			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Frances Hennen			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilfrid M. Hasfurther		11. Present Address of Registrant: 2907 Echo Drive, Boise, Idaho, 83704
NOTARY (Seal)	Subscribed and sworn to before me on: January 17 1972	12. Signature of Notary: Kay Floyd		13. Notary Commission expires: 8-13- 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baby Book	By whom issued and signed: Family	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Dec.31,1909 / Birth Place: Genesee, Idaho	Full Name of Mother: Frances Hennen Hasfurther	Name of Father: Victor Hasfurther	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age 79	By whom issued and signed: Kathryn F. Baumgartner	Date Issued: Jan.11,1972	Date Orig. Entry: ------
	Date of Birth: Dec.31,1909 / Birth Place: Genesee, Idaho	Full Name of Mother: Frances Hennen	Name of Father: Victor Hasfurther	
SUPPORTING RECORD 3.	Type of Document: Baptismal Record	By whom issued and signed: Roman Catholic Church	Date Issued: Jan.6,1972	Date Orig. Entry: Baptized Jan.23,1910
	Date of Birth: Dec.31,1909 / Birth Place: Genesee, Idaho	Full Name of Mother: Frances Hennen	Name of Father: Victor Hasfurther	

QUALIFYING INFORMATION

Own childs birth certificate on file with state of Utah, file # 56 18 1316 gives age of Wilfrid Martin Hasfurther as 46 when child was born Feb. 28, 1956.

REGISTRAR'S CERTIFICATION (seal)

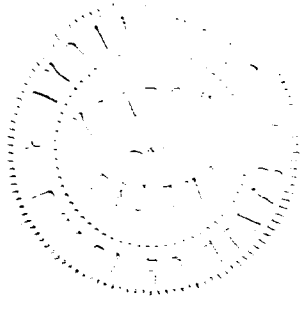
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Jan.17, 1972

FORM BH 56067

12-22-71

JAN 1 8 1972



630

493-110-036-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 72-037**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Raymond Richards			2. Date of Birth (month) August (day) 10 (year) 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Malad, Idaho Oneida	b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: John Eugene Richards			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lovinnia Pearl Thompson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Raymond Richards		11. Present Address of Registrant: P.O. Box 908, Truckee, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: January 5 1972	12. Signature of Notary: Richard C. Swanson Joseph Raymond Richards		13. Notary Commission expires: U.S.A. Sept. 6 1975

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Tahoe North Branch Reno No.Stake, Robert J.Barton,B.P. 1971	Date Issued: Aug.29,	Date Orig. Entry: baptized May 2,1919
	Date of Birth: Aug.10,1909	Birth Place: Malad, Idaho Oneida County	Full Name of Mother: Lovinnia P. Thompson	Name of Father: John E. Richards
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance	By whom issued and signed: Occidental Life Ins. Co. of California	Date Issued: ---	Date Orig. Entry: Mar.20,1956
	Date of Birth: Aug.10,1909	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital summary sheet	By whom issued and signed: T. D. Nelson,M.D., Truckee, CA	Date Issued: ---	Date Orig. Entry: May 18, 1957
	Date of Birth: Aug.10,1909	Birth Place: Idaho	Full Name of Mother: Pearl Thompson	Name of Father: John Eugene Richards
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	Jan. 20, 1972

FORM BH 56067

JAN 2 0 1972

282-103-004-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-039

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Robert Lee Bybee
2. Date Of Birth (month) May (day) 3 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bear Lake
b. City or Town of Birth: Montpelier

FATHER

6. Full Name of Father: Stanley Raymond Bybee
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Lavenia Lee
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Robert Lee Bybee
11. Present Address of Registrant: Glenns Ferry Idaho

NOTARY (Seal)

Subscribed and sworn to before me on January 19 1972

12. Signature of Notary: Elaine Bardsen
13. Notary Commission expires: August 31 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own childs birth certificate	St. Luke's Hospital	Oct.18,1944	Child born Oct. 18, 1944
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 3,1909 / Montpelier, Ida.	-----	--------	
SUPPORTING RECORD 2.	Honorable Discharge	M. G. McConnel,Adj. General	Nov.22,1943	Enlisted May 15,1942
	Age 33 / Idaho	----	------	
SUPPORTING RECORD 3.	Insurance Policy #L 306025	Business Men's Assurance	Dec.15,1942	Dec. 9, 1942
	May 3,1909 / Montpelier,Idaho	Lavenia Lee Bybee	Stanley Bybee	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Jan 18, 1972

FORM BH 56067

JAN 2 0 1972

037

595-26-5942-944

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-044

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Niemeyer			2. Date Of Birth (month) June (day) 26 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth:
FATHER	6. Full Name of Father: Gerrit John Niemeyer			7. State or Country of Father's Birth: Holland
MOTHER	8. Full Maiden Name of Mother: Margaret Immeker			9. State or Country of Mother's Birth: Holland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Hanson		11. Present Address of Registrant: Rt. 1, Box 1404 Sunnyside WA 98944
NOTARY (Seal)	Subscribed and sworn to before me on: December 31 19 71	12. Signature of Notary: Bernice Berger		13. Notary Commission expires: Oct. 15 19 73

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #601	By whom issued and signed: State of Washington		Date Issued: Sep.19,1946	Date Orig. Entry: child born Sep.16,1940
	Date of Birth: Age: 31	Birth Place: Twin Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records Page 38 reg.#3	By whom issued and signed: First Reformed Church of Yakima, WA, Rev.Raymond J.Teusink		Date Issued: Dec.30,1971	Date Orig. Entry: 1926
	Date of Birth: June 26,1909	Birth Place: Twin Falls Co., ID	Full Name of Mother: Margaret Niemeyer	Name of Father: Gerrit John Niemeyer	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage return #15210	By whom issued and signed: Yakima County, Washington		Date Issued: Jan.18,1972	Date Orig. Entry: Nov.5,1931
	Date of Birth: Age: 22	Birth Place: Twin Falls, Idaho	Full Name of Mother: Margaret Immeker	Name of Father: Garrit John Niemeyer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Denson	Evidence reviewed by: gml Glenda Larson	Date Filed: January 24, 1972

FORM BH 56067

JAN 2 4 1972

655-202-007-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-095

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LENDOLYN RUTH FENDER			2. Date Of Birth (month) 11 (day) 2 (year) 09
	3. Color or Race: white	4. Sex: F.	5. Place of Birth a. County: Blaine County, Idaho	b. City or Town of Birth: Hailey
FATHER	6. Full Name of Father: EDGAR LEONARD FENDER			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: RUTH MARSHALL HATFIELD			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lendolyn Ruth Davenport		11. Present Address of Registrant: 309 NW "E" St. Grants Pass, Oregon 97526
NOTARY (Seal)	Subscribed and sworn to before me on: 4-15 1971	12. Signature of Notary: C. Meredith		13. Notary Commission expires: July 21 1973

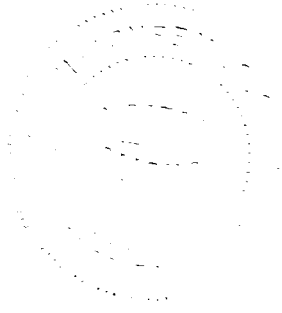
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Ruth M. Fender	Date issued: Apr.15,1971	Date Orig. Entry: --
	Date of Birth: Nov.2,1909	Birth Place: Hailey, Idaho Blaine County	Full Name of Mother: Ruth M. Fender (nee Hatfield)	Name of Father: Edgar L. Fender	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #541-16-4711		By whom issued and signed: Social Security Adm.	Date issued: ---	Date Orig. Entry: Oct.11,1938
	Date of Birth: Nov.2,1909	Birth Place: Hailey, Idaho	Full Name of Mother: Ruth M. Hatfield	Name of Father: Edgar Leonard Fender	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage return		By whom issued and signed: Skamania County, Washington	Date issued: May 6,1971	Date Orig. Entry: Feb.15,1930
	Date of Birth: Age: 20	Birth Place: Hailey, Idaho	Full Name of Mother: Ruth Hatfield	Name of Father: E. L. Fender	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: Feb. 11, 1972

FORM BH 56067

FEB 1 1 1972



231-22-004-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-123

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dora Middleton Black
2. Date of Birth (month) (day) (year): 12 27 1909
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Montpelier Idaho Bear Lake
   b. City or Town of Birth: Montpelier, Idaho.

FATHER:
6. Full Name of Father: John Black
7. State or Country of Father's Birth: England Co. Durham

MOTHER
8. Full Maiden Name of Mother: Frances Sarah Winham.
9. State or Country of Mother's Birth: England Co. Durham

AFFIDAVIT
I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Dora M. Middleton
11. Present Address of Registrant: 1355 Acacia Street

NOTARY (Seal)
Subscribed and sworn to before me on: January 15, 1971
12. Signature of Notary: Richard Burton
13. Notary Commission expires: May 31 1971

RICHARD J. BURTON
NOTARY PUBLIC
COUNTY OF CONTRA COSTA
My Commission Expires May 31, 1971

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Confirmation Certificate of Baptism &	Montpelier, ID (Bishop) LDS Church - Wm J. Crockett	------	Child Baptized Mar. 29, 1918

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 27, 1909	Montpelier, Idaho	Francis Sarah Winham	John Black

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	U.S. Dept. of Census	Feb. 17, 1972	Census Taken Apr. 15, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 3 Mos.	Idaho	Frances Black	John Black

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	Nevada State Board of Health	Aug 17, 1950	Child born Aug. 22, 1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 19	Idaho	-----	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sl Florence Curtright	Feb. 23, 1972

FORM BH 56067

No Census

FEB 25 1972

00-72-123

669715 803 -296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-125

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FRANK CHARLES FORREST
2. Date of Birth (month) (day) (year): Sept. 15 1909
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: MARSH CENTER - BANNOCK
b. City or Town of Birth:

FATHER

6. Full Name of Father: THOMAS FORREST
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: MELINDA ANN BROWN
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frank Charles Forrest
11. Present Address of Registrant: 611 North Hayes Pocatello Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Feb 1 1972
12. Signature of Notary: Dewey K. Scott
13. Notary Commission expires: 12-20 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of Blessing	LDS Church, L.F.Parris,Clerk Marsh Center Ward	----	blessed Jan.2,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.15,1909	Marsh Center,Ida. Bannock County	Melinda A. Brown	Thomas Forrest

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy #258516	Beneficial Life Ins. Co.	----	Oct.19, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 35	----	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by relative	Dewey Forrest Age: 73	Feb.23,1972	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.15,1909	Marsh Center,Idaho Bannock County	Melinda Ann Brown	Thomas Forrest

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Larson	gml Glenda Larson	Feb. 23, 1972

FORM BH 56067

FEB 2 4 1972

693-125-006-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-202

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JAMES RALPH WILKINS
2. Date of Birth (month) Feb. (day) 25 (year) 1909
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Bingham now Bonneville
b. City or Town of Birth: Coltman

FATHER

6. Full Name of Father: JESSE WILKINS
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: FANNY JANE BURTON
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James Ralph Wilkins
11. Present Address of Registrant: Route 2 Box 319 Idaho Falls

NOTARY (Seal)

Subscribed and sworn to before me on 29th of February 1972

12. Signature of Notary: Beryl B. Hills

13. Notary Commission expires: April 27 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism and Confirmation	LDS Church, Arthur R.Mirkin, Clerk,Coltman, Idaho	Oct.7,1917	baptized Oct.7,1917
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.25,1909 / Coltman, Idaho Bonneville County	Fanny J. Burton	Jesse Wilkins	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Bankers Life Co., DesMoines, Iowa	Date Issued: Sept.1,1929	Date Orig. Entry: Aug.25,1929
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.25,1909 / Coltman, Idaho	Fanny Jane Wilkins	---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license #331	By whom issued and signed: Cache County, Utah Iver L. Larsen	Date Issued: Feb.9,1972	Date Orig. Entry: Aug.22,1934
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 25 / ---	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	April 5, 1972

FORM BH 56067

APR 5 1972

466-213-010-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-209

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cora Etta Moore			2. Date of Birth (month) Dec. (day) 13 (year) 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Shelton, Idaho Bonneville	b. City or Town of Birth: Shelton, Idaho
FATHER	6. Full Name of Father: Willard C. Moore			7. State or Country of Father's Birth: Neely, Idaho
MOTHER	8. Full Maiden Name of Mother: Julia Etta Smith			9. State or Country of Mother's Birth: Cedar City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cora Etta Moore (Morrow)		11. Present Address of Registrant: 414 Third St. Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 22 March 1972	12. Signature of Notary: Clara Jenkins		13. Notary Commission expires: 17 March 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #204157	Date Issued: ---	Date Orig. Entry: child born June 2, 1932
	Date of Birth: Age: 22	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age:74	By whom issued and signed: Mary Smith Pedersen	Date Issued: Mar. 22, 1972	Date Orig. Entry: ----
	Date of Birth: Dec. 13, 1909	Birth Place: Bonneville County Shelton, Idaho	Full Name of Mother: Julia Etta Smith	Name of Father: Willard C. Moore
SUPPORTING RECORD 3.	Type of Document: photocopy of certificate of membership	By whom issued and signed: LDS Church	Date Issued: ----	Date Orig. Entry: blessed Mar. 6, 1910
	Date of Birth: Dec. 13, 1909	Birth Place: Shelton, Idaho Bonneville County	Full Name of Mother: Julia Smith	Name of Father: Willard C. Moore
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: April 7, 1972

FORM BH 56067

APR 1 0 1972

664-111-009-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-221

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alvin Edward Fode		2. Date Of Birth (month) (day) (year): June 11 1909
	3. Color or Race: white	4. Sex:	5. Place of Birth a. County: Bonner; b. City or Town of Birth: between Sandpoint/Kootenai
FATHER	6. Full Name of Father: Karl Fode		7. State or Country of Father's Birth: unknown
MOTHER	8. Full Maiden Name of Mother: Elise Waisel		9. State or Country of Mother's Birth: unknown
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: c/o Betty Batterman 14155 Magnolia, Sherm Oaks, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: MARCH 7 1972	12. Signature of Notary: [signature]	13. Notary Commission expires: LIFETIME 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of Baptism		By whom issued and signed: H.Wittrock, Ev.Luther. Pastor Emanuel church, Ritzville, WA	Date Issued: ---	Date Orig. Entry: baptized May 22, 1910
	Date of Birth: June 11, 1909	Birth Place: Sandpoint, IDAHO	Full Name of Mother: Elise Waizel	Name of Father: Karl Fode	
SUPPORTING RECORD 2.	Type of Document: Certified statement regarding school census records		By whom issued and signed: Bonner County Dis.#82, Sandpoint, ID, Mike Lamanna, Asst. Supt.	Date Issued: Feb. 10, 1972	Date Orig. Entry: Sept. 13, 1915
	Date of Birth: Age: 6	Birth Place: ---	Full Name of Mother: -----	Name of Father: Carl Fode	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father		By whom issued and signed: Karl Fode	Date Issued: Oct. 29, 1969	Date Orig. Entry: ----
	Date of Birth: June 11, 1909	Birth Place: Kootenai, Idaho USA	Full Name of Mother: Elise Fode (nee Waizel)	Name of Father: Karl Fode	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 7, 1972

FORM BH 56067

2-28-72

Vital Records Research
(Alvin Edward Fode)

APR 10 1972

253-118-033-966

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No: DE 72-222

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GEORGE MARTELL BELL			2. Date Of Birth (month) 5 (day) 19 (year) 1909	
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: REXBURG, IDAHO MADISON	b. City or Town of Birth: REXBURG	
FATHER	6. Full Name of Father: WILLAAM A. BELL			7. State or Country of Father's Birth: ODGEN, UTAH	
MOTHER	8. Full Maiden Name of Mother: HARRIETT ADALINE ROWBERY			9. State or Country of Mother's Birth: WELLSVILLE, UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X George Martell Bell		11. Present Address of Registrant: 316 EAST 1ST SO REXBURG, IDAHO 83440	
NOTARY (Seal)	Subscribed and sworn to before me on: JANUARY 14, 19 71	12. Signature of Notary: [illegible]		13. Notary Commission expires: OCTOBER 1, 19 72	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #265305		Date Issued: ----	Date Orig. Entry: child born Dec.11,1937
	Date of Birth: Age: 28	Birth Place: Rexburg, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certified copy of school census records	By whom issued and signed: Madison County, Idaho		Date Issued: Mar.21,1972	Date Orig. Entry: Sept.1928
	Date of Birth: May 19,1909	Birth Place: ----	Full Name of Mother: Yarriet Bell	Name of Father: Wm. Bell	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #3099052	By whom issued and signed: Occidental Life Ins. Co. of California		Date Issued: Oct.12,1949	Date Orig. Entry: Oct.12,1949
	Date of Birth: May 19,1909	Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

Affidavit by sister, Sibyl Lucille Bell Parker, 70, signed March 27, 1972 gives birthdate as May 19, 1909 in Rexburg, Idaho to Harriet Adeline Rowberry and William Alfred Bell.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	April 7, 1972

FORM BH 56067

APR 17 1972

136-110-035-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-231

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILBUR LEON ATWOOD			2. Date Of Birth (month) JANUARY (day) 10 (year) 1909	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: GREER, IDAHO a. County: NEZ PERCE	b. City or Town of Birth: NEAR GREER, IDAHO	
FATHER	6. Full Name of Father: EDGAR EMERY ATWOOD			7. State or Country of Father's Birth: MICHIGAN	
MOTHER	8. Full Maiden Name of Mother: JULIA MAY GILLILAND			9. State or Country of Mother's Birth: MISSOURI	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Wilbur L. Atwood	11. Present Address of Registrant: BOISE, IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: November 8, 19 71		12. Signature of Notary: John L. Regan	13. Notary Commission expires: August 25, 19 74	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: ---	Date Orig. Entry: June 3,1954
	Date of Birth: Jan.10,1909	Birth Place: Greer, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of honorable discharge		By whom issued and signed: U.S. Army, Richard C.O'Connell Lt Col AGD,Ft.Meade,MD	Date Issued: discharge Dec.14,1945	Date Orig. Entry: inducted Mar.30,1944
	Date of Birth: Jan.10,1909	Birth Place: Greer, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of pages from family Bible		By whom issued and signed: Family Recordsin Bible	Date Issued: Nov.8,1971	Date Orig. Entry: obviously old
	Date of Birth: Jan.10,1909	Birth Place: Greer, Idaho	Full Name of Mother: Julia May Gilliland	Name of Father: Edgar Emery Atwood	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: April 11, 1972

FORM BH 56067

APR 12 1972

630-22-029-714

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 72-263

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Laura Victoria Flodberg		2. Date Of Birth (month) Feb (day) 21 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: ~~Troy~~ Troy, Ida.
FATHER	6. Full Name of Father: Jonas Flodberg		7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Alma Paulson		9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Laura Victoria Swan	11. Present Address of Registrant: 413 S. Almon Moscow Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 19 1972	12. Signature of Notary: Mildred W. Robinson	13. Notary Commission expires: 3-1-76 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of church record	By whom issued and signed: S.D.Hawkins, Ev.Luth.Pastor Troy, Idaho	Date Issued: -----	Date Orig. Entry: May 1909
	Date of Birth: Feb.21,1909 / Birth Place: Troy, Idaho	Full Name of Mother: Alma Flodberg	Name of Father: Jonas Flodberg	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #256168	Date Issued: ---	Date Orig. Entry: child born Feb.28,1937
	Date of Birth: Age: 28 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #N58154-11	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: Oct.18,195[illegible]	Date Orig. Entry: Sept.30,1951
	Date of Birth: Feb.21,1909 / Birth Place: Troy, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	April 20, 1972

FORM BH 56067

10-27-71

APR 20 1972

693-22-0036-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-267

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rachel Florence Williams
2. Date Of Birth (month) (day) (year): April 22 1909
3. Color or Race: W.
4. Sex: F.
5. Place of Birth a. County: Samaria Oneida
b. City or Town of Birth: Samaria, Oneida Co.

FATHER

6. Full Name of Father: Joseph Williams
7. State or Country of Father's Birth: Idaho - Oneida

MOTHER

8. Full Maiden Name of Mother: Rachel Morse
9. State or Country of Mother's Birth: Idaho - Oneida

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rachel Florence Williams
11. Present Address of Registrant: P.O. Box 33 Samaria, Idaho 83252

NOTARY (Seal)

Subscribed and sworn to before me on: 3-27 19 72
12. Signature of Notary: Alice Jones
13. Notary Commission expires: Jan 19 1975

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by life-long friend & neighbor	By whom issued and signed: William S. Waldron (bd.12/24/88)	Date Issued: Apr.10,1972	Date Orig. Entry: ---
	Date of Birth: Apr.22,1909 / Birth Place: Samaria, Idaho	Full Name of Mother: Rachel Morse Williams	Name of Father: Joseph Williams	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance #414103	By whom issued and signed: Blue Cross Group Ins.	Date Issued: ---	Date Orig. Entry: Feb.12,1955
	Date of Birth: Apr.22,1909 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: L.D.S.Church Samaria	Date Issued: Apr.18,1972	Date Orig. Entry: Baptized July 6,1919
	Date of Birth: Apr.22,1909 / Birth Place: Samaria, Idaho	Full Name of Mother: Rachel Morse	Name of Father: Joseph Williams	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	April 21, 1972

FORM BH 56067 1 Copy issued (12618)

APR 21 1972

268716-040-599

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-281

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHARLES HENRY BOHON			2. Date Of Birth (month) JULY (day) 16 (year) 1909	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: WALLACE IDAHO SHOSHONE	b. City or Town of Birth: WALLACE IDAHO	
FATHER	6. Full Name of Father: SHERMAN EDWARD BOHON			7. State or Country of Father's Birth: MISSOURI - U.S.A.	
MOTHER	8. Full Maiden Name of Mother: SOPHIA (WMI) ERICKSON			9. State or Country of Mother's Birth: FINLAND	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Henry Bohon		11. Present Address of Registrant: RTE 1 BOX 12 COEUR D'ALENE IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: APRIL 12th 1972	12. Signature of Notary: [signature]		13. Notary Commission expires: OCT 11 1975	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States		Date Issued: Dec.18,1945	Date Orig. Entry: Inducted Aug.22,1942
	Date of Birth: Jul.16,1909	Birth Place: Wallace,Idaho	Full Name of Mother: --------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Marriage License # 11217	By whom issued and signed: Missoula Co., Montana		Date Issued: Mar.16,1956	Date Orig. Entry: ----
	Date of Birth: Jul.16,1909	Birth Place: Wallace,Idaho	Full Name of Mother: Sophia Erickson	Name of Father: Sherman E. Bohon	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy 876602	By whom issued and signed: Federal Employees Benefits		Date Issued: June 4, 1966	Date Orig. Entry: -----
	Date of Birth: Jul.16,1909	Birth Place: ------	Full Name of Mother: -----	Name of Father: -------	
QUALIFYING INFORMATION					

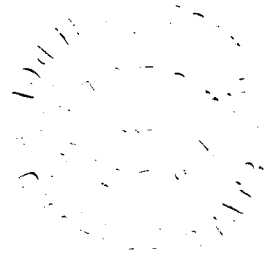
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	April 27, 1972

FORM BH 56067

APR 28 1972



919-101-035-726

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-283

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Julius Francis Rains			2. Date Of Birth (month) April (day) 1 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bedrock Canyon, Nezperce	b. City or Town of Birth: P.O. Leland
FATHER	6. Full Name of Father: Jesse Rains			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Hester Eliza Gbor			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: J F Rains		11. Present Address of Registrant: 12832-66 Street, Edmonton, Alberta
NOTARY (Seal)	Subscribed and sworn to before me on: September 24 19 71	12. Signature of Notary: [signature]		13. Notary Commission expires: At the pleasure of the LT.-Gov. in 19 Council

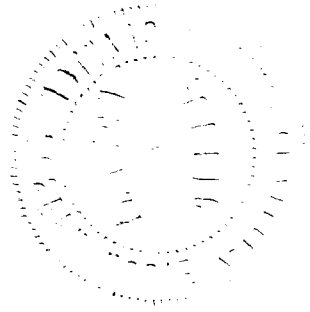
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Certificate		By whom issued and signed: Rev. A. W. MacMichael	Date Issued: --	Date Orig. Entry: Baptized Mar.11,1916
	Date of Birth: Apr.1,1909	Birth Place: Idaho	Full Name of Mother: Hester Rains	Name of Father: Jesse Rains	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Bible Record	Date Issued: --	Date Orig. Entry: obviously old
	Date of Birth: Apr.1,1909	Birth Place: NezPerce Co P.O.Leland,Bed Rock Canyon,Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt Age 81		By whom issued and signed: Naomi Glor Scott	Date Issued: Apr.5,1972	Date Orig. Entry: -----
	Date of Birth: Apr.1,1909	Birth Place: Bed Rock Canyon	Full Name of Mother: Hester E. Glor	Name of Father: Jesse Rains	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc gml Florence Curtright	Date Filed: April 27,1972

K FORM BH 56067

APR 2 8 1972



DECEASED

652-215031-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-304

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Marie Westfall			2. Date Of Birth (month) October (day) 15 (year) 1909
	3. Color or Race: Cau.	4. Sex: F	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Ilo
FATHER	6. Full Name of Father: John W. Westfall			7. State or Country of Father's Birth: Unknown
MOTHER	8. Full Maiden Name of Mother: Clara B. Scott			9. State or Country of Mother's Birth: Unknown
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy Marie Westfall Bibbins		11. Present Address of Registrant: Craigmont, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on ~~March~~ 10-12 19 71	12. Signature of Notary: Calvin E. Hennessy		13. Notary Commission expires: 10-6-72 ~~January 14 1972~~

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital certificate of own child's birth	By whom issued and signed: St. Joseph's Hospital, Lewiston Idaho, K.H. Collins, M.D.	Date Issued: ----	Date Orig. Entry: child born Jan. 20, 1936
	Date of Birth: Oct. 15, 1909 Birth Place: Illo, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of insurance policy application	By whom issued and signed: Grange Mutual Life Co., Nampa, ID	Date Issued: ----	Date Orig. Entry: Oct. 3, 1936
	Date of Birth: Oct. 15, 1909 Birth Place: Craigmount, Idaho *	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: original obviously old
	Date of Birth: Oct. 15, 1909 Birth Place: Ilo, Idaho	Full Name of Mother: Clara Blanche Scott	Name of Father: John Wright Westfall	

QUALIFYING INFORMATION: *the town of Ilo no longer exists. The town of Craigmont is now located at the place where Ilo originally was.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	May 3, 1972

FORM BH 56067

MAY - 4 1972

665-107-035-454

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-318

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FRANK JOHN WONDER
2. Date Of Birth: (month) DEC, (day) 7, (year) 1909
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County: NEZ PERCE; b. City or Town of Birth: Russell

FATHER

6. Full Name of Father: FRANK WUNDER
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: KUNIGUNDA FRANZ UNDER
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frank John Wonder
11. Present Address of Registrant: 518 W 8 ST.

NOTARY (Seal)

Subscribed and sworn to before me on April 18, 1972
12. Signature of Notary: Lizette K. VanBrocklin
13. Notary Commission expires: Dec. 1, 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Census Record	Dept. of Commerce	Apr. 13, 1972	Census taken Apr. 15, 1910
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	4 months / Idaho	Cona Wonder	Frank Wonder	
SUPPORTING RECORD 2.	Honorable Discharge	Army of the United States	Jan. 29, 1946	Inducted Oct. 22, 1943
	Dec. 7, 1909 / Russell, Idaho	-------	------	
SUPPORTING RECORD 3.	Marriage License # 2866	Clallam Co. Washington	Jun. 19, 1934	Married June 9, 1934
	Age 24 / Idaho	----	Frank Wonder, SR	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 5, 1972

FORM BH 56067

MAY 5 1972

793-218-010-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-323

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Pitman		2. Date Of Birth (month) (day) (year): December 18, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: was Bingham now Bonneville; b. City or Town of Birth: RFD (Milo) Idaho Falls
FATHER	6. Full Name of Father: John Tayler Pitman		7. State or Country of Father's Birth: Mont.
MOTHER	8. Full Maiden Name of Mother: Francis Ann Price		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Westover	11. Present Address of Registrant: 240 E.17th, Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 24 1972	12. Signature of Notary: [signature]	13. Notary Commission expires: November 19 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #213861	Date Issued: ----	Date Orig. Entry: June 22,1933
	Date of Birth: Age: 23	Birth Place: Milo, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Frances Pitman	Date Issued: Mar.21,1972	Date Orig. Entry: ---
	Date of Birth: Dec.18,1909	Birth Place: rural route of Milo,Bonneville CO.	Full Name of Mother: Francis Price Pitman (formerly Bingham County.)	Name of Father: John Pitman	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Blessing		By whom issued and signed: LDS Church, Milo Ward	Date Issued: Mar.21,1972	Date Orig. Entry: blessed Mar.6,1910
	Date of Birth: Dec.18,1909	Birth Place: Milo, Idaho Bingham County	Full Name of Mother: Francis Price	Name of Father: John Pitman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: May 8, 1972

FORM BH 56067

MAY 8 1972

469-21-035-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-325

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: THOMAS ORAL MORTIMORE			2. Date of Birth (month) (day) (year): JUNE 21 1909
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: GIFFORD NEZ PERCE	b. City or Town of Birth: GIFFORD IDAHO
FATHER	6. Full Name of Father: PLYMOUTH ALLEN MORTIMORE			7. State or Country of Father's Birth: MO.
MOTHER	8. Full Maiden Name of Mother: NANCY ANN VANHORN			9. State or Country of Mother's Birth: ILL
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thomas O. Mortimore		11. Present Address of Registrant: 1990 CELESTIA DR. WALLA WALLA WASH
NOTARY (Seal)	Subscribed and sworn to before me on: May 3rd 1972	12. Signature of Notary: Eldyn Eddy		13. Notary Commission expires: January 5 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister		By whom issued and signed: Alvie E. Knox (bd.6/2/97)	Date Issued: Apr.19,1972	Date Orig. Entry: ---
	Date of Birth: June 21,1909	Birth Place: Gifford, Idaho	Full Name of Mother: Nancy Ann Van Horn	Name of Father: Plymouth Allen Mortimore	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Records in Bible	Date Issued:	Date Orig. Entry:
	Date of Birth: June 21,1909	Birth Place: ----	Full Name of Mother: Nancy A. Van Horn	Name of Father: P. A. Mortimore	
SUPPORTING RECORD 3.	Type of Document: Certified statement regarding marriage records		By whom issued and signed: Walla Walla County, Wash.	Date Issued: May 1,1972	Date Orig. Entry: Nov.8,1944
	Date of Birth: Age: 35	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	May 9, 1972

FORM BH 56067

MAY 9 1972

658-230-029-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-336

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Chloie May Whybark			2. Date Of Birth (month) (day) (year): September 30, 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Big Bear Ridge, Latah	b. City or Town of Birth: Kendrick, Idaho
FATHER	6. Full Name of Father: William McKnight Whybark			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Esther Eleanor Harris			9. State or Country of Mother's Birth: South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chloie Warner		11. Present Address of Registrant: Deary, Idaho 83823
NOTARY (Seal)	Subscribed and sworn to before me on: July 13 1970	12. Signature of Notary: [signature]		13. Notary Commission expires: 3-28 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age:72	By whom issued and signed: Christie M. Eacker		Date Issued: July 13,1970	Date Orig. Entry: ----
	Date of Birth: Sep.30,1909	Birth Place: Kendrick, Idaho (Big Bear Ridge)	Full Name of Mother: Esther Harris Whybark	Name of Father: William Whybark	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Gritman Memorial Hospital, Moscow, Idaho		Date Issued: July 13,1970	Date Orig. Entry: 1960
	Date of Birth: Sep.30,1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage return #8673	By whom issued and signed: Whitman County, Washington		Date Issued: ---	Date Orig. Entry: Sept.16,1929
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: Esther Harris	Name of Father: William Whybark	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	May 12, 1972

FORM BH 56067

Amended 6-30-70 Page 1

MAY 1-2 1972

864-206-506-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-341

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PEARL YOUNG		2. Date Of Birth (month) (day) (year): JULY 6 1909
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: BINGHAM; b. City or Town of Birth: RIVERSIDE IDAHO
FATHER	6. Full Name of Father: LOUIS SHERWOOD YOUNG		7. State or Country of Father's Birth: MT. PLEASANT IOWA
MOTHER	8. Full Maiden Name of Mother: SUSANNAH FACKRELL		9. State or Country of Mother's Birth: ORDERVILLE UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl Young	11. Present Address of Registrant: BOX 264 STANFIELD OREGON
NOTARY (Seal)	Subscribed and sworn to before me on: 4-18 1972	12. Signature of Notary: Emma Gabriel	13. Notary Commission expires: 10-15 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

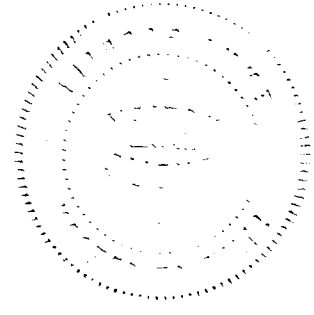
SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S.Church	Date Issued: Sept.18,1917	Date Orig. Entry: Baptized Sept. 4, 1917
	Date of Birth: July 6,1909 / Birth Place: Riverside	Full Name of Mother: Susannah Fackrell	Name of Father: L.S.Young	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Oregon 54-24895	Date Issued: Jan20,1972	Date Orig. Entry: child born July 13,1954
	Date of Birth: Age 45 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: - ------	
SUPPORTING RECORD 3.	Type of Document: Patriarchal Blessing	By whom issued and signed: LDS Church Patriarch, Wm. H. Edgley, Nampa, Idaho	Date Issued: Mar.25,1947	Date Orig. Entry: blessed Mar.25,1947
	Date of Birth: July 6,1909 / Birth Place: Riverside, Idaho	Full Name of Mother: Susannah Fackrell	Name of Father: Louis Sherwood Young	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: fc Glenda Larson	Date Filed: May 16, 1972

FORM BH 56067

Torrey

MAY 16 1972



315-206-024-859

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-342

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Marian Lance			2. Date Of Birth (month) Aug (day) 6th (year) 1909	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Wendell, Idaho	b. City or Town of Birth: Twin Falls	
FATHER	6. Full Name of Father: George Washington Lance			7. State or Country of Father's Birth: Kentucky	
MOTHER	8. Full Maiden Name of Mother: Bertha Josephine ~~Herring~~ Herron			9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Bertha Marian Brock	11. Present Address of Registrant: 1208 N. W. DeSpain Pl	
NOTARY (Seal)	Subscribed and sworn to before me on: 1-5 1971		12. Signature of Notary: Edwin Brady	13. Notary Commission expires: My Commission Expires April 24, 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate Reg.#18		By whom issued and signed: Umatilla County, Oregon, Jack Folsom, Recorder of Conveyances	Date Issued: Apr. 21, 1960	Date Orig. Entry: child born Jan. 29, 1928
	Date of Birth: Age: 18	Birth Place: Wendell, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of marriage records		By whom issued and signed: Walla Walla County, Washington	Date Issued: Jan. 31, 1968	Date Orig. Entry: Feb. 7, 1927
	Date of Birth: Age: 17	Birth Place: Wendel, Idaho	Full Name of Mother: Bertha Herring	Name of Father: George Lance	
SUPPORTING RECORD 3.	Type of Document: photocopy of employment record (Registration Card)		By whom issued and signed: Harris Pine Mills, Inc. Pendleton, OR	Date Issued: -----	Date Orig. Entry: Aug. 16, 1948
	Date of Birth: Oct. 6, 1909	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

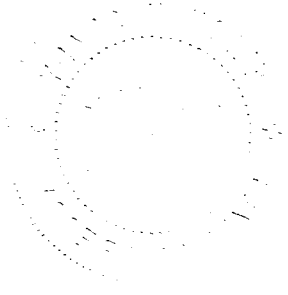
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	May 16, 1972

FORM BH 56067

12-22-71

MAY 16 1972



352-22-0337-636

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 72-388

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LENA ROSE LESSMAN			2. Date Of Birth (month) JUNE (day) 22, (year) 1909	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: CLIFFS IDAHO OWYHEE	b. City or Town of Birth: CLIFFS IDAHO	
FATHER	6. Full Name of Father: JOSEPH B. LESSMAN			7. State or Country of Father's Birth: CALIFORNIA	
MOTHER	8. Full Maiden Name of Mother: ROSELLA FLORA			9. State or Country of Mother's Birth: LONGMONT, COLORADO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lena Rae Peach		11. Present Address of Registrant: 457 Lower Pasco, Wash. 99301	
NOTARY (Seal)	Subscribed and sworn to before me on: May 1 1972	12. Signature of Notary: Arnold G Frely		13. Notary Commission expires: Dec. 28 1975	

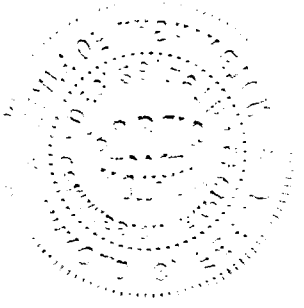
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Records in Bible		Date Issued: Apr.17,1957	Date Orig. Entry: obviously old
	Date of Birth: June 22, 1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of federal census record- Owyhee Co.,Idaho	By whom issued and signed: U.S. Department of Commerce Burea of the Census		Date Issued: ---	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 9 mos	Birth Place: Idaho	Full Name of Mother: Rosalia Lessman	Name of Father: Joseph B. Lessman	
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: State of Oregon		Date Issued: ---	Date Orig. Entry: child born July 29,1933
	Date of Birth: Age: 24	Birth Place: Cliffs, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: gml Glenda Larson	Date Filed: June 13, 1972

FORM BH 56067

JUN 14 1972



453-115-0006-586

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-392

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lee Lyon Mecham			2. Date Of Birth (month) Aug. (day) 15 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Firth (mail Firth)
FATHER	6. Full Name of Father: Moroni Mecham			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Susan Minetta Lyon			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lee Mecham		11. Present Address of Registrant: Firth, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 4-15 1968	12. Signature of Notary: James E. Lyon		13. Notary Commission expires: 2-14 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On File Idaho #266844	Date Issued: ----	Date Orig. Entry: child born May 12,1938
	Date of Birth: Age: 28	Birth Place: Firth, Idaho (Kimball Dist.)	Full Name of Mother: ----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Fred J.Savage, Clerk, Kimball Ward	Date Issued: ----	Date Orig. Entry: baptized July 5,1919
	Date of Birth: Aug.15,1909	Birth Place: Kimball, Idaho Bingham County	Full Name of Mother: Susan M. Lyon	Name of Father: Moroni Mecham
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: June 1,1972	Date Orig. Entry: Feb.10,1941
	Date of Birth: Aug.15,1909	Birth Place: Firth, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	June 13, 1972

FORM BH 56067 1 cp pd rec'd #31911 (1968) (m) 4-25-68

JUN 14 1972

795-210-007-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-401

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irene Frances Grenfell			2. Date Of Birth (month) (day) (year): February 10, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Bellevue
FATHER	6. Full Name of Father: John Mitchell Grenfell			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Cecile D. Hayward			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irene Frances Grenfell		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: June 5 1972	12. Signature of Notary: Mary King		13. Notary Commission expires: 6-30 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #281609	Date Issued: ---	Date Orig. Entry: child born June 28,1939
	Date of Birth: Age: 30	Birth Place: Bellevue, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: photocopy of application for Social Security #518-60-7823	By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: Dec.13,1965
	Date of Birth: Feb.10,1909	Birth Place: Bellevue, Idaho Blaine County	Full Name of Mother: Cecile D. Hayward	Name of Father: John M. Grenfell
SUPPORTING RECORD 3.	Type of Document: (Blaine County, Idaho) Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: June 1,1972	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 1 yr. 2 mos.	Birth Place: Idaho	Full Name of Mother: Cecile Grenfell	Name of Father: John M. Grenfell
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: June 15, 1972

FORM BH 56067

4-12-72

JUN 16 1972

566-23-0028-392

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 72-404

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARTHA-KATHERINE COOPER			2. Date Of Birth (month) JAN. (day) 13 (year) 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County KOOTENAI: COEUR D ALENE	b. City or Town of Birth: IDAHO-COEUR D'ALENE
FATHER	6. Full Name of Father: FRANK COOPER			7. State or Country of Father's Birth: OREGON
MOTHER	8. Full Maiden Name of Mother: MAGGIE DORA LIBBY			9. State or Country of Mother's Birth: QUEBEC
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Martha K Cooper Brodee		11. Present Address of Registrant: 618 ORLANDO AVE, SANTA ROSA, CALIFORNIA
NOTARY (Seal)	Subscribed and sworn to before me on: September 25 1969	12. Signature of Notary: Andrew Callahan		13. Notary Commission expires: AUGUST 20 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age: 71	By whom issued and signed: Dolores Rowe	Date Issued: Sep.25,1969	Date Orig. Entry: ----
	Date of Birth: Jan.13,1909 / Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Maggie Dora Libby Cooper	Name of Father: James Franklin Cooper	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: child born in Seattle,Wash.	Date Issued: ----	Date Orig. Entry: child born Jan.16,1927
	Date of Birth: Age: 20 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement from school census records (Grant School Dist.)	By whom issued and signed: Tacoma Public Schools,WA Angelo Giaudrone,Supt.	Date Issued: Mar.24,1971	Date Orig. Entry: May 1, 1916
	Date of Birth: Jan.13,1909 / Birth Place: ---	Full Name of Mother: Mrs. F. Cooper	Name of Father: Fred	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	June 15, 1972

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-422

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fred rick Francis Roth			2. Date Of Birth (month) (day) (year): November 12 1909
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Madison	b. City or Town of Birth: Lorenzo
FATHER	6. Full Name of Father: Fredrick J. Roth			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Alice McKinzie			9. State or Country of Mother's Birth: Swan Lake, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frederick Francis Roth		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: June 19 19 72	12. Signature of Notary		13. Notary Commission expires: 8-31 19 74

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #389634	Date Issued: ---	Date Orig. Entry: child born Apr.20,1944
	Date of Birth: Age: 34	Birth Place: Lorenzo, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record Fremont County, Idaho		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Mar.31,1972	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 5 mos.	Birth Place: Idaho	Full Name of Mother: Alice M. Roth	Name of Father: Fred Roth	
SUPPORTING RECORD 3.	Type of Document: certified copy of application for license to marry #0094		By whom issued and signed: Box Elder County, Utah	Date Issued: Mar.3,1972	Date Orig. Entry: Feb.14,1938
	Date of Birth: Nov.12,1909	Birth Place: Lorenzo, Idaho Madison County	Full Name of Mother: Alice McKinzie	Name of Father: Fredrick J. Roth	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	June 20, 1972

FORM BH 56067 1 cpsd

"R" 6-14-72 gml

JUN 21 1972

458-22-2029-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-451

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Juanita Irene Meyer
2. Date of Birth (month) (day) (year): August 22 1909
3. Color or Race: white
4. Sex: F.
5. Place of Birth a. County: Latah
b. City or Town of Birth: Genesse

FATHER

6. Full Name of Father: Martin John Meyer
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Alfrieda E. Rosenau
9. State or Country of Mother's Birth: Minn.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Juanita I. Manning
11. Present Address of Registrant: Box 361 Trabuco Canyon Calif.

NOTARY (Seal)

Subscribed and sworn to before me on June 20 19 72

12. Signature of Notary: Judith A. Rigdon
13. Notary Commission expires: November 17 19 73

OFFICIAL SEAL
JUDITH A. RIGDON
NOTARY PUBLIC-CALIFORNIA
ORANGE COUNTY
My Comm. Expires Nov. 17, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of baptismal record	A.F.Wolff, Ev.Luth.Pastor,	June 30, 1972	Sep.19,1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.22,1909	Genesee, Idaho	Alfrieda Rosenau	Martin Meyer

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of marriage license	Orange County, California	Nov.3,1926	Nov.3,1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 17	Idaho	Alfrieda E. Swarts	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Alfrieda E. Easton	June 30,1972	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.22,1909	Genesee, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	July 11, 1972

FORM BH 56067

6-14-72

JUL 12 1972

618-202-016-221

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-455

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hulda Lurene Wahlstrom		2. Date Of Birth (month) (day) (year): November 2, 1909	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: Albert Wahlstrom		7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Beda Skarm		9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hulda L. Kistrum	11. Present Address of Registrant: C. G. HOLLAND NOTARY PUBLIC Solano County, California My commission expires June 15, 1975 19	
NOTARY (Seal)	Subscribed and sworn to before me on: June 9, 1972	12. Signature of Notary: [illegible]	13. Notary Commission expires	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: L.D.S.Church	Date Issued: Jan.2,1910	Date Orig. Entry: Blessed Jan. 2, 1910
	Date of Birth: Nov.2,1909	Birth Place: Idaho	Full Name of Mother: Beda Skarm	Name of Father: Albert Wahlstrom	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 183773	Date Issued: ---	Date Orig. Entry: child born July 3,1930
	Date of Birth: age 20	Birth Place: Oakley, Idaho	Full Name of Mother: ------	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement from employment records		By whom issued and signed: June F.Cole,Pers.Clk.Adm.Section Civilian Pers.Office,Travis AFB	Date Issued: May 4, 1972	Date Orig. Entry: Oct.26,1942
	Date of Birth: Nov.2,1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	fc Glenda Larson	July 11, 1972

FORM BH 56067

6-7-72 mk

Fiction

JUL 12 1972

Childs cert. # 183773

Cert of Blessing

219-129-004-595

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-488

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Edgar Bartschi
2. Date Of Birth (month) (day) (year): May 29 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Nounan, Bear Lake Co.
b. City or Town of Birth: Nounan, Bear Lake Co, Idaho

FATHER

6. Full Name of Father: Fredrick (Fred) Bartschi
7. State or Country of Father's Birth: Switzerland

MOTHER

8. Full Maiden Name of Mother: Catherine Erni
9. State or Country of Mother's Birth: Switzerland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George Edgar Bartschi
11. Present Address of Registrant: 764 Birch St. Pocatello, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: July 10 1922
12. Signature of Notary: Grey M Jensen
13. Notary Commission expires: 1-15-75 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file #302034 in Idaho	---	child born Oct.2,1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 31	Nounan, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Ordination as a Deacon	LDS Church, Georgetown Ward, Walter E. Clark, High Priest	July 15,1921	July 10,1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 29,1909	Nounan, Idaho Bear Lake County	Catherine Earnie	Fredrick Bartschi

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Agreement (photocopy)	Restlawn Memorial Gardens, Inc., Dick G. Geisler, Sec. Treas.	---	Sep.17,1965

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 29,1909	---	------	----

QUALIFYING INFORMATION

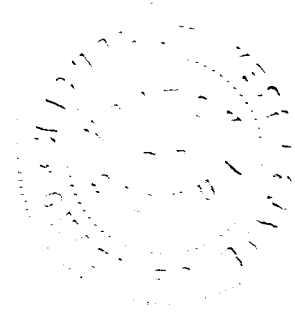
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Larson	gml Glenda Larson	July 24, 1972

FORM BH 56067 NM

JUL 25 1972



693-220-201-(34

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-497

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth (Baby Williams) (See attached papers) Belva Alden Williams		2. Date Of Birth (month) 8 (day) 20 (year) 1909	
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: 1215/Bannock St., Boise, Idaho
FATHER	6. Full Name of Father: Richard Holdsworth Williams		7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Bertha Esther Alden		9. State or Country of Mother's Birth: South Dakota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Belva Alden (Williams) Rounds	11. Present Address of Registrant: RR 3, Box 3003, Apt. 102 Juneau, Alaska	
NOTARY (Seal)	Subscribed and sworn to before me on 24th of July 1972	12. Signature of Notary: Charles L Poppoff	13. Notary Commission expires: NOTARY PUBLIC FOR ALASKA MY COMMISSION EXPIRES JANUARY 22, 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

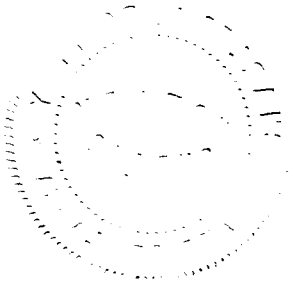
SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Registrar of Vital Statistics Territory of Alaska, Juneau	Date Issued: July 24, 1972	Date Orig. Entry: child born Nov. 5, 1943
	Date of Birth: Age: 34	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: certified copy of school records (Boise High School)	By whom issued and signed: Loyle V. Washam, Supv. of Records	Date Issued: July 7, 1972	Date Orig. Entry: Sept. 10, 1923
	Date of Birth: Aug. 20, 1909	Birth Place: Boise	Full Name of Mother: ---	Name of Father: R. H. Williams
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age: 79	By whom issued and signed: Mrs. Margaret E. White	Date Issued: July 21, 1972	Date Orig. Entry: ---
	Date of Birth: Aug. 20, 1909	Birth Place: Boise, Idaho	Full Name of Mother: Bertha Esther (Alden) Williams	Name of Father: Richard Holdsworth Williams
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: Glenda Larson	Date Filed: July 28, 1972

FORM BH 56067

7-5-72

JUL 28 1972



146-25-0444-191

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-508

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Beatrice Amor
2. Date Of Birth (month) (day) (year): October 25, 1909
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Weiser — Washington
b. City or Town of Birth: Weiser

FATHER

6. Full Name of Father: John William Amor
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Josephine Arave
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Beatrice Amor Roseberry
11. Present Address of Registrant: 2[illegible] Oakland Ave Oakland Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: May 4 1972

12. Signature of Notary: Sam Dodson
13. Address Commission expires: May 7 1972

SAM DODSON
NOTARY PUBLIC
ALAMEDA COUNTY
My Commission Expires Nov. 27, 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application for insurance policy	Metropolitan Life Ins. Co.	---	Sep.20,1946
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.25,1909 / Weiser, Idaho	Josephine Amor	----	
SUPPORTING RECORD 2.	school record	Pocatello Senior High	May 15,1942	Mar.28,1927
	Oct.25,1909 / ---	Mrs. J. Amor	----	
SUPPORTING RECORD 3.	copy of church membership records	LDS Church, Oakland Ward, CA	July 30, 1972	Dec.24,1930
	Oct.25,1909 / Weiser, Idaho	Josephine Arave	John W. Amor	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	August 2, 1972

FORM BH 56067

AUG 2 1972

944-228-006-563

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-519

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Asia Naomi Rumble
2. Date of Birth: May 28 1909
3. Color or Race: Cauc.
4. Sex: Fem
5. Place of Birth a. County: ~~Blackfoot~~ Bingham
b. City or Town of Birth: Blackfoot

FATHER

6. Full Name of Father: Arthur C. Rumble
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Rose Christen Nothdurft
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Asia Naomi Stafford
11. Present Address of Registrant: Payette, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 31 1972

12. Signature of Notary: Dwaine J. Stahl
13. Notary Commission expires: March 1, 1966 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt Age:78	Alice Elizabeth Capps	July 24,1972	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 28,1909	Blackfoot,Idaho	Rose Rumble	Arthur C. Rumble

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance policy #373578	Royal Neighbors of America	Apr.14,1926	April 13,1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 28,1909	Blackfoot, Idaho Bingham County	----	Arthur C. Rumble

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #1106160	Bankers Life Co., Des Moines, Iowa	Apr.27,1936	Apr.21,1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 28,1909	Blackfoot, Idaho	Rose Rumble	--

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	August 4, 1972

FORM BH 56067

AUG 4 1972

443-207-014-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-531

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Eleice Dutcher		2. Date Of Birth (month) Oct. (day) 7 (year) 1909
	3. Color or Race: C	4. Sex: Female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Ogden Dutcher		7. State or Country of Father's Birth: New York
MOTHER	8. Full Maiden Name of Mother: Marion Schlingermann		9. State or Country of Mother's Birth: New Jersey
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Frances E. Lockwood	11. Present Address of Registrant: 3406 Langa ave LA 90039
NOTARY (Seal)	Subscribed and sworn to before me on: February 1 1968	12. Signature of Notary: Mary L McAdam MARY L. Mc ADAM	13. Notary Commission expires: November 6 1971

OFFICIAL SEAL MARY L. McADAM NOTARY PUBLIC, CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY My Commission Expires Nov. 6, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: Los Angeles County Recorder's office, California	Date issued: Jan.18,1968	Date Orig. Entry: child born Sept.5,1945
	Date of Birth: Age 35	Birth Place: Namba, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: temporary driver's license		By whom issued and signed: State of California, Glendale	Date issued: Oct.29,1959	Date Orig. Entry: Oct.29,1959
	Date of Birth: Oct.7,1909	Birth Place: -----	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of baptismal certificate		By whom issued and signed: Church of St. Paul, Nampa, ID Vol.I pg. 41 entry #1	Date issued: ---	Date Orig. Entry: baptized Nov.21,1909
	Date of Birth: Oct.7,1909	Birth Place: Nampa, Idaho	Full Name of Mother: Marion Schlingerman	Name of Father: Ogden Dutcher	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	August 11,1972

FORM BH 56067 1cp phile # 26001 (2) 2-5-68 gml

AUG 11 1972

651-220-001-718

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-577

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lucella Belle Weaver
2. Date Of Birth: (month) March (day) 20 (year) 1909
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Lawrence Jacob Weaver
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Mabel Lucella Payne
9. State or Country of Mother's Birth: Kentucky

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucella B. Siberts
11. Present Address of Registrant: 3660 E. 3rd, Apt. D-5, Tucson, Ariz. 85716

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 16 19 72

12. Signature of Notary: Tracy L. Petty
13. Notary Commission expires: My Commission Expires Sept. 13, 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of marriage license & Certificate #2042	Yuma County, Arizona Book 14, page 520	---	Sept.13,1930
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 21 / ---	---	---	
SUPPORTING RECORD 2.	Application for federal employment	Civil Service Comm., (U.S.Geological Survey,Tucson)	Aug.5,1960	Aug.5,1960
	Mar.20,1909 / Boise, Idaho	---	---	
SUPPORTING RECORD 3.	photocopy of page 198 of book "The Paynes of Virginia"	Pub.by The William Byrd Press Inc.Richmond, VA	1937	---
	Mar.20,1909 / Boise, Idaho	Mabel Lucella Payne	Lawrence Jacob Weaver	

QUALIFYING INFORMATION

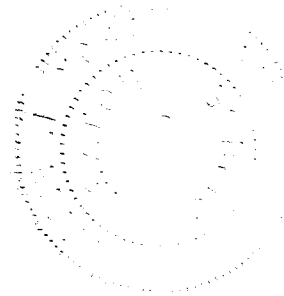
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Sept. 5, 1972

FORM BH 56067

SEP 5 1972



357-221-028-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-629

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Gladys LeGear		2. Date Of Birth (month) (day) (year): Jan 21 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai; b. City or Town of Birth: Coeur D'Alene
FATHER	6. Full Name of Father: Frederick Albert LeGear		7. State or Country of Father's Birth: Fordich Ont., Canada
MOTHER	8. Full Maiden Name of Mother: Jennie Elizabeth Scott		9. State or Country of Mother's Birth: Oxford, Michigan, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: 12. [signature]	11. Present Address of Registrant: RR#2, Galahad, Alberta, Can.
NOTARY (Seal)	Subscribed and sworn to before me on: August 18 1971 Forestburg Alberta	12. Signature of Notary: 10. [signature] Dorothy Jackson Nee Le Gear	13. Notary Commission expires: When I cease to be a member of the Bar of Alberta 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age:79	By whom issued and signed: Hazel Scott	Date issued: July 7,1972	Date Orig. Entry: ---
	Date of Birth: Jan.21,1909	Birth Place: Coeur D'Alene, Idaho	Full Name of Mother: Jennie Elizabeth Scott	Name of Father: Frederick Albert LeGear
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of marriage #31323	By whom issued and signed: Province of Alberta,Canada Mennonite Brethren in Christ Church	Date issued: ---	Date Orig. Entry: Mar.8,1932 married
	Date of Birth: Age: 23	Birth Place: Coeur D'Alene, Idaho U.S.A	Full Name of Mother: Jennie Scott	Name of Father: Albert Le Gear
SUPPORTING RECORD 3.	Type of Document: Statement regarding census records	By whom issued and signed: W.D.Porter,Director,Census, Division,Ottawa,Canada	Date issued: Feb.17,1972	Date Orig. Entry: June 1,1921
	Date of Birth: Age: 12	Birth Place: U.S. A.	Full Name of Mother: Jennie LeGear	Name of Father: Albert LeGear

QUALIFYING INFORMATION

Statement regarding St. Joseph's Hospital records Galahad, Alberta, Canada, Sister M. Angelica issued Aug. 13, 1971 gives birthdate as January 21, 1909. Admitted Sept. 27,1935.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	October 6,1972

FORM BH 56067

OCT 6 1972

493-23-0039-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-633

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elenora Agnes Miller		2. Date Of Birth (month) (day) (year): July 30 1909	
	3. Color or Race: White	4. Sex: Fe	5. Place of Birth a. County: Idaho Bowers	b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: Conrad Miller		7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Ann Hauck		9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elenora A. Sawyer	11. Present Address of Registrant: 1313 Brown St. Apt.	
NOTARY (Seal)	Subscribed and sworn to before me on: July 25 1972	12. Signature of Notary: Maurine Seifert	13. Notary Commission expires: Feb 7 1973	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Voter's Registration	By whom issued and signed: Yakima County, Washington	Date Issued: July 17,1972	Date Orig. Entry: Oct.14,1955	
	Date of Birth: July 30,1909	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible	By whom issued and signed: family records in Bible	Date Issued: ---	Date Orig. Entry: Obviously old	
	Date of Birth: July30,1909	Birth Place: ---	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Elizabeth A. Miller	Date Issued: Oct.3,1972	Date Orig. Entry: ---	
	Date of Birth: July 30,1909	Birth Place: American Falls, Idaho	Full Name of Mother: Elizabeth A. Miller	Name of Father: Conrad Miller	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: October 11,1972

FORM BH 56067

7-13-72

OCT 11 1972

617-230-029-313

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-642
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leona Wagner		2. Date Of Birth (month) Jan. (day) 30 (year) 1909
	3. Color or Race: white	4. Sex: F	5. Place of Birth: a. County: Genesee Latah; b. City or Town of Birth: Genesee
FATHER	6. Full Name of Father: Nicholas Wagner		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Lucy Caltaux		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leona Wagner Becker	11. Present Address of Registrant: Genesee, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 25, 1972 19	12. Signature of Notary: Donald E. Springer	13. Notary Commission expires: Sept. 8, 19 75

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person who lived nearby at time of birth	By whom issued and signed: Kathryn F. Baumgartner Age:79	Date issued: Oct.9,1972	Date Orig. Entry: ---
Class*	Date of Birth: Jan.30,1909; Birth Place: Genesee, Idaho	Full Name of Mother: Lucy Caltaux	Name of Father: Nicholas Wagner	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's Hospital Certificate of Birth	By whom issued and signed: St. Joseph's Hospital, Lewiston, Idaho	Date issued: ---	Date Orig. Entry: child born Jan.9,1935
Class	Date of Birth: Jan.30,1909; Birth Place: Genesee, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #11831	By whom issued and signed: Federal Security Ins. Co.	Date issued: Sep.11,1972	Date Orig. Entry: Mar.9,1954
Class	Date of Birth: Jan.30,1909; Birth Place: Genesee, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda M. Larson	October 13,1972

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 16 1972

255-22-0006-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-644

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cynthia Laura Benson			2. Date Of Birth (month) (day) (year): Dec. 22 1909	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Moreland, Bingham Co.	b. City or Town of Birth: Idaho	
FATHER	6. Full Name of Father: Alva Henry Benson			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Emma Lorena England			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cynthia L. Olsen		11. Present Address of Registrant: 395 N 580 E Sandy, Utah 84070	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 3 19 72	12. Signature of Notary: David E Shelly		13. Notary Commission expires: Nov 24 19 73	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #36-16083	By whom issued and signed: State of California		Date Issued: Sep.2,1960	Date Orig. Entry: child born Mar.13,1936
	Date of Birth: Age: 26	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: Moreland Ward,LDS Church, Edward Benson, Clerk		Date Issued: ---	Date Orig. Entry: blessed Jan.30,1910
	Date of Birth: Dec.22,1909	Birth Place: Moreland, Idaho Bingham County	Full Name of Mother: Lorena England	Name of Father: Alva Benson	
SUPPORTING RECORD 3.	Type of Document: Patriarchal Blessing	By whom issued and signed: William D.Kuhre,Patriarch, Sandy, Utah		Date Issued: Dec.7,1949	Date Orig. Entry: Dec.7,1949
	Date of Birth: Dec.22,1909	Birth Place: Moreland, Idaho	Full Name of Mother: Emma Lorena England Benson	Name of Father: Alva Henry Benson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

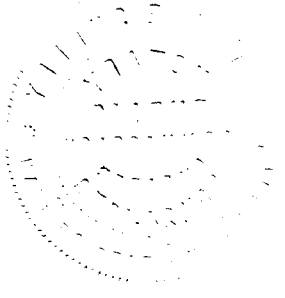
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda M. Larson	October 16,1972

FORM BH 56067

9-19-72

OCT 17 1972



493-18-014-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-661

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Earl Mills		2. Date Of Birth (month) Nov. (day) 18, (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: John Anderson Mills		7. State or Country of Father's Birth: Treadway, Tennessee
MOTHER	8. Full Maiden Name of Mother: Minnie May Davidson		9. State or Country of Mother's Birth: Brownsville, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Earl Mills	11. Present Address of Registrant: P.O. Box 326, Glenns Ferry Idaho - 83623
NOTARY (Seal)	Subscribed and sworn to before me on: October 26 1972	12. Signature of Notary: Florence Cartright	13. Notary Commission expires: 2-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible	By whom issued and signed: Family	Date Issued: -----	Date Orig. Entry: Obviously Old
	Date of Birth: Nov.18,1909 / Birth Place: Caldwell,Idaho	Full Name of Mother: Minnie May Davidson	Name of Father: John Anderson Mills	
SUPPORTING RECORD 2.	Type of Document: Boise, Idaho Boise High School Record	By whom issued and signed: Supervisor of Records Loyle V. Washam	Date Issued: 10/16/72	Date Orig. Entry: Sept.2,1924
	Date of Birth: Nov.18,1909 / Birth Place: Caldwell, Idaho	Full Name of Mother: -----	Name of Father: J. A. Mills	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle Age 82yrs	By whom issued and signed: George B. Mills	Date Issued: Oct.11,1972	Date Orig. Entry: ------
	Date of Birth: Nov.18,1909 / Birth Place: Canyon County,Idaho	Full Name of Mother: Minnie May Mills	Name of Father: John Anderson Mills	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet Marie Wick	Sue Lowe	Oct. 26, 1972

FORM BH 56067

10-12-72

OCT 26 1972

Mills

818-103-015-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-678

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Arthur Melvin Hayes
2. Date Of Birth: May 3, 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Caribou; Lago

FATHER

6. Full Name of Father: Arthur J. Hayes
7. State or Country of Father's Birth: Harrisville, Utah

MOTHER

8. Full Maiden Name of Mother: Anna Fowler
9. State or Country of Mother's Birth: Lago, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Arthur Melvin Hayes
11. Present Address of Registrant: Box 185, Buffalo, Wyoming

NOTARY

Charles R. Spratt, Notary Public
County of Johnson, State of Wyoming
I Seal
My Commission expires Sept. 15, 1971

Subscribed and sworn to before me on ____ 19 70

12. Signature of Notary: Charles R. Spratt
13. Notary Commission expires: September 15 19 71

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding hospital records	McKay-Dee Hospital Center, Ogden, UT Marsha Ferrin, Notary	June 17, 1970	Dec. 13, 1965
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 3, 1909 / ---	---	---	
SUPPORTING RECORD 2.	Certified copy of own child's birth certificate #162	State of Utah	Sep. 12, 1972	child born Jan. 28, 1945
	Age: 35 / Lago, Idaho	---	---	
SUPPORTING RECORD 3.	Certificate of Ordination as a Priest	LDS Church Williams Ward, Bannock Co., Robert Kingsford, HP	Apr. 20, 1928	Ordained Apr. 1, 1928
	May 3, 1909 / Trout Creek, Idaho Bannock County *	Anna Fowler	Arthur Hayes	

QUALIFYING INFORMATION

*Lago was first called Trout Creek. Caribou County was formed from Bannock County in 1919.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	October 31, 1972

FORM BH 56067

OCT 31 1972

295-213-023-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-706

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zella Muriel Sinclair			2. Date Of Birth (month) (day) (year): April 13 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gem	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Willard Francis sinclair			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Johannah May Henzie			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Zella Muriel Parks	11. Present Address of Registrant: 3181 Alpine #4 Boise
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 13 1972		12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1974

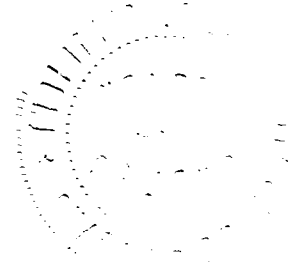
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age 75	By whom issued and signed: Mabel Sinclair Chapman	Date Issued: Nov.7,1972	Date Orig. Entry: ------
	Date of Birth: Apr.13,1909 / Birth Place: Emmett,Idaho	Full Name of Mother: Johannah May Henzie	Name of Father: Willard Francis Sinclair	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho - # 270764	Date Issued: ----	Date Orig. Entry: child born Mar.16,1938
	Date of Birth: Age 28 / Birth Place: Emmett,Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 7991790	By whom issued and signed: Equitable Life Ins. Co.	Date Issued: Feb.13,1930	Date Orig. Entry: Jan.26,1930
	Date of Birth: Apr.13,1909 / Birth Place: Emmett,Idaho	Full Name of Mother: ------	Name of Father: Willard Sinclair	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Florence Curtright	Date Filed: Nov.13,1972

FORM BH 56067

NOV 1 3 1972



551-122-029-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-719

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louis Arnold Evans			2. Date Of Birth (month) (day) (year): February 22 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Kendrick, Idaho
FATHER	6. Full Name of Father: Ulysses S. Grant Evans			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Harriet Theresa Petrick			9. State or Country of Mother's Birth: Portland, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louis Arnold Evans		11. Present Address of Registrant: 919 Hill St. Kamiah Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 11-14 1972	12. Signature of Notary: [illegible]		13. Notary Commission expires: 9-23 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of family	By whom issued and signed: F. M. Long Age:78		Date Issued: Nov.13,1972	Date Orig. Entry: ---
	Date of Birth: Feb.22,1909	Birth Place: Kendrick, Idaho	Full Name of Mother: Harriet Theresa Petrick Evans	Name of Father: Ulysses S. Grant Evans	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: May 2,1949	Date Orig. Entry: Apr.27,1949
	Date of Birth: Feb.22,1909	Birth Place: Kendrick, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #411152	By whom issued and signed: Pioneer Mutual Life Ins. Co.		Date Issued: Sep.20,1966	Date Orig. Entry: Sep.20,1966
	Date of Birth: Feb.22,1909	Birth Place: Kendrick, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	Nov. 16, 1972

FORM BH 56067

5-18-72

NOV 1 6 1972

DECEASED

119-108-023-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-720

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Jesse Marker			2. Date Of Birth (month) (day) (year): Oct. 8, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gem	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Andrew Rueban Marker			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ellen Lindsey			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jesse Marker		11. Present Address of Registrant: 4713 Hayes St Boise
NOTARY (Seal)	Subscribed and sworn to before me on: November 17 1972	12. Signature of Notary: Glenda Mae Larson		13. Notary Commission expires: September 15 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

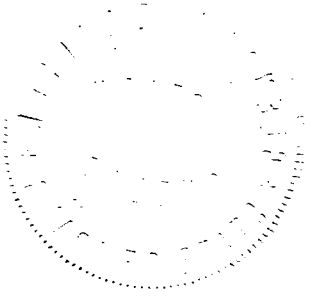
SUPPORTING RECORD 1.	Type of Document: Social Security Number Application for 518-07-8852	By whom issued and signed: Internal Revenue Service Treasury Dept.	Date Issued: Dec. 4, 1936	Date Orig. Entry: -----
	Date of Birth: Oct. 8, 1909 / Birth Place: Emmett, Idaho	Full Name of Mother: Ellen Lindsey	Name of Father: Andrew Reuben Marker	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church - Boise, Idaho	Date Issued: ----	Date Orig. Entry: Baptized Mar. 7, 1920
	Date of Birth: Oct. 8, 1909 / Birth Place: Emmett, Idaho	Full Name of Mother: Ellen Lindsey	Name of Father: Andrew R. Marker	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 1380728	By whom issued and signed: American National Insurance Co.	Date Issued: Jan. 15, 1950	Date Orig. Entry: ------
	Date of Birth: Oct. 8, 1909 / Birth Place: Emmett, Idaho	Full Name of Mother: -----	Name of Father: -------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: sl Sue Lowe	Date Filed: Nov. 17, 1972

FORM BH 56067

Marked

NOV 1 7 1972



433-208-014-749

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-721

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Constance Emily McLeod			2. Date Of Birth (month) (day) (year): April 8, 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Colin McLeod			7. State or Country of Father's Birth: Scotland
MOTHER	8. Full Maiden Name of Mother: Anna E. Purser			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Constance E. Weeks		11. Present Address of Registrant: 1709 Dearborn
NOTARY (Seal)	Subscribed and sworn to before me on: 11-17 19 72	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: Family Baptismal Certificate	Date Issued: Dec.26,1909	Date Orig. Entry: Baptized Dec.26,1909	
	Date of Birth: April 8,1909	Birth Place: Caldwell,Idaho	Full Name of Mother: Anna E. Purser McLeod	Name of Father: Colin McLeod	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt Age 87	By whom issued and signed: Emily Purser	Date Issued: Sept. 9, 1969	Date Orig. Entry: ---	
	Date of Birth: Apr. 8,1909	Birth Place: Caldwell,Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old	
	Date of Birth: Apr.8,1909	Birth Place: Caldwell,Idaho	Full Name of Mother: Annie Eliza Purser	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Nov.17,1972

FORM BH 56067

NOV 1 7 1972

866-120-003-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-729

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLIAM DEAN HOWELLS		2. Date Of Birth (month) (day) (year): SEPT. 20, 1909
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BANNOCK; b. City or Town of Birth: POCATELLO, IDAHO
FATHER	6. Full Name of Father: DAVID JAMES HOWELLS		7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: MARY CHRISTINA JENSEN		9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Dean Howells	11. Present Address of Registrant: 1314 N 1st St. Phoenix Ariz
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 13 1972	12. Signature of Notary: Thomas M. Kearsey	13. Notary Commission expires: July 6 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License	By whom issued and signed: State of Montana-Valley County Glasgow, Montana	Date issued: ----	Date Orig. Entry: Married June 28, 1957
	Date of Birth: Sept. 20, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Mary Jensen	Name of Father: David J. Howells
SUPPORTING RECORD 2.	Type of Document: (Age 73 yrs) Friend of family Affidavit -since before birth	By whom issued and signed: Florence Foreman Shade	Date issued: Nov. 21, 1972	Date Orig. Entry: -----
	Date of Birth: Sept. 20, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: Mary Christina Jensen Howells	Name of Father: David James Howells
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: University of Idaho Pocatello, Idaho Darold H. Chambers- Regist.	Date issued: Nov. 22, 1972	Date Orig. Entry: Sept. 24, 1929
	Date of Birth: Sept. 20, 1909	Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: D. J. Howells
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Sue Lowe	Nov. 24, 1972

FORM BH 56067 NM

"H" 2nd form sent 9-7-72 gml

Howells

NOV 24 1972

364-42 1 010-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-746

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOSEPH CLARK Coughlan		2. Date Of Birth (month) (day) (year): Sept 21 1909
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: IDAHO FALLS
FATHER	6. Full Name of Father: CHARLES JOE Coughlan		7. State or Country of Father's Birth: KANSAS U.S.A.
MOTHER	8. Full Maiden Name of Mother: Lulu MAY CLARK		9. State or Country of Mother's Birth: KANSAS U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph C Coughlan	11. Present Address of Registrant: 310-E 15th St IDAHO FALLS
NOTARY (Seal)	Subscribed and sworn to before me on: November 3 1972	12. Signature of Notary: Phillip R Knapp	13. Notary Commission expires: 9-24- 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #298820	Date Issued: ---	Date Orig. Entry: child born Aug.12,1940
	Date of Birth: Age: 30	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #5148204		By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: ---	Date Orig. Entry: Mar.19,1930
	Date of Birth: Sep.21,1909	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Lulu M. Coughlan	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Copy of Decree of Divorce		By whom issued and signed: District Court of 9th Judicial Dist. of Idaho, Bonneville Co.	Date Issued: ---	Date Orig. Entry: March 23,1918
	Date of Birth: Age: 8	Birth Place: ---	Full Name of Mother: Lula May Coughlan	Name of Father: Charles J. Coughlan	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Nov. 30, 1972

FORM BH 56067

10-30-72

(Coughlan)

DEC 1 1972

613-130-003-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-794

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sylvester A Walker			2. Date Of Birth (month) June (day) 30 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho-Bannock	b. City or Town of Birth: Soda Springs
FATHER	6. Full Name of Father: Daniel Alonzo Walker			7. State or Country of Father's Birth: Brigham City, Utah
MOTHER	8. Full Maiden Name of Mother: Annie Caroline (Graham) Walker			9. State or Country of Mother's Birth: Salt Lake City, Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sylvester A Walker		11. Present Address of Registrant: Rt #4 Box 174 Moses Lake, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: April 5 1972	12. Signature of Notary: Donald C. Burk		13. Notary Commission expires: February 01 1974

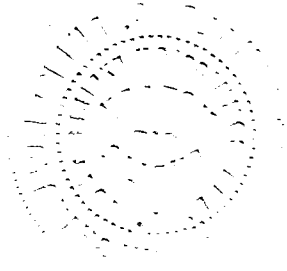
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister		By whom issued and signed: Edith E. Mickelson (Age:75)	Date Issued: Mar.17,1972	Date Orig. Entry: ---
	Date of Birth: June 30,1909	Birth Place: Soda Springs, Idaho	Full Name of Mother: Annie Caroline Graham Walker	Name of Father: Daniel Alonzo Walker	
SUPPORTING RECORD 2.	Type of Document: Certificate of Membership,U.S. Civil Service Retirement System		By whom issued and signed: Int.-Recl.,Columbia Basin Project,Coulee Dam,WA	Date Issued: ----	Date Orig. Entry: Feb.14,1940
	Date of Birth: June 30,1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Hospital Certificate of own child's birth		By whom issued and signed: Shearer Hospital, Grand Coulee, WA,Wallace Shearer,Jr.MD	Date Issued: ----	Date Orig. Entry: child born Nov.1,1940
	Date of Birth: June 30,1909	Birth Place: Soda Springs, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: Dec. 29, 1972

FORM BH 56067

DEC 29 1972



319-212-028-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-029

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Emmeline Barlow
2. Date Of Birth (month) (day) (year): January 12 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Kootnai
b. City or Town of Birth: Coeur d'Alene, Idaho

FATHER

6. Full Name of Father: Clark Edwin Barlow
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Mary Myrtle Hangar Barlow
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy E. Campion
11. Present Address of Registrant: 10726 E. Riverside apt 8 Spokane, Wn 99206

NOTARY (Seal)

Subscribed and sworn to before me on: Dec 16 1972

12. Signature of Notary

13. Notary Commission expires: 4-5 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of affidavit for marriage license #45624	Kootenai County, Idaho	July 12,1972	June 26,1926
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 17 / ---	---	---	
SUPPORTING RECORD 2.	Statement regarding school records (Logan Census Books)	Dr.Eleanor M.Peterson,Asst. Supt.Schools,Spokane, WA	Nov.13,1972	May 1,1915
	Jan.12,1909 / ---	----	C. E. Barlow	
SUPPORTING RECORD 3.	Photocopy of page from family Bible	Family Records in Bible	---	appears old
	Jan.12,1909 / Coeur d'Alene, Idaho	Myrtle M. Hengar Barlow	Clark Edwin Barlow	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wicks
Evidence reviewed by: gml Glenda Larson
Date Filed: January 16,1973

FORM BH 56067

1 copy sent #2826

10-13-72 gml

JAN 16 1973

297428-025-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-039

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Herbert Kight			2. Date Of Birth (month) (day) (year): October 28, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Cottonwood
FATHER	6. Full Name of Father: Samuel Kight			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Jessie Leeman			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Herbert Kight		11. Present Address of Registrant: 1411-19th ave, Lewiston, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 23, 1972	12. Signature of Notary: Dan A. Tarbet		13. Notary Commission expires: May 1, 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Samuel Kight		Date Issued: Nov.28,1942	Date Orig. Entry: ---
	Date of Birth: Oct.28,1909	Birth Place: Cottonwood, Idaho Idaho County	Full Name of Mother: Jessie Leeman	Name of Father: Samuel Kight	
SUPPORTING RECORD 2.	Type of Document: certified copy of census marshal's report	By whom issued and signed: Nez Perce County, Idaho Ind. School Dist. #1		Date Issued: Dec.14,1972	Date Orig. Entry: filed Nov.3,1921
	Date of Birth: Age: 12	Birth Place: ---	Full Name of Mother: ---	Name of Father: Samuel Kight	
SUPPORTING RECORD 3.	Type of Document: Certified copy of military discharge(filed with Co.Rec.)	By whom issued and signed: Book 2,page 393 military Rec, NezPerce County,ID - Army		Date Issued: separated Dec.25,1945	Date Orig. Entry: inducted 16 Dec. 1942
	Date of Birth: Oct.28,1909	Birth Place: Cottonwood, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	January 18,1973

FORM BH 56067 NM

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JAN 19 1973

695-223-006-545

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-073

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Lillian Freeman			2. Date Of Birth (month) (day) (year): August 23 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: Oscar Farley Freeman			7. State or Country of Father's Birth: Arizona
MOTHER	8. Full Maiden Name of Mother: Lillian Normanda Nielsen			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Lillian Egbert		11. Present Address of Registrant: 1838 Broadmoor
NOTARY (Seal)	Subscribed and sworn to before me on: July 21 1972	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Aug.23,1909 / Birth Place: Shelley,Idaho	Full Name of Mother: Lillian Normanda Nielsen	Name of Father: Oscar Farley Freeman	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S.Church	Date Issued: Sept.2,1917	Date Orig. Entry: Baptized Sept. 2, 1919
	Date of Birth: Aug.23,1909 / Birth Place: Shelley,Idaho	Full Name of Mother: Lillian Nielsen	Name of Father: Oscar Freeman	
SUPPORTING RECORD 3.	Type of Document: Affidavit by maternal uncle	By whom issued and signed: Age 80 Norman W. Nielsen	Date Issued: Oct.6,1972	Date Orig. Entry: ---
	Date of Birth: Aug.23,1909 / Birth Place: Shelley, Idaho	Full Name of Mother: Lillian Normanda Nielsen, Freeman	Name of Father: Oscar Farley Freeman	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wicks	Evidence reviewed by: fc Glenda Larson	Date Filed: February 1,1973

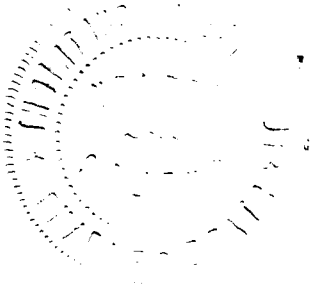
K FORM BH 56067

1 cpy pd rec #

7-19-72

FEB 1 1973

Egbert



DECEASED

155102-043-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-108

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Warren Earl Avery			2. Date Of Birth (month) (day) (year): December 2, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Valley	b. City or Town of Birth: Donnelly
FATHER	6. Full Name of Father: George Ross Avery			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Eva May Cox			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Warren E. Avery		11. Present Address of Registrant: 7409 Maxwell Drive, Boise
NOTARY (Seal)	Subscribed and sworn to before me on: January 4 1973	12. Signature of Notary: Glenda Mae Larson		13. Notary Commission expires: September 15, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #406286	Date issued: ---	Date Orig. Entry: child born May 9, 1945
	Date of Birth: Age: 35	Birth Place: Donnelly, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age 74		By whom issued and signed: Gladys R. High	Date issued: Feb.14,1973	Date Orig. Entry: -------
	Date of Birth: Dec.2,1909	Birth Place: Donnelly, Idaho	Full Name of Mother: Eva May Cox Avery	Name of Father: GeorgeRoss Avery	
SUPPORTING RECORD 3.	Type of Document: Family Record		By whom issued and signed: Family	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Dec.2,1909	Birth Place: -----	Full Name of Mother: Eva M. Cox	Name of Father: George R. Avery	
QUALIFYING INFORMATION					

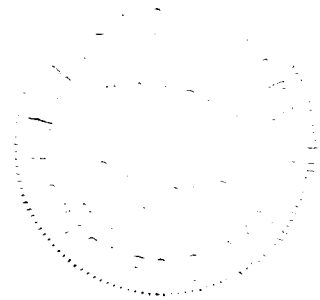
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. [illegible]	gml Florence Curtright	Feb.14,1973

FORM BH 56067 Nn in office "A" 1-4-73

FEB 1 4 1973



442-124-011-623

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-117

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ervin Lloyd Mustard			2. Date Of Birth (month) (day) (year): November 24, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Boundary	b. City or Town of Birth: Bonners Ferry
FATHER	6. Full Name of Father: Otto Clinton Mustard			7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Reta Mae Osler			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ervin L Mustard		11. Present Address of Registrant: Denton Montana
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 24 1973	12. Signature of Notary: John A. Musick		13. Notary Commission expires: July 12 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

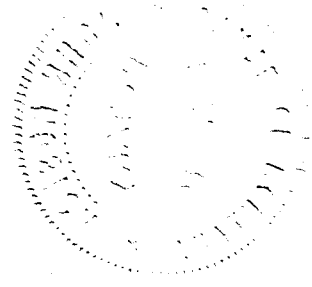
SUPPORTING RECORD 1.	Type of Document: photocopy of page from Bible		By whom issued and signed: Family Records in Bible	Date issued: Oct.28,1972	Date Orig. Entry: appears old
	Date of Birth: Nov.24,1909	Birth Place: ---	Full Name of Mother: Reta Osler	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license #18528		By whom issued and signed: Cascade County, Montana	Date issued: Jan.22,1973	Date Orig. Entry: Jan.6,1940
	Date of Birth: Age: 30	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Ratie Osler	Name of Father: Otto Mustard	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #91,880		By whom issued and signed: Western States Life Ins.Co.	Date issued: Nov.20,1963	Date Orig. Entry: Sept.19,1963
	Date of Birth: Nov.24,1909	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wicks	Evidence reviewed by: gml Glenda Larson	Date Filed: Feb. 20, 1973

FORM BH 56067 1 (1) ad

01 1-16-73 gml

FEB 21 1973



331-220-035-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-122

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Lois Clark
2. Date Of Birth (month) (day) (year): 5 20 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Nez Perce
b. City or Town of Birth: Gifford

FATHER

6. Full Name of Father: Sanford Saunders Clark
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Eva May Hayes
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna Lois (Clark) Pratt
11. Present Address of Registrant: Stanfield, Ore 97875

NOTARY (Seal)

Subscribed and sworn to before me on: Feb. 7 1973
12. Signature of Notary: [illegible]
13. Notary Commission expires: 5/18 1975

APPLICANT -- DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit of school census Dist. #28⅗	Wheeler County, Nebraska Mary Hoefener, Co. Supt.	Dec. 11, 1967	1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 20, 1909 / Gifford, Idaho	Eva May (Hayes) Clark	S. S. Clark	
SUPPORTING RECORD 2.	Certified copy of marriage record	Wheeler County, Nebraska Marr. rec. #1, page 191	Dec. 18, 1967	Nov. 25, 1931
	Age: 22 / Idaho	---	---	
SUPPORTING RECORD 3.	photocopy of hospital record	St. Anthony Hospital, Pendleton, Oregon Sister Anne McKeon	Dec. 7, 1970	June 4, 1952
	May 20, 1909 / Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	Feb. 22, 1973

FORM BH 56067

12-P-67

FEB 23 1973

367-123-044-368

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-123

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Chelsey Robert Cox
2. Date Of Birth (month) Nov. (day) 23 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Washington
b. City or Town of Birth: Weiser, Idaho

FATHER

6. Full Name of Father: Elijah B. Cox
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Florence Allen Coy
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Chelsey R Cox
11. Present Address of Registrant: Chelan, Wash. 98816

NOTARY (Seal)

Subscribed and sworn to before me on Feb 5 1973

12. Signature of Notary: Bertha M. Hougland
13. Notary Commission expires: March 27 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of honorable discharge	U.S. Army, (filed in Okanogan Co., WA with Recorder #350907)	discharged Oct.6,1945	enlisted 28 Feb. 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.23,1909	Weiser, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of affidavit of marriage application	Chelan County, Washington #1152 license #11116	Dec.6,1972	Feb.4,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 32	Weiser, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister	Mary S. Steigerwalt (bd.11/24/1892)	Feb.1,1973	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.23,1909	farm So.of Weiser, Wash.Co., Idaho	Florence Allen Cox	Elijah B. Cox

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

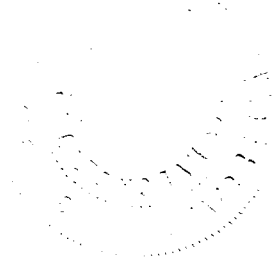
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	Feb. 22, 1973

FORM BH 56067

12-1-72

FEB 23 1973



713-15-022-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-140

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Amos Leroy Gallup.		2. Date Of Birth (month) (day) (year): August 15 1909
	3. Color or Race: English.	4. Sex: Male	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Parker Idaho.
FATHER	6. Full Name of Father: Amos Luke Gallup.		7. State or Country of Father's Birth: U.S.A.
MOTHER	8. Full Maiden Name of Mother: Ida Maud Dille.		9. State or Country of Mother's Birth: U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amos LeRoy Gallup (signature)	11. Present Address of Registrant (Box 5): Rosemary Alberta
NOTARY (Seal) Comm. oath 23009.	Subscribed and sworn to before me on: Dec 11 1972	12. Signature of Notary: H. Hawkins	13. Notary Commission expires: Nona Green (Alberta) doesn't expire being an attorney 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for a child-with a view to adoption		By whom issued and signed: Province of Alberta, Dept.of Public Welfare	Date issued: June 14,1944	Date Orig. Entry: June 14,1944
	Date of Birth: Age: 34	Birth Place: Parker, Idaho U.S.A.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage #34093		By whom issued and signed: Province of Alberta,CANADA	Date issued: Nov.28,1932	Date Orig. Entry: Oct.27,1932
	Date of Birth: Age: 23	Birth Place: Parker, Idaho U.S.A.	Full Name of Mother: Ida Maud Dille	Name of Father: Amos Luke Gallup	
SUPPORTING RECORD 3.	Type of Document: Certificate of Naturalization		By whom issued and signed: Dominion of Canada, Dept.of Secretary of State	Date issued: Aug.31,1935	Date Orig. Entry: Aug.31,1935
	Date of Birth: Aug.15,1909	Birth Place: Parker, Idaho U.S.A.	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	March 1, 1973

FORM BH 56067

1 cc pd re. #7376

MAR 2 1973

236-217-003-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-170

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Evelyn Bloxham
2. Date Of Birth (month) (day) (year): May 17 1909
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Woodland Ward - Bannock
b. City or Town of Birth: near Downey Idaho

FATHER

6. Full Name of Father: Fuller George Bloxham
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Polly Frances Wakley
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Evelyn Bloxham Chadwick
11. Present Address of Registrant: 240 no. 1st west American Fork Utah

NOTARY (Seal)

Subscribed and sworn to before me on January 24 1973

12. Signature of Notary: Hoyt Bunnell
13. Notary Commission expires: May 28 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of certificate of Baptism and Confirmation	LDS Church, Woodland Ward, ID Geo. E. Webb, Bishop	----	baptized June 2, 1917
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 17,1909 / Bannock County, Idaho	Polly Frances Wakley	Fuller Geo. Bloxham	
SUPPORTING RECORD 2.	photocopy of statement by Ward Clerk regarding church record	American Fork 8th Ward, LDS Church; Veater, Clerk	----	blessed July 4, 1909
	May 17,1909 / Downey, Idaho Bannock County	Polly Francis Wakley	Fuller George Bloxham	
SUPPORTING RECORD 3.	photocopy of affidavit by aunt (bd. 11/12/1890)	Adelia A. Davis	---	orig.aff.signed Feb.20,1973
	May 17,1909 / Downey, Idaho Bannock County	---	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

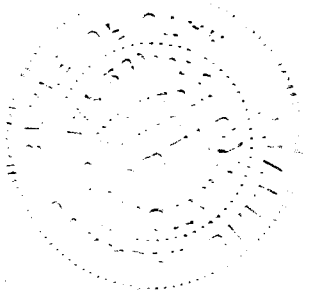
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	March 12, 1973

FORM BH 56067

1-11-73 ✓

MAR 13 1973



V32705-0035-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-171

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dee Kada McKay			2. Date Of Birth (month) (day) (year): October 5, 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Myrtle NezPerce	b. City or Town of Birth: Myrtle
FATHER	6. Full Name of Father: Dennis Carl McKay			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Minnie Alice Richardson			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dee Kada McKay		11. Present Address of Registrant: 321 - 2nd ave. Lewiston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 5 19 72	12. Signature of Notary: [illegible]		13. Notary Commission expires: May 10, 19 75

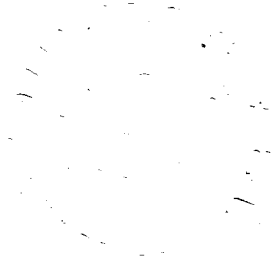
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: St.Joseph's Hospital, Lewiston, ID, Ruthe Black, Med.Rec.Lib.		Date Issued: Dec.23,1971	Date Orig. Entry: July 19,1938
	Date of Birth: Oct.5,1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister ("at least 10 years older")	By whom issued and signed: Birdie A. Galloway		Date Issued: Jan.5,1972	Date Orig. Entry: ---
	Date of Birth: Oct.5,1909	Birth Place: Myrtle, Idaho Nez Perce County	Full Name of Mother: Minnie Alice McKay	Name of Father: Dennis Carl McKay	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #275078		Date Issued: ---	Date Orig. Entry: child born Oct.18,1938
	Date of Birth: Age: 29	Birth Place: Myrtle, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: March 12,1973

FORM BH 56067

~~MAR 13 1973~~
MAR 28 1973



964-219-006-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-180

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louise Rounds		2. Date Of Birth (month) 10 (day) 19 (year) 09
	3. Color or Race: Cauc.	4. Sex: F	5. Place of Birth: Idaho a. County: Bingham b. City or Town of Birth: Lincoln
FATHER	6. Full Name of Father: William Henry Rounds.		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Emma Louisa Beach		9. State or Country of Mother's Birth: Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louise Colbert.	11. Present Address of Registrant: 4624 W. 63rd St. Los Angeles
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 17, 1972 19 72	12. Signature of Notary: Linda C. Davis	13. Notary Commission expires: June 24 19 73

NOTARY PUBLIC ... My Commission ... 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: LDS Church Certificate of Birth	By whom issued and signed: Bingham Stake, Lincoln Ward, Bir.&Bless.1909 p.128, line 150	Date issued: Sep.29,1970	Date Orig. Entry: Dec.5,1909
	Date of Birth: Oct.19,1909 / Birth Place: Lincoln, Idaho Bingham County	Full Name of Mother: Emma L. Beach	Name of Father: William H. Rounds	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #24467	By whom issued and signed: Los Angeles County, CA	Date issued: Feb.4,1972	Date Orig. Entry: child born Dec.12,1941
	Date of Birth: Age: 32 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Leona Rounds Neider (bd.9/9/1898)	Date issued: Jan.31,1973	Date Orig. Entry: ---
	Date of Birth: Oct.19,1909 / Birth Place: Lincoln, Idaho	Full Name of Mother: Emma Beach Rounds	Name of Father: Wm. Henry Rounds	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: March 15, 1973

FORM BH 56067

MAR 16 1973

284415-027-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-200

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leonard Donald Shulsen
2. Date of Birth (month) (day) (year): November 15, 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Jerome
b. City or Town of Birth: Jerome

FATHER

6. Full Name of Father: John Shulsen
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Maud Hoffman Shulsen
9. State or Country of Mother's Birth: OHIO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Leonard Shulsen
11. Present Address of Registrant: East Main St. Jerome Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Feb 9. 1973
12. Signature of Notary: Glen Jackson
13. Notary Commission expires: 9-10-1973

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: photocopy of application for insurance policy
By whom issued and signed: The Mutual Life Ins. Co. of New York
Date Issued: Sep.30,1939
Date Orig. Entry: Sep.30,1939
Date of Birth: Nov.15,1909
Birth Place: Jerome, Idaho USA
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 2.

Type of Document: Own child's birth certificate
By whom issued and signed: On file Idaho #236388
Date Issued: ----
Date Orig. Entry: child born Sep.8,1935
Date of Birth: Age: 25
Birth Place: Jerome, Idaho
Full Name of Mother: ----
Name of Father: ----

SUPPORTING RECORD 3.

Type of Document: Affidavit by person at the home at his birth
By whom issued and signed: Mrs. Jessie V. Haberman (age:74)
Date Issued: Mar.8,1973
Date Orig. Entry: ----
Date of Birth: Nov.15,1909
Birth Place: Jerome, Idaho
Full Name of Mother: Maud Shulsen
Name of Father: John Shulsen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: March 20, 1973

FORM BH 56067

F-12-67 ✓

MAR 2 1 1973

613-125-001-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-216

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Linnaeus Walker			2. Date Of Birth (month) (day) (year): November 25, 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: Austin Albert Walker			7. State or Country of Father's Birth: South Dakota	
MOTHER	8. Full Maiden Name of Mother: Lyda Matilda Grigsby			9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Charles Linnaeus Walker	11. Present Address of Registrant: 921 GREEN STAR DR. #603 COLO. SPRS, COLO. 80906	
NOTARY (Seal)	Subscribed and sworn to before me on: MARCH 19 1973		12. Signature of Notary: John A Daly	13. Notary Commission expires: 8-16 1976	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Eligibility #15,227-D-Ore.		By whom issued and signed: U.S.A. Veterans Administration	Date Issued: Oct.22,1951	Date Orig. Entry: ---
	Date of Birth: Nov.25,1909	Birth Place: ---	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #265611	Date Issued: ---	Date Orig. Entry: child born Mar.13,1938
	Date of Birth: Age: 28	Birth Place: Boise	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-09-4299		By whom issued and signed: Social Security Adm.	Date Issued: Dec.21,1936	Date Orig. Entry: Dec.21,1936
	Date of Birth: Nov.25,1909	Birth Place: Boise, Idaho	Full Name of Mother: Lyda Matilda Grigsby	Name of Father: Austin Albert Walker	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	March 29, 1973

FORM BH 56067

MAR 2 9 1973

291-230-013-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-229

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edward Otto August Krahn			2. Date Of Birth (month) June (day) 30 (year) 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Camas	b. City or Town of Birth: Fairfield (Rural)
FATHER	6. Full Name of Father: Herman Otto Edward Krahn			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Maria Johanna Luisa Boldt			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edward O. Krahn		11. Present Address of Registrant: Fairfield Ida R.R.1
NOTARY (Seal)	Subscribed and sworn to before me on: April 3 1973	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record		By whom issued and signed: Family	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Jun.30,1909	Birth Place: Idaho	Full Name of Mother: Maria Johanna Luisa Boldt	Name of Father: Herman Otto Edward Krahn	
SUPPORTING RECORD 2.	Type of Document: Census Record		By whom issued and signed: U.S. Dept. of Commerce	Date Issued: Oct.27,1972	Date Orig. Entry: Census taken Jan.1,1920
	Date of Birth: Age 10	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: Otto Krahn	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 245967	Date Issued: ----	Date Orig. Entry: child born May 5, 1936
	Date of Birth: Age 26	Birth Place: Camas County Fairfield,Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

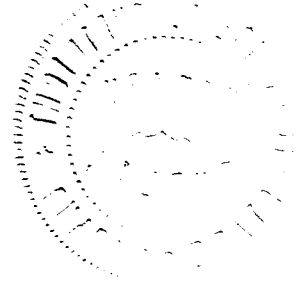
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	April 3, 1973

FORM BH 56067

APR 9 1973



263-106-035-945

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-250

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: OSCAR R BOLYARD		2. Date Of Birth (month) December (day) 6 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Peck, Idaho; b. City or Town of Birth: Peck Idaho
FATHER X	6. Full Name of Father: DOLIVER O. BOLYARD		7. State or Country of Father's Birth: Near Kingwood, West Virginia
MOTHER	8. Full Maiden Name of Mother: Hattie G Zinn		9. State or Country of Mother's Birth: Near Kingwood, West Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oscar Bolyard	11. Present Address of Registrant: Caulee City Wn
NOTARY (Seal)	Subscribed and sworn to before me on: February 20 1973	12. Signature of Notary: Paul V Brown	13. Notary Commission expires: July 21 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's hospital certificate of birth	By whom issued and signed: Johnston Hospital, Wilbur, WA	Date Issued: ---	Date Orig. Entry: child born Nov. 18, 1945
	Date of Birth: Dec. 6, 1909 / Birth Place: Peck, Idaho	Full Name of Mother: --	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from Bible & notary's statement	By whom issued and signed: Family Records/viewed by Paul V Brown, Notary Public, WA	Date Issued: Mar. 14, 1973	Date Orig. Entry: obviously old
	Date of Birth: Dec. 6, 1909 / Birth Place: ---	Full Name of Mother: Hattie G. Bolyard	Name of Father: Doliver O. Bolyard	
SUPPORTING RECORD 3.	Type of Document: Application for renewal of operator's license #400320	By whom issued and signed: State of Washington #195064	Date Issued: July 15, 1941	Date Orig. Entry: July 15, 1941
	Date of Birth: Dec. 6, 1909 / Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	gml Glenda Larson	April 12, 1973

FORM BH 56067

APR 1 2 1973

249-111-021-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-251

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wendell Hyrum Smith			2. Date Of Birth: (month) July (day) 11 (year) 1909	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Preston, Ida, Franklin	b. City or Town of Birth: Preston, (*see below)	
FATHER	6. Full Name of Father: Hyrum Wray Smith			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Christine Larsen			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Wendell Hyrum Smith	11. Present Address of Registrant: Rt. 2 Preston, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 15 1973		12. Signature of Notary: James Ritter	13. Notary Commission expires: January 6 1977	8326.3

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #LMP 8650375		By whom issued and signed: Washington National Ins. Co. Evanston, Illinois	Date Issued: Feb. 1, 1964	Date Orig. Entry: Nov. 30, 1963
	Date of Birth: July 11, 1909	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth		By whom issued and signed: Clara Egley Keller (bd. 6/19/1885)	Date Issued: Apr. 2, 1973	Date Orig. Entry: ---
	Date of Birth: July 11, 1909	Birth Place *: (Riverdale) Preston, Idaho, Franklin Co.	Full Name of Mother: Christine Larsen Smith	Name of Father: Hyrum Wray Smith	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Riverdale, Idaho L. A. Neeley, Clerk	Date Issued: ----	Date Orig. Entry: blessed Oct. 3, 1909
	Date of Birth: July 11, 1909	Birth Place: Riverdale, Idaho Oneida County	Full Name of Mother: Christine Larson	Name of Father: Hyrum R. Smith	

QUALIFYING INFORMATION

*Mrs. Keller states, "Riverdale is a small community about 8 mi. north of Preston, ID. The mailing address is Preston since the Post Office is there. The county was Oneida at that time. It was later changed to Franklin County."

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	April 12, 1973

FORM BH 56067

APR 1 2 1973
OCT 5 1973

818-223-010-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-295

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alta Hahn		2. Date of Birth (month) March (day) 23 (year) 1909
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Charlie Hahn		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Anna Eliza Holmes		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: alta Hyde.	11. Present Address of Registrant: 703 So. Hays St. Emmett, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: September 8 1971	12. Signature of Notary: B. W. Tappan	13. Notary Commission expires: Oct. 16 1971

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: State of Idaho File # 198276	Date Issued: -------	Date Orig. Entry: child born Dec. 3, 1931
	Date of Birth: Age 22 yrs	Birth Place: Idaho Falls, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Census Record		By whom issued and signed: U.S.Dept. of Census	Date Issued: Apr.6,1973	Date Orig. Entry: Census Taken Apr.15,1910
	Date of Birth: Age 1yr.1mo	Birth Place: Idaho	Full Name of Mother: Annie E. Hahn	Name of Father: Charles K Hahn	
SUPPORTING RECORD 3.	Type of Document: Application for Employment		By whom issued and signed: Walter Knox Hospital	Date Issued: March 1966	Date Orig. Entry: Mar 1966
	Date of Birth: Mar.23,1909	Birth Place: ----	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: sl fc Florence Curtright	Date Filed: May 10,1973

FORM BH 56067

7-8-71

Hyde

MAY 1 0 1973

sbc

735-128-028-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-326

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Edward Glen			2. Date Of Birth (month) 4 (day) 28 (year) 09
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: ~~Kootenai~~ Kootenai	b. City or Town of Birth: Athol
FATHER	6. Full Name of Father: Walter Glen			7. State or Country of Father's Birth: Tennessee
MOTHER	8. Full Maiden Name of Mother: Mabel J Hockett			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: C. E. Glen		11. Present Address of Registrant: Box 123 Moyie Springs Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 26 1973	12. Signature of Notary: Tracie Maas		13. Notary Commission expires: December 20 1976

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #354284	Date Issued: ----	Date Orig. Entry: child born July 29,1942
	Date of Birth: Age: 33	Birth Place: Athol, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Mabel J. Montgomery	Date Issued: June 9,1971	Date Orig. Entry: ---
	Date of Birth: Apr.28,1909	Birth Place: Athol, Idaho Kootenai County	Full Name of Mother: Mabel J. Montgomery	Name of Father: Walter Glen	
SUPPORTING RECORD 3.	Type of Document: Notary's statement & photo-copy of pages from family Bible		By whom issued and signed: Family Records in Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Apr.28,1909	Birth Place: ----	Full Name of Mother: Mabel J. Hockett	Name of Father: Walter Glen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Ulick	Evidence reviewed by: Glenda Larson	Date Filed: May 23, 1973

FORM BH 56067

1-28-11

MAY 2 5 1973

236-109-0073-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-331

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vestal Bloxham			2. Date Of Birth (month) Sept (day) 8 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cambridge Bannock	b. City or Town of Birth: Cambridge	
FATHER	6. Full Name of Father: Heber Daniel Bloxham			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Grace Henderson			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vestal Bloxham		11. Present Address of Registrant: Shady Cove Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: May 11 19 73	12. Signature of Notary: Ruth E. Workman		13. Notary Commission expires: November 25 19 74	

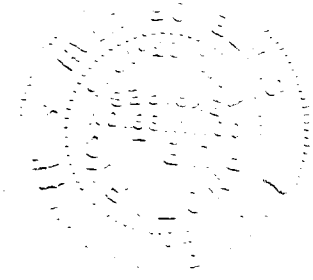
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church Declo, Idaho Lorenzo E. Olsen- Priest	Date Issued: ------	Date Orig. Entry: Baptized Aug.4,1919	
	Date of Birth: Sept.8,1909	Birth Place: Cambridge, Idaho	Full Name of Mother: Grace Henderson	Name of Father: Herber Daniel Bloxham	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: LDS Church Kaysville, Utah Ordained by Wm E. Gaily	Date Issued: ------	Date Orig. Entry: Ordained Nov 7, 1937	
	Date of Birth: Sept 8, 1909	Birth Place: Cambridge, Idaho	Full Name of Mother: Grace Henderson	Name of Father: Heber D. Bloxham	
SUPPORTING RECORD 3.	Type of Document: Photocopy of Application for marriage license	By whom issued and signed: County of Weber-State of Utah, Wendell Hansen-Clk of County	Date Issued: May 2, 1973	Date Orig. Entry: Applic. issued Dec. 14, 1931	
	Date of Birth: Sept 8, 1909	Birth Place: Idaho	Full Name of Mother: Grace Henderson	Name of Father: H. D. Bloxham	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: sl Sue Lowe	Date Filed: May 23, 1973

FORM BH 56067

MAY 2 3 1973



693-124-001-861

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-357

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Everett Harold Williamson			2. Date Of Birth (month) January (day) 24 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Leander Clay Williamson			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Alma Dessie Hoag			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Everett Harold Williamson		11. Present Address of Registrant: 1485 McClellan Rd., Felton, Cal.
NOTARY (Seal)	Subscribed and sworn to before me on: May 24 1973	12. Signature of Notary: Gerald S. Sessions		13. Notary Commission expires: _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #937611	By whom issued and signed: The Connecticut Mutual Life Insurance Co. Hartford, Conn.	Date Issued: April 24, 1937	Date Orig. Entry: ----------
	Date of Birth: Jan. 24, 1909 / Birth Place: Boise, Idaho	Full Name of Mother: ------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: US Service Discharge	By whom issued and signed: US Naval Service- Thomas F. Nolan, Lt. USNR	Date Issued: Discharged Oct. 10, 1945	Date Orig. Entry: Inducted Feb. 21, 1942
	Date of Birth: Jan 24, 1909 / Birth Place: Boise, Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Sister Age 74yrs	By whom issued and signed: Gertrude E. Jensen	Date Issued: April 9, 1973	Date Orig. Entry: --------
	Date of Birth: Jan. 24, 1909 / Birth Place: Ada County, Idaho	Full Name of Mother: Dessie Hoag	Name of Father: L. Clay Williamson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Sue Lowe	Date Filed: June 7, 1973

FORM BH 56067

4-9-73

Williamson

STATE OF CALIFORNIA
COUNTY OF Santa Cruz } SS.

On May 26, 1973. before me,

the undersigned, a Notary Public in and for said County and State,

personally appeared Everett Harold Williamson

, known to me

to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same.

Gerald S. Sessions

Gerald S; Sessions
Name (Typed or Printed)
Notary Public in and for said County and State

Misc.-166 (G.S.) Ack. Individual (Rev. 9-68) Staple Staple

SECURITY TITLE

FOR NOTARY SEAL OR STAMP

OFFICIAL SEAL
GERALD S. SESSIONS
NOTARY PUBLIC-CALIFORNIA
SANTA CRUZ COUNTY
My Commission Expires Mar. 4, 1975

P. O. Box 863, Felton, Calif. 95018

JUN 7 1973

415-112-030-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-360

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank Davis		2. Date Of Birth (month) (day) (year): October 12, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lemhi; b. City or Town of Birth: Salmon, Idaho
FATHER	6. Full Name of Father: Joseph Davis		7. State or Country of Father's Birth: Yugoslavia
MOTHER	8. Full Maiden Name of Mother: Johanna Jackovac		9. State or Country of Mother's Birth: Yugoslavia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank R Davis	11. Present Address of Registrant: 1401 PARK AVE SAN BRUNO EAL
NOTARY (Seal)	Subscribed and sworn to before me on: May 9th 19 73	12. Signature of Notary: Robert B Knezevich	13. Notary Commission expires: ROBERT B. KNEZEVICH-Notary Public-Cal. COM. EXP. NOV. 28, 1974 - PLA. [illegible] 516 Riverside Ave., Roseville, CA 19 [illegible]5678

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: San Francisco Dept. of Public Health, Calif.	Date Issued: Oct.16,1947	Date Orig. Entry: child born Sept.6,1947
	Date of Birth: Age: 37	Birth Place: Salmon, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Johanna Davis	Date Issued: May 9,1973	Date Orig. Entry: ---
	Date of Birth: Oct.12,1909	Birth Place: Salmon, Idaho	Full Name of Mother: Johanna Davis	Name of Father: Joseph Davis	
SUPPORTING RECORD 3.	Type of Document: Statement regarding employment records		By whom issued and signed: T.K.Sullivan, Office Mgr., Bauer-Schweitzer Malting Co.Inc.San Francisco, CA	Date Issued: 4/24/73	Date Orig. Entry: employed Oct.8,1945
	Date of Birth: Oct.12,1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	June 8, 1973

FORM BH 56067 1 cp pd rec. #14011 4-11-73 gml

JUN 11 1973

386-101-036-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-422

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lloyd Jenkins Thomas			2. Date Of Birth (month) September (day) 1, (year) 1909	
	3. Color or Race: Caucasion	4. Sex: M	5. Place of Birth a. County: Samaria Oneida	b. City or Town of Birth: Samaria	
FATHER	6. Full Name of Father: Henry John Thomas			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Mary Ann Jenkins			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lloyd Jenkins Thomas	11. Present Address of Registrant: 802 East Center Street Dillon Mont.	
NOTARY (Seal)	Subscribed and sworn to before me on 3-26 1973		12. Signature of Notary: W. J. Williams	13. Notary Commission expires: Jan 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by paternal uncle		By whom issued and signed: Alvin J. Thomas (bd. 9/1/96)	Date Issued: May 13, 1973	Date Orig. Entry: ---
	Date of Birth: Sept.1,1909	Birth Place: Samaria, Idaho Oneida County	Full Name of Mother: Mary Ann Jenkins	Name of Father: Henry John Thomas	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible		By whom issued and signed: family records in Bible	Date Issued: June 8,1973	Date Orig. Entry: ---
	Date of Birth: Sep.1,1909	Birth Place: ---	Full Name of Mother: Mary A. Jenkins	Name of Father: Henry Thomas	
SUPPORTING RECORD 3.	Type of Document: LDS Church Certificate of Birth		By whom issued and signed: Malad Stake, Samaria Ward, Rec of bir & bless. 1909, pg. 392, line 109	Date Issued: 2/26/73	Date Orig. Entry: Nov.7,1909
	Date of Birth: Sept.1,1909	Birth Place: Oneida County Samaria, Idaho	Full Name of Mother: Mary Ann Jenkins	Name of Father: Henry J. Thomas	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: June 29, 1973

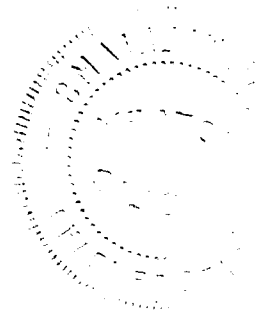
FORM BH 56067

1 cp Plan #1364?

3-28-73 gml

Thomas

JUL 2 1973



763-230-007-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-427

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Amelia Potter			2. Date Of Birth (month) (day) (year): December 30, 1909	
	3. Color or Race: Caucasian	4. Sex: F	5. Place of Birth a. County: Blaine County	b. City or Town of Birth: Carey	
FATHER	6. Full Name of Father: Adelbert Leroy Potter			7. State or Country of Father's Birth: Box Elder County, Utah	
MOTHER	8. Full Maiden Name of Mother: Margaret Ann Price			9. State or Country of Mother's Birth: Oneida County, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amelia Fehrenbach		11. Present Address of Registrant: 115-10th Ave. S.E., Puyallup, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: 6-25 1973	12. Signature of Notary: [illegible]		13. Notary Commission expires: 2/10 1977	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Family	Date Issued: -------	Date Orig. Entry: Obviously Old	
	Date of Birth: Dec 30,1909	Birth Place: Carey, Idaho	Full Name of Mother: Margaret Ann Price	Name of Father: ADelbert Leroy Potter	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church -Carey, Idaho	Date Issued: --------	Date Orig. Entry: Baptized Oct.5,1918	
	Date of Birth: Dec.30,1909	Birth Place: Carey, Idaho	Full Name of Mother: Margaret Ann Price	Name of Father: D. L. Potter	
SUPPORTING RECORD 3.	Type of Document: Photocopy Application for Marriage License	By whom issued and signed: Cassia County Recorder B. F. Wilson-Recorder	Date Issued: -----	Date Orig. Entry: April 8,1928	
	Date of Birth: Dec.30,1909	Birth Place: -----	Full Name of Mother: -----	Name of Father: ---------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Sue Lowe	Date Filed: July 9, 1973

FORM BH 56067

JUL 9 1973

855-127-018-691

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-434

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HENAGER, Charles Oscar		2. Date Of Birth (month) May (day) 27 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Orofino, Clearwater; b. City or Town of Birth: Orofino, Idaho
FATHER	6. Full Name of Father: HENAGER, John Louis		7. State or Country of Father's Birth: Kentucky, Adair County
MOTHER	8. Full Maiden Name of Mother: FRANKLIN, Lucy Jane		9. State or Country of Mother's Birth: Missouri, City of Cartharge
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles O Henager	11. Present Address of Registrant: W. 3111 Glass Avenue Spokane, Washington 99205
NOTARY (Seal)	Subscribed and sworn to before me on: June 26, 1973	12. Signature of Notary: Velma V Campbell	13. Notary Commission expires: 8-23- 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of military record & honorable discharge	By whom issued and signed: U.S. Army, Ft. Lewis WA, Harvey D. Taylor, Lt. Col. Cav.	Date issued: discharged Nov. 22, 1945	Date Orig. Entry: inducted Oct. 9, 1942
	Date of Birth: May 27, 1909; Birth Place: Orofino, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record	By whom issued and signed: G. Backenstae, Secretary, No. Central High School, Augusta, WA	Date issued: ---	Date Orig. Entry: Jan. 28, 1924
	Date of Birth: May 27, 1909; Birth Place: ---	Full Name of Mother: ---	Name of Father: J. L. Henager	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present at time of birth	By whom issued and signed: Cora Alice (Honey) Henager	Date issued: June 26, 1973	Date Orig. Entry: ---
	Date of Birth: May 27, 1909; Birth Place: Orofino, Idaho	Full Name of Mother: Lucy Jane (Henager) Franklin	Name of Father: John Louis Henager	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	July 18, 1973

FORM BH 56067 1cp pd rec #17738 6-14-73

JUL 1 9 1973

249-212-014-412

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-476

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lola Irene Smith		2. Date Of Birth (month) (day) (year): 1 – 12 – 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Clarence Elsworth Smith		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Eliza Roxy Mason		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	Signature of Registrant: Lola Criddle	11. Present Address of Registrant: 1159 So Broadway Boise Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 6th 19 63	12. Signature of Notary: [illegible]	13. Notary Commission expires: Jan 6th 19 64

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of application for social Security account no,	By whom issued and signed: U. S. Treasury Department	Date Issued: -----	Date Orig. Entry: Nov. 30, 1936
	Date of Birth: Jan.12,1909 / Birth Place: Caldwell, Idaho	Full Name of Mother: Eliza Roxy Mason	Name of Father: Clarence Smith	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Affidavit for Marriage License	By whom issued and signed: Sarah Devaney, Clerk	Date Issued: June 22, 1963	Date Orig. Entry: Aug. 6, 1946
	Date of Birth: Jan.12,1909 / Birth Place: Caldwell, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Photo copy of hospital record admission-summary card	By whom issued and signed: Bannock Memorial Hospital, Catherine E.Perryman,Med.Rec.Dept.	Date Issued: ---	Date Orig. Entry: June 18,1954
	Date of Birth: Jan.12,1909 / Birth Place: Caldwell, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sm Glenda Larson	August 6,1973

FORM BH 56067

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415-214-040-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73=527

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Annie Elizabeth Davies		2. Date Of Birth (month) 4 (day) 14 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho, Shoshone; b. City or Town of Birth: Wardner
FATHER	6. Full Name of Father: David William Davies		7. State or Country of Father's Birth: Wales G. Britain
MOTHER	8. Full Maiden Name of Mother: Sarah Elizabeth Thomas		9. State or Country of Mother's Birth: Wales G. Britain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth Ann Peer (or) Ann Peer	11. Present Address of Registrant: 432 Norma St Ridgecrest, Calif 93555
NOTARY (Seal)	Subscribed and sworn to before me on July 13 1973	12. Signature of Notary: Caroline Parry	13. Notary Commission expires: 9-12-1974

CAROLINE PARRY
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
MY COMMISSION EXPIRES SEPT. 12, 1974

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photocopy of post card		By whom issued and signed: family record/Caroline Parry Notary, Calif.	Date issued: July 13,1973	Date Orig. Entry: obviously old
	Date of Birth: Apr.14,1909	Birth Place: Wardner, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: notarized photocopy of certificate of naturalization		By whom issued and signed: U.S. Dept. of Commerce & Labor #112322 in Wardner, Idaho	Date issued: July 13, 1973	Date Orig. Entry: March 1910
	Date of Birth: Age: 11 mos	Birth Place: ---	Full Name of Mother: Lizzie Davies	Name of Father: David William Davies	
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of Certificate of Dismission		By whom issued and signed: Wardner-Kellogg Public Schools Laura Butz, Supt.	Date issued: 7/13/73	Date Orig. Entry: Dec.8,1920
	Date of Birth: Apr.14,1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	Sept. 6, 1973

FORM BH 56067

1cp address # 11487

4-2-69

SEP 7 1973

789-25-2011-289

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-542

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marguerite Mildred Phillips			2. Date Of Birth (month) (day) (year): October 15, 1909
	3. Color or Race: Caucasian	4. Sex: female	5. Place of Birth a. County: BonnersFerry, Boundary	b. City or Town of Birth: Bonners Ferry, Idaho
FATHER	6. Full Name of Father: Fred PHILLIPS (No middle name)			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Blanche Erma Shively			9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marguerite M. Davis formerly Marguerite Mildred Phillips		11. Present Address of Registrant: Rt 3 Newport WA 99156
NOTARY (Seal)	Subscribed and sworn to before me on: May 1 19 73	12. Signature of Notary: Edmund A. Brogan		13. Notary Commission expires: 30 NOV 1973 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

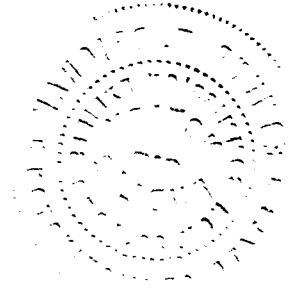
SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Blanche E. Phillips	Date Issued: May 1,1973	Date Orig. Entry: ---
	Date of Birth: Oct.15,1909 / Birth Place: Bonners Ferry, ID Boundary County	Full Name of Mother: Blanche Erma Shively	Name of Father: Fred Phillips	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #76	By whom issued and signed: State of Washington Vital Statistics	Date Issued: Aug.9,1973	Date Orig. Entry: child born July 16,1930
	Date of Birth: Age: 20 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record Bonner County, Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: June 15,1973	Date Orig. Entry: Aug.15,1910
	Date of Birth: 6 monts / Birth Place: Idaho	Full Name of Mother: Blanche E. Phillips	Name of Father: Fredrick Phillips	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 10, 1973

FORM BH 56067

4-6-93

SEP 11 1973



289-113-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-569

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leo Irving Byington			2. Date Of Birth (month) (day) (year): February 13, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Annis
FATHER	6. Full Name of Father: Charles Norton Byington			7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother: Ettie S. Smithies			9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leo I Byington		11. Present Address of Registrant: 123 No. 2nd E. Preston, Ida 83263
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 17, 1973	12. Signature of Notary: Michael D Kay		13. Notary Commission expires: April 1, 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of federal census record (Bannock County, Idaho)	By whom issued and signed: Federal Bureau of the Census Department of Commerce	Date Issued: orig. dated Aug. 8, 1941	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 10 / Birth Place: Idaho	Full Name of Mother: Ettie S. Byington	Name of Father: Charles N. Byington	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, LaBelle, Idaho Ward, Geo. H. Romrell, Bishop	Date Issued: orig. dated Mar. 14, 1909	Date Orig. Entry: blessed Mar. 14, 1909
	Date of Birth: Feb. 13, 1909 / Birth Place: Annis, Idaho Fremont County	Full Name of Mother: Ettie S. Smithies	Name of Father: Charles Byington	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Lava Ward Charles N. Byington, Elder	Date Issued: orig. dated Nov. 14, 1917	Date Orig. Entry: baptized Nov. 13, 1917
	Date of Birth: Feb. 13, 1909 / Birth Place: Annis, Idaho Fremont County	Full Name of Mother: Ettie S. Smithies	Name of Father: Charles N. Byington	
QUALIFYING INFORMATION	Affidavit by sister, Age: 69, Thora B. Miles signed July 30, 1973 gives Leo Irving Byington son of Charles N. Byington and Ettie S. Smithies born at Annis, Fremont County, Idaho on February 13, 1909.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Mick	Evidence reviewed by: gml Glenda Larson		Date Filed: Sept. 21, 1973

FORM BH 56067 1 cp pd vr. #25487 (B) 9-14-93 gml

SEP 2 0 1973

493-22-5002-73

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-575

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Virginia Miller		2. Date Of Birth (month) (day) (year): August 25, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Adams; b. City or Town of Birth: Cuprum
FATHER	6. Full Name of Father: Peter Henry Miller		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Mary Alice Acton		9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Virginia Miller	11. Present Address of Registrant: C/O S. Gwynee, Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 23 1973	12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20- 1974

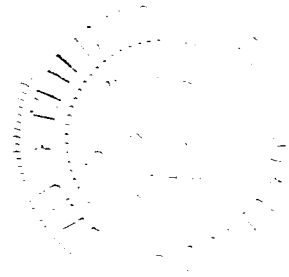
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy # 17 374 943	By whom issued and signed: New York Life Insurance Co.	Date Issued: June 15, 1939	Date Orig. Entry:
	Date of Birth: Aug 25 1909	Birth Place: Cuprum, Idaho	Full Name of Mother: --	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho # 50-3030	Date Issued:	Date Orig. Entry: Child born Mar. 24, 1950
	Date of Birth: Age 40 yrs	Birth Place: Cuprum, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Copy of Application for Social Security number 519-56-5948	By whom issued and signed: US Treasury Dept.-Internal Revenue Service	Date Issued:	Date Orig. Entry: Oct. 25, 1963
	Date of Birth: Aug. 25 1909	Birth Place: Cuprum, Idaho	Full Name of Mother: Mary Alice Acton	Name of Father: Peter Henry Miller
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: sl Sue Lowe	Date Filed: Sept. 25, 1973

FORM BH 56067

SEP 25 1973



957-212-042-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-615

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MATILDA ELLEN INGRAM		2. Date Of Birth (month) (day) (year): APRIL 12 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: HANSEN TWIN FALLS; b. City or Town of Birth: IDAHO
FATHER	6. Full Name of Father: CHARLES EDWARD INGRAM		7. State or Country of Father's Birth: DANVILLE ILLINOIS
MOTHER	8. Full Maiden Name of Mother: ROSE CHARLOTTE HARRYMAN		9. State or Country of Mother's Birth: ARLINGTON KANSAS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Matilda Ellen Saunders	11. Present Address of Registrant: RT. 2 HAZELTON IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: 20th February 1963	12. Signature of Notary: T. W. Egbert Jr.	13. Notary Commission expires: July 10 1966 83335

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of application for insurance	By whom issued and signed: The mutual Benefit Life Insurance Company	Date issued: ----	Date Orig. Entry: June 3, 1933
	Date of Birth: April 12, 1909	Birth Place: Hansen, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage record	By whom issued and signed: T.W. Stivers, Ex-Officio Auditor	Date issued: Mar.13,1963	Date Orig. Entry: Dec. 19, 1930
	Date of Birth: Age: 21	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce	Date issued: Feb.16,1973	Date Orig. Entry: Apr.1,1940
	Date of Birth: Age: 30	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION

Federal census record, Twin Falls, Idaho, U.S. Bureau of the Census issued August 31,1973 census taken as of April 15, 1910 gives age as 1 year, born in Idaho, enumerated in the family of Charles E. and Rose C. Ingram.

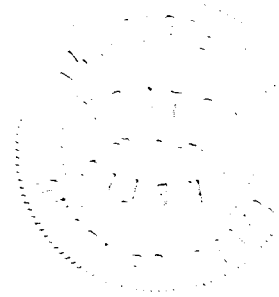
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sm Glenda Larson	October 17, 1973

FORM BH 56067

OCT 1 8 1973



816-204-021-782

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-651

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ada Rose Hawkes
2. Date Of Birth (month) (day) (year): May 4, 1909
3. Color or Race: Cauc.
4. Sex: Female
5. Place of Birth — a. County: Franklin; b. City or Town of Birth: Preston

FATHER

6. Full Name of Father: Thomas Herbert Hawkes
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Elizabeth Ann Gibbons
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Ada Winegar
11. Present Address of Registrant: 44 Mobile Lane, Ontario, OR 97914

NOTARY (Seal)

Subscribed and sworn to before me on: August 9th 19 73
12. Signature of Notary: Glenda MacLarson
13. Notary Commission expires: September 15, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Elizabeth Ann Hawkes	Aug.9,1973	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 4, 1909	Preston, Idaho Franklin County	Elizabeth Ann Gibbons Hawkes	Thomas Herbert Hawkes

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #237205	----	child born Sept.7,1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 26	Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding church records	LDS Church, Louis J.Wettstein, Bishop, Ontario 2nd Ward,OR	Oct.16,1973	blessed June 27,1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 4, 1909	---	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Nov. 8, 1973

FORM BH 56067

NOV 9 1973

369-228-014-995

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-656

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Lena Torrance		2. Date Of Birth (month) (day) (year): September 28 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Robert Stewart Torrance		7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Anna Zingleman		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther Lena Torrance Estes	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: November 7 1973	12. Signature of Notary: A. Louise Gonzales	13. Notary Commission expires: July 24 1977

OFFICIAL SEAL
A. LOUISE GONZALES
NOTARY PUBLIC-CALIFORNIA
SONOMA COUNTY
My Commission Expires July 24, 1977
2700 Fourth St., Santa Rosa, CA 95707

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age 79	By whom issued and signed: Hazel Torrance Munsey	Date Issued: Oct.25,1973	Date Orig. Entry: ------
	Date of Birth: Sept.28,1909 / Birth Place: Caldwell,Idaho	Full Name of Mother: Anna Zingleman	Name of Father: Robert Stewart Torrance	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Sept.28,1909 / Birth Place: Caldwell,Idaho	Full Name of Mother: Anna Zingleman	Name of Father: Robert Stewart Torrance	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 208631	Date Issued: ---	Date Orig. Entry: child born Dec. 28, 1932
	Date of Birth: Age 23 / Birth Place: Caldwell, Idaho	Full Name of Mother: ----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Nov. 9,1973

FORM BH 56067

1cp pd rec # 28222

10-29-73

Estie

NOV 9 1973

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792-109-036-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-659

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cluff Lowe GIBSON		2. Date Of Birth (month) Oct (day) 9 (year) 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County *: FRANKLIN ONEIDA; b. City or Town of Birth: FRANKLIN IDAHO
FATHER	6. Full Name of Father: HARVEY GIBSON		7. State or Country of Father's Birth: Hyde Park - Cache Co. Utah
MOTHER	8. Full Maiden Name of Mother: LUCY D. LOWE		9. State or Country of Mother's Birth: Franklin, Oneida Co. Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cluff Gibson	11. Present Address of Registrant: Rt 3 PRESTON IDA
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 21 1973	12. Signature of Notary: Ross Rasmussen	13. Notary Commission expires: 1-12 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Lucy Lowe Gibson	Date issued: Sep.21,1973	Date Orig. Entry: ---
	Date of Birth: Oct.9,1909	Birth Place: Franklin, Idaho	Full Name of Mother: Lucy Lowe	Name of Father: Harvey Gibson	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: National Public Service Life Ins., Seattle, WA	Date issued: ---	Date Orig. Entry: Oct.17,1946
	Date of Birth: Oct.9,1909	Birth Place: Franklin, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of certificate of membership		By whom issued and signed: LDS Church, Bryce K.Payne, Winder Ward Clerk, Oneida	Date issued: ---	Date Orig. Entry: baptized Aug.3,1918
	Date of Birth: Oct.9,1909	Birth Place: Franklin, Idaho Oneida County	Full Name of Mother: Lucy Doney Lowe	Name of Father: Harvey Gibson	

QUALIFYING INFORMATION

*Dut to reorganization of counties, Franklin is now located in Franklin County.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	NOV 9 1973

K FORM BH 56067 (G) 9-27-63. nm

NOV 1 3 1973

133-223-022-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-672

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: REA ALLGOOD			2. Date Of Birth (month) Feb. (day) 23 (year) 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Wilford, Fremont Co., Idaho
FATHER	6. Full Name of Father: WILLIAM ALLGOOD, JR			7. State or Country of Father's Birth: Wyoming
MOTHER	8. Full Maiden Name of Mother: MARY IRENE WICKHAM			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rea Allgood Hanson		11. Present Address of Registrant: 1169 Sahara St. Idaho Falls, Idaho 83401
NOTARY (Seal)	Subscribed and sworn to before me on: October 25 1973	12. Signature of Notary: Estella Duddleson		13. Notary Commission expires: June 22 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: On file Idaho #444428	Date Issued: ---	Date Orig. Entry: child born June 19,1947
	Date of Birth: Age: 38	Birth Place: Wilford, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of baptism and confirmation		By whom issued and signed: LDS Church, Ozone Ward, ID, Aaron Judy, Bishop	Date Issued: ---	Date Orig. Entry: baptized Aug. 4, 1917
	Date of Birth: Feb. 23, 1909	Birth Place: Wilford, Idaho Fremont County	Full Name of Mother: M. Irene Wickham	Name of Father: William Allgood, Jr.	
SUPPORTING RECORD 3.	Type of Document: photocopy of temple recommend		By whom issued and signed: LDS Church for Logan Temple from St. Anthony 3rd Ward	Date Issued: ---	Date Orig. Entry: Nov. 27, 1942
	Date of Birth: Feb. 23, 1909	Birth Place: Wilford, Idaho Fremont County	Full Name of Mother: Mary Irene Wickham	Name of Father: William Allgood	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: NOV 20 1973

FORM BH 56067 MM

10-12-73 gml

NOV 21 1973

331-204-006-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-677

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leah Clark			2. Date Of Birth (month) (day) (year): July 4, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: George H. Clark			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Louise Parker			9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leah C. Nuckols		11. Present Address of Registrant: ASHTON IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: 11/2 1973	12. Signature of Notary: Lon Harvey		13. Notary Commission expires: 7/31 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, 2nd Blackfoot Ward, Ed Benzley, Clerk	Date Issued: Aug. 1, 1909	Date Orig. Entry: blessed Aug. 1, 1909	
	Date of Birth: July 4, 1909	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Louise Parker	Name of Father: Geo. H. Clark	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: George H. Clark	Date Issued: Sep. 28, 1973	Date Orig. Entry: ---	
	Date of Birth: July 4, 1909	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Louise Parker Clerk	Name of Father: George H. Clark	
SUPPORTING RECORD 3.	Type of Document: Application for license to marry #7010	By whom issued and signed: Davis County, Utah	Date Issued: Oct. 2, 1973	Date Orig. Entry: Jan. 8, 1930	
	Date of Birth: July 4, 1909	Birth Place: Blackfoot, Idaho	Full Name of Mother: Louise Parker	Name of Father: George H. Clark	

QUALIFYING INFORMATION: Certified statement of birth record on file for unnamed female child born July 4, 1909 in Blackfoot, Idaho to Geo. H. Clark and Louise Parker Clark. Recorded in book 2, page 12, Bingham County Register of births. Statement issued - 9/25/73.

REGISTRAR'S CERTIFICATION (seal)

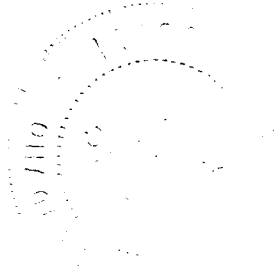
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Nov. 28, 1973

FORM BH 56067 1 Cp. pd

10-31-73 gml

NOV 2 8 1973



113-206-021-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-696

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUBY IRENE JACOBSON			2. Date Of Birth (month) JANUARY (day) 6 (year) 1909
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: FRANKLIN	b. City or Town of Birth: WESTON
FATHER	6. Full Name of Father: PETER JACOBSON			7. State or Country of Father's Birth: ~~IDAHO~~ Denmark
MOTHER	8. Full Maiden Name of Mother: ANNIE MAREN CHRISTINE NELSON			9. State or Country of Mother's Birth: Weston, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irene Anderson		11. Present Address of Registrant: WESTON, IDAHO 83286
NOTARY (Seal)	Subscribed and sworn to before me on: June 25, 1973	12. Signature of Notary: Lyman W Merrill		13. Notary Commission expires: March 7, 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #278759		Date Issued: Oct.26,1943	Date Orig. Entry: Child born Apr.5,1939
	Date of Birth: Age: 30	Birth Place: Weston, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of church record of membership	By whom issued and signed: LDS Church, Lyman W.Merrill, Ward Clerk, Weston, Idaho		Date Issued: ----	Date Orig. Entry: blessed Apr.4,1909
	Date of Birth: Jan.6,1909	Birth Place: Weston,Idaho Franklin County	Full Name of Mother: Annie Maren C. Nelson	Name of Father: Peter Jacobson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Elnora N. Merrill (born 1896)		Date Issued: Nov.9,1973	Date Orig. Entry: ----
	Date of Birth: Jan.6,1909	Birth Place: Weston, Idaho	Full Name of Mother: Annie Jacobson	Name of Father: Peter Jacobson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

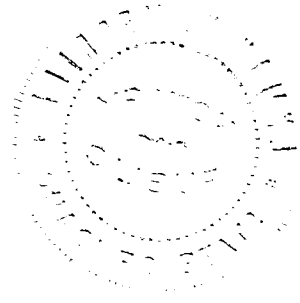
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gm1 Glenda Larson	DEC 6 1973

FORM BH 56067

4-13-73

DEC 7 1973



854-27-006-4166

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-711

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ELLA THELMA HEMBREE
2. Date Of Birth (month) 8 (day) 27 (year) 1909
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: HOME BINGHAM
b. City or Town of Birth: BLACKFOOT

FATHER

6. Full Name of Father: JAMES D. HEMBREE
7. State or Country of Father's Birth: WRIGHT COUNTY, MO.

MOTHER

8. Full Maiden Name of Mother: FLORA BELL DOWNING
9. State or Country of Mother's Birth: HARPER COUNTY, KANS.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ella Thelma Hembree Proctor
11. Present Address of Registrant: 13620 ROSCOE BLVD. PANORAMA CITY, CA.

NOTARY (Seal) Attached

Subscribed and sworn to before me on: NOVEMBER 7th 1973

12. Signature of Notary: Jean M. Bertuchi

13. Notary Commission expires: February 26 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Type of Document: photocopy of affidavit by father		By whom issued and signed: James D. Hembree	Date Issued: ----	Date Orig. Entry: Oct.25,1955
Date of Birth: Aug.27,1909	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Flora Bell Downing	Name of Father: James D. Hembree	
SUPPORTING RECORD 2. Type of Document: photocopy of U.S. Passport #24244		By whom issued and signed: Department of State	Date Issued: ----	Date Orig. Entry: Jan.20,1947
Date of Birth: Aug.27,1909	Birth Place: Blackfoot, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3. Type of Document: photocopy of application for insurance policy		By whom issued and signed: United Benefit Life Ins. Co. Omaha, NB	Date Issued: ----	Date Orig. Entry: May 27,1932
Date of Birth: Aug.27,1909	Birth Place: Blackfoot, Idaho	Full Name of Mother: ---	Name of Father: James D. Hembree	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	DEC 7 1973

FORM BH 56067

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES } SS.

On NOVEMBER 7, 1973 before me, the undersigned, a Notary Public in and for said County and State, personally appeared ELLA THELMA Hembree A.K.A. ELLA THELMA PROCTOR, known to me to be the person whose name IS subscribed to the within instrument and acknowledged that SHE executed the same.

Signature Jess J. Zertuche

JESS J. ZERTUCHE
Name (Typed or Printed)
Notary Public in and for said County and State

1-117

Delayed Certificate of Birth

OFFICIAL SEAL
Jess J. Zertuche
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires Feb. 26, 1974

FOR NOTARY SEAL OR STAMP

DEC 7 1973

799-109-010-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho 83707

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-716

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank Eugene Price			2. Date Of Birth (month) Jan. (day) 9th (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County *: Bonneville OR (Bingham)	b. City or Town of Birth: Iona Idaho	
FATHER	6. Full Name of Father: William Henry Price			7. State or Country of Father's Birth: Ogden Utah	
MOTHER	8. Full Maiden Name of Mother: (Hannah) Hannah Elizabeth Hancey			9. State or Country of Mother's Birth: Cache Valley Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Frank Eugene Price	11. Present Address of Registrant: 8073 Terreton	
NOTARY (Seal)	Subscribed and sworn to before me on 2 July 19 73		12. Signature of Notary: Clara Jenkins	13. Notary Commission expires: 17 March 19 74	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #383755	Date Issued: ---	Date Orig. Entry: child born Dec.23,1943
	Date of Birth: AGE: 34	Birth Place: Iona, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister		By whom issued and signed: Bertha Price Kelly (14 years older)	Date Issued: Oct.23,1973	Date Orig. Entry: ----
	Date of Birth: Jan.9,1909	Birth Place: Iona, Idaho Bingham County	Full Name of Mother: Hannah Hancey Price	Name of Father: William Henry Price	
SUPPORTING RECORD 3.	Type of Document: Federal census record Crowley Prec.,Bingham Co.Ida.		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Nov.14,1973	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 1 yr.	Birth Place: Idaho	Full Name of Mother: Hannah Price	Name of Father: William H. Price	

QUALIFYING INFORMATION: *Bonneville County was organized from Bingham County in 1911.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	DEC 10 1973

FORM BH 56067

DEC 11 1973

319-125-804-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-732

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHARLES LYMAN LARSEN			2. Date Of Birth: (month) June (day) 25 (year) 1909	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Georgetown, Idaho	
FATHER	6. Full Name of Father: Hyrum Larsen			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Rands			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Charles Lyman Larsen	11. Present Address of Registrant: 835 Conant Ave. Burley, Idaho 83318	
NOTARY (Seal)	Subscribed and sworn to before me on: November 23, 19 73		12. Signature of Notary: Gerald J. Anderson	13. Notary Commission expires: Sept. 8, 19 76	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #286769	Date Issued: ---	Date Orig. Entry: child born Oct.20,1939
	Date of Birth: AGE: 30	Birth Place: Georgetown, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Duplicate Certificate of Blessing		By whom issued and signed: LDS Church, Burley Third Ward Ralph C. Benton, Bishop	Date Issued: Apr.28,1971	Date Orig. Entry: blessed Sep.30,1909
	Date of Birth: June 25,1909	Birth Place: Georgetown, Idaho Bear Lake County	Full Name of Mother: Elisabeth Rands	Name of Father: Hyrum Larsen	
SUPPORTING RECORD 3.	Type of Document: Duplicate Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Burley 3rd Ward, F.Curtis Paskett, Bishop	Date Issued: Aug.22,1973	Date Orig. Entry: baptized June 26,1918
	Date of Birth: June 25,1909	Birth Place: Georgetown, Idaho Bear Lake County	Full Name of Mother: Elizabeth Rands	Name of Father: Hyrum Larsen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Ulick	Evidence reviewed by: Glenda Larson	Date Filed: DEC 12 1973

FORM BH 56067

1-15-92

DEC 1 3 1973

844-120-029-942

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-734

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Hudspeth			2. Date Of Birth: (month) October (day) 20 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Boville	
FATHER	6. Full Name of Father: Claude Hudspeth			7. State or Country of Father's Birth: Kentucky	
MOTHER	8. Full Maiden Name of Mother: Gladys Grace Rusk			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Harold Hudspeth	11. Present Address of Registrant: 15323 Grayfield Detroit, Mich. 48223	
NOTARY (Seal)	Subscribed and sworn to before me on: November 20 1973		12. Signature of Notary: Frank Logreco, Jr.	13. Notary Commission expires: August 30, 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage license #2954		By whom issued and signed: Deer Lodge County, Montana	Date Issued: Oct.10,1973	Date Orig. Entry: Apr.1,1930
	Date of Birth: Age: 20	Birth Place: Boyill, Idaho Latah County	Full Name of Mother: Gladys Rusk Hudspeth	Name of Father: Claude Hudspeth	
SUPPORTING RECORD 2.	Type of Document: Certified copy of voting registration		By whom issued and signed: Floyd A, Cairns, Clark, City of Farmington Hills, Mich.	Date Issued: Oct.10,1960	Date Orig. Entry: Oct.10,1960
	Date of Birth: Oct.20,1909	Birth Place: Boville, Idaho	Full Name of Mother: Gladys Rusk	Name of Father: Claude (Hudspeth)	
SUPPORTING RECORD 3.	Type of Document: photocopy of statement by physician		By whom issued and signed: Jas.M.Sligh,M.D., Anaconda, Montana	Date Issued: ----	Date Orig. Entry: June 7,1917
	Date of Birth: Age: 7	Birth Place: ---	Full Name of Mother: Gladys Hudspeth	Name of Father: Claud Hudspeth	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	Dec. 12, 1973

FORM BH 56067

DEC 13 1973
JAN 23 1974

913-114-036-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-750

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frederick William Rallison Jr.		2. Date Of Birth (month) Aug. (day) 14 (year) 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Oneida; b. City, Town of Birth: Whitney
FATHER	6. Full Name of Father: Frederick Wm Rallison		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Jennie Woodward		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frederick W Rallison Jr.	11. Present Address of Registrant: R.F.D.1, Preston, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: December 11 1973	12. Signature of Notary: Norman A Ricks	13. Notary Commission expires: May 25 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Whitney, Idaho Abraham Winward, Clerk	Date Issued: ---	Date Orig. Entry: blessed Oct. 3, 1909
	Date of Birth: Aug. 14, 1909 / Birth Place: Whitney, Idaho Oneida County	Full Name of Mother: Jennie Woodward	Name of Father: Frederic Wm. Rallison	
SUPPORTING RECORD 2.	Type of Document: Statement regarding confirmation records	By whom issued and signed: LDS Church, Ward Clerk, M. Lynn Cole, Whitney Ward	Date Issued: ---	Date Orig. Entry: confirmed Sep. 11, 1917
	Date of Birth: Aug. 14, 1909 / Birth Place: Whitney, Idaho Franklin, County	Full Name of Mother: Jane Jennie Woodward	Name of Father: Frederick William Rallison, Jr.	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present	By whom issued and signed: Winifred F. Reese (Age: 78)	Date Issued: Dec. 4, 1973	Date Orig. Entry: ---
	Date of Birth: Aug. 14, 1909 / Birth Place: Whitney, Oneida County	Full Name of Mother: Jennie Woodward	Name of Father: Frederick Wm. Rallison	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	DEC 18 1973

FORM BH 56067

DEC 1 9 1973

632-20?-036-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-755

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma Olsen
2. Date Of Birth (month) (day) (year): July 7, 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Oneida
b. City or Town of Birth: Pleasant View (mail Malad)

FATHER

6. Full Name of Father: Parley P. Olsen
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Sophia Jones
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thelma O. Butcher
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on Dec 18 1973
12. Signature of Notary: Alan E Massey
13. Notary Commission expires: 7-5- 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth certificate	State of Utah #1604	June 15,1972	child born May 11,1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 25	Malad, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt	Bertha Jones Thomson (bd.6-10-90)	July 18,1972	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 7,1909	Pleasantview, Ida. Oneida County	Sophia Jones Olsen	Parley P. Olsen

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of certificate of Baptism and Confirmation	LDS Church, Pleasantview Ward, C. E. Thomas, Clerk	----	baptized Aug.1,1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 7,1909	Pleasantview, Oneida Co., Idaho	Sophia Jones	Parley Olsen

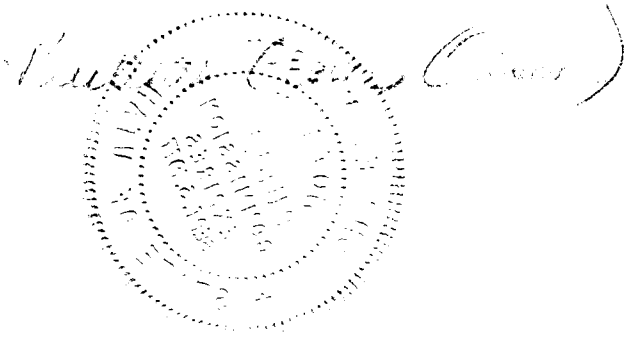
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	DEC 26 1973

FORM BH 56067



DEC 2 7 1973

619-212-012-438

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-761

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ARVILLA WAITE			2. Date Of Birth (month) FEBRUARY (day) 12 (year) 1909	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth: a. County BUTTE; b. City or Town of Birth: ARCO, IDAHO		
FATHER	6. Full Name of Father: GEORGE WAITE			7. State or Country of Father's Birth: BOUNTIFUL UTAH	
MOTHER	8. Full Maiden Name of Mother: SARAH ANN McHENRY Arvilla W. Anderson			9. State or Country of Mother's Birth: BAXTER TENNESSEE	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant		11. Present Address of Registrant: MOORE IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: November 8 1973	12. Signature of Notary: Virgil Johnson		13. Notary Commission expires: March 15 1973	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #168047		Date Issued: ----	Date Orig. Entry: child born Oct.27,1928
	Date of Birth: AGE: 19	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Duplicate Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, James S. Babcock, Clerk, Lost River Ward		Date Issued: Dec.21,1973	Date Orig. Entry: baptized Feb.12,1917
	Date of Birth: Feb.12,1909	Birth Place: Arco, Idaho Butte County	Full Name of Mother: Sarah Ann McHenry	Name of Father: George Waite	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record	By whom issued and signed: Lost Rivers Hospital, Arco, ID		Date Issued: ---	Date Orig. Entry: Nov.23,1965
	Date of Birth: Feb.12,1909	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

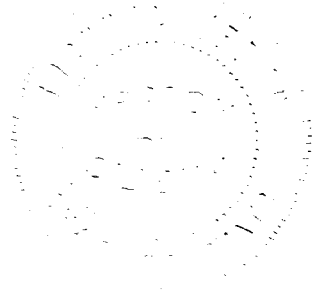
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	DEC 28 1973

FORM BH 56067

3-23-67

DEC 31 1973



253-110-016-538

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-004

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grant Edward Bell	2. Date Of Birth (month) 9 (day) 10 (year) 09	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: Joseph Brown Bell	7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Matilda Elquist	9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grant E. Bell	11. Present Address of Registrant: Oakley Idaho 83346
NOTARY (Seal)	Subscribed and sworn to before me on 1/1 1973	12. Signature of Notary: H. E. Haigh	13. My commission expires ____ Notary Public of Idaho Residing at Burley, Idaho 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of first page of insurance policy #58559-JX	By whom issued and signed: Gem State Mutual Life Assoc. Inc., Pocatello, ID	Date Issued: transfer 10/26/62	Date Orig. Entry: policy date Sept. 14, 1955
	Date of Birth: Sep. 10, 1909	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: photocopy of church record of membership (temporary record)	By whom issued and signed: LDS Church, John R. Adams, Bishop, Oakley 1st Ward.	Date Issued: ----	Date Orig. Entry: blessed Feb. 19, 1910
	Date of Birth: Sep. 10, 1909	Birth Place: Cassia County Oakley, Idaho U.S.A.	Full Name of Mother: Matilda Elquist	Name of Father: Joseph Bell
SUPPORTING RECORD 3.	Type of Document: Statement regarding marriage records	By whom issued and signed: Cassia County, Idaho	Date Issued: Dec. 31, 1973	Date Orig. Entry: ---
	Date of Birth: 9/10/09 Age: 28	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	January 7, 1974

FORM BH 56067

1-29-75

JAN 8 1974

389-12 006-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-015

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: FLOYD LeROY CHRISTOFFERSON			2. Date Of Birth: October 12 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Goshen, Bingham	b. City or Town of Birth: Shelley, Route #2 *
FATHER	6. Full Name of Father: SIMEON CHRISTIAN CHRISTOFFERSON			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: ANNA CHRISTINE ANDERSEN			9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Floyd LeRoy Christofferson		11. Present Address of Registrant: 352 - 27th Ave., Longview, Wash. 98632.
NOTARY (Seal)	Subscribed and sworn to before me on: 9th day of January 19 74	12. Signature of Notary		13. Notary Commission expires: March 15 19 75

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Anna Christine Andersen Christofferson Sibbett	Date Issued: Oct.26,1973	Date Orig. Entry: ---
	Date of Birth: Oct.12,1909 / Birth Place: Goshen, Bingham County, Idaho	Full Name of Mother: Anna Christine Andersen	Name of Father: Simeon Christian Christofferson	
SUPPORTING RECORD 2.	Type of Document: LDS Church Certificate of Birth	By whom issued and signed: Blackfoot Stake, Goshen Ward, members #18655, blessed line 210	Date Issued: Oct.15,1973	Date Orig. Entry: Apr.3,1910
	Date of Birth: Oct.12,1909 / Birth Place: Goshen, Idaho Bingham County	Full Name of Mother: Anna Andersen	Name of Father: Sims Christopherson	
SUPPORTING RECORD 3.	Type of Document: photocopy of military honorable discharge	By whom issued and signed: U.S. Army, Ft.Lewis, WA Separation Center	Date Issued: discharged Dec.21,1945	Date Orig. Entry: inducted July 23,1942
	Date of Birth: Oct.12,1909 / Birth Place: Presto, Idaho *	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

*Goshen is listed as mail Shelley. Presto is no longer a town, however, it was located about 2 miles south of Goshen in Bingham County.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	JAN 15 1974

FORM BH 56067

JAN 24 1974

319-203-021-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-027

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth C Carlson		2. Date Of Birth (month) 10 (day) 3 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oxford	b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: William Leonard Carlson		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Laura L Croshaw		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth C Carlson	11. Present Address of Registrant: Downey Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on 1-16 1974	12. Signature of Notary: Dan A. Bowen	13. Notary Commission expires 11-1 1976	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #183118	Date Issued: ---	Date Orig. Entry: child born July 12,1930
	Date of Birth: Age: 20	Birth Place: Oxford, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of blessing		By whom issued and signed: LDS Church, Walter Hatch, Bishop, Oxford, Idaho	Date Issued: ---	Date Orig. Entry: blessed Nov.7,1909
	Date of Birth: Oct.3,1909	Birth Place: Oxford, Idaho Bannock County	Full Name of Mother: Laura Croshaw	Name of Father: Leonard Carlson	
SUPPORTING RECORD 3.	Type of Document: photocopy of patriarchal blessing		By whom issued and signed: Benjamin William Henderson, Patriarch, Swan Lake, Idaho	Date Issued: ---	Date Orig. Entry: May 20,1931
	Date of Birth: Oct.3,1909	Birth Place: Oxford, Idaho	Full Name of Mother: Laura L. (Croshaw) Carlson	Name of Father: William Leonard Carlson	
QUALIFYING INFORMATION	Affidavit by Nora H. Kay dated January 16, 1974 states that she has known her her entire life & knows of a surety that she was born October 3, 1909 at Oxford, Idaho the daugher of Leonard and Laura Croshaw Carlson.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick		Evidence reviewed by: Glenda Larson		Date Filed: JAN 22 1974

FORM BH 56067 NM.

C 9-18-73 gmf

JAN 2 2 1974

899-106-004-4152

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-034

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hyrum Henry Hirschi			2. Date Of Birth (month) 1 (day) 6 (year) 1909	
	3. Color or Race: W.	4. Sex: M	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Montpelier Ida.	
FATHER	6. Full Name of Father: Reynold Hirschi			7. State or Country of Father's Birth: Switzerland	
MOTHER	8. Full Maiden Name of Mother: Frieda Messerli			9. State or Country of Mother's Birth: Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Hyrum Hirschi	11. Present Address of Registrant: Afton Wyo. 83110	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 11 1974		12. Signature of Notary: Della Mae Gibbons	13. Notary Commission expires: May 18 1976	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #285670	Date Issued: ---	Date Orig. Entry: child born Aug. 5, 1939
	Date of Birth: Age: 30	Birth Place: Montpelier, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of ordination as a Deacon		By whom issued and signed: LDS Church, Geneva, Idaho, Henry Teuscher, Bishop	Date Issued: ---	Date Orig. Entry: Sept. 12, 1921
	Date of Birth: Jan. 6, 1909	Birth Place: Montpelier, Idaho Bear Lake County	Full Name of Mother: Freda Messerli	Name of Father: Raynold Hirschi	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for license to marry		By whom issued and signed: Bear Lake County, Idaho	Date Issued: ----	Date Orig. Entry: Aug. 31, 1937
	Date of Birth: Jan. 6, 1909	Birth Place: Montpelier, Idaho	Full Name of Mother: Frieda Messerly	Name of Father: Raynold Hirschi	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: JAN 24 1974

FORM BH 56067

12-21-76

JAN 2 8 1974

369-112-006-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-062

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clyde Twitchell
2. Date Of Birth: (month) 3 (day) 12 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Presto

FATHER

6. Full Name of Father: William Henry Twitchell
7. State or Country of Father's Birth: Collinston, Utah

MOTHER

8. Full Maiden Name of Mother: Edna Albreta Carson
9. State or Country of Mother's Birth: Ophir, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clyde Twitchell
11. Present Address of Registrant: Rt. #5, Box 256, Blackfoot, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 1-30 19 74

12. Signature of Notary: James L. Morton
13. Notary Commission expires: 7/10 19 76

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Edna Albreta Sullivan	Date Issued: Jan. 30, 1974	Date Orig. Entry: ----
	Date of Birth / Birth Place: Mar. 12, 1909 Presto, Idaho	Full Name of Mother: Edna Albreta Carson	Name of Father: William Henry Twitchell	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage license affidavit	By whom issued and signed: Bingham County, Idaho	Date Issued: Jan. 23, 1974	Date Orig. Entry: Nov. 15, 1932
	Date of Birth / Birth Place: Mar. 12, 1909 Presto, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application of insurance policy Part 2	By whom issued and signed: Washington National Ins. Co.	Date Issued: ----	Date Orig. Entry: Sep. 10, 1962
	Date of Birth / Birth Place: Mar. 12, 1909 ---	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	FEB 12 1974

FORM BH 56067

FEB 1 3 1974

355-227-022-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-065

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Violet Lavon Lee		2. Date Of Birth (month) July (day) 27 (year) 1909
	3. Color or Race: White	4. Sex: Fem.	5. Place of Birth a. County: Idaho Fremont; b. City or Town of Birth: Ashton-Fremont Co. Idaho
FATHER	6. Full Name of Father: Samuel Wolcott Lee		7. State or Country of Father's Birth: Tooele, Utah
MOTHER	8. Full Maiden Name of Mother: Minnie Bircher		9. State or Country of Mother's Birth: Coalville Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Violet Lee Mann	11. Present Address of Registrant: 450 No. 5 East #7 Salt Lake City UT
NOTARY (Seal)	Subscribed and sworn to before me on: March 28 1973	12. Signature of Notary: Ardella J. Stevenson	13. Notary Commission expires: June 5 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by attending physician at birth	By whom issued and signed: E. L. Hargis, M.D.	Date issued: Nov.14,1972	Date Orig. Entry: July 27,1909
	Date of Birth: July 27,1909 / Birth Place: Ashton, Idaho Fremont County	Full Name of Mother: Minnie Bircher Lee	Name of Father: Samuel Wolcott Lee	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Ada L. Whittemore (Age:77)	Date issued: Mar.28,1973	Date Orig. Entry: ----
	Date of Birth: July 27,1909 / Birth Place: Ashton, Idaho	Full Name of Mother: Minnie Bircher Lee	Name of Father: Samuel Wolcott Lee	
SUPPORTING RECORD 3.	Type of Document: Federal Census Records Ashton Prect.,Fremont Co.,ID	By whom issued and signed: U. S. Department of Commerce Bureau of the Census	Date issued: Oct.16,1973	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 9 mos / Birth Place: Idaho	Full Name of Mother: Minnie Lee	Name of Father: Samuel W. Lee	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	FEB 15 1974

FORM BH 56067

FEB 19 1974

233-201-010-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-112

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Annie Eugenia St.Clair
2. Date Of Birth (month) (day) (year): Sept. 1 1909
3. Color or Race: White
4. Sex: Fem
5. Place of Birth a. County: Idaho Falls, Ida. Bonneville
b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: / Clency St.Clair
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Adaline Wright
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eugenia Robinson
11. Present Address of Registrant: ~~7037 N. 2nd Drive~~ Phoenix, Az ~~85021~~ 6021 N. 9th Avenue 85013

NOTARY (Seal)

Subscribed and sworn to before me on: February 28 1974
12. Signature of Notary: Mary E Lant
13. Notary Commission expires: My Commission Expires Apr. 11, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of marriage license affidavit	Bingham County, Idaho	Aug.25,1972	June 17,1937
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept.1,1909 / Idaho Falls,Idaho	---	---	
SUPPORTING RECORD 2.	Affidavit by maternal aunt	Geneva Wright Snow (bd.11/4/1888)	Aug.1,1973	---
	Sept.1,1909 / Idaho Falls,Idaho	Adlaine Wright St. Clair	Clency St. Clair	
SUPPORTING RECORD 3.	Certified copy of own child's birth certificate #309	State of Arizona, Division of Vital Records, Dept.Health	Jan.2,1974	child born Mar.1,1944
	Age: 34 / Idaho Falls,Idaho	---	---	

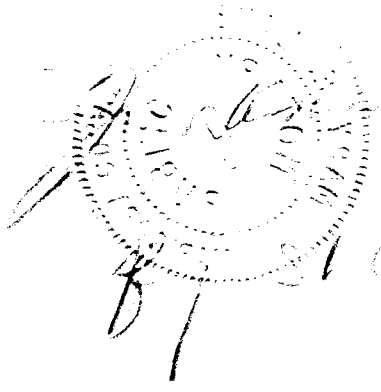
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	MAR 11 1974

FORM BH 56067



MAR 1 1 1974

462-117-049-673

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-114

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edmond William Roberts			2. Date Of Birth (month) Aug. (day) 17 (year) 1909	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: ~~Troy~~ Latah	b. City or Town of Birth: Troy, Idaho	
FATHER	6. Full Name of Father: Stephen Wilford Roberts			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Minnie Leora May Oglesby			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edmond William Roberts	11. Present Address of Registrant: P.O. Box 73, Dayton, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 30 1974		12. Signature of Notary: Arlene E Mayrose	13. Notary Commission expires: Aug 18, 1974 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records		By whom issued and signed: Saint Mary Hospital, Walla Walla, Wa, Karen Hays, Med. Rec.	Date Issued: Dec. 20, 1973	Date Orig. Entry: Oct. 17, 1959
	Date of Birth: Aug. 17, 1909	Birth Place: Idaho	Full Name of Mother: Minnie Boglesey	Name of Father: Steven Roberts	
SUPPORTING RECORD 2.	Type of Document: photocopy of honorable discharge		By whom issued and signed: U.S. Army, Harvey D. Taylor, Lt. Col. Cav., Ft. Lewis, WA	Date Issued: discharged 24 Dec 45	Date Orig. Entry: inducted 29 Sep 42
	Date of Birth: Aug. 17, 1909	Birth Place: Troy, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Receipt for union dues #449288 Mem. #T 15734		By whom issued and signed: Brotherhood of Maintenance of Way Employees - Dayton, WA	Date Issued: Nov. 12, 1958	Date Orig. Entry: Nov. 12, 1958
	Date of Birth: Aug. 17, 1909	Birth Place: ----	Full Name of Mother: ---	Name of Father: - ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	MAR 12 1974

FORM BH 56067

MAR 1 2 1974

986-206-010-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-147

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LOLA RHODES
2. Date Of Birth (month) (day) (year): FEB. 6 1909
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: AMMON IDAHO
b. City or Town of Birth: AMMON, IDAHO

FATHER

6. Full Name of Father: JOSEPH FRANKLIN RHODES
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: CHESTA CHRISTINE DAHLE
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lola R. Zeng
11. Present Address of Registrant: 3455 TOURMALINE WAY CARSON CITY, NEV. 89701

NOTARY (Seal)

BETTY L. ULIBARRI
Notary Public — State of Nevada
Ormsby County
My Commission Expires May 4, 1977

Subscribed and sworn to before me on October 17 1973.

12. Signature of Notary: Betty L. Ulibarri
13. Notary Commission expires: 5-4 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of a page from family Bible	By whom issued and signed: Family Records in Bible	Date Issued: Aug.29,1973	Date Orig. Entry: appears old	
	Date of Birth: Feb.6,1909	Birth Place: ---	Full Name of Mother: Chestie Dahle	Name of Father: Joseph Franklin Rhodes	
SUPPORTING RECORD 2.	Type of Document: photocopy of admittance record to hospital	By whom issued and signed: Page Hospital, AZ, Sister Margaret Mary Marlow, OSF, ADM	Date Issued: Feb.21,1974	Date Orig. Entry: July 16,1968	
	Date of Birth: Feb.6,1909	Birth Place: Ammon, Idaho	Full Name of Mother: Chesta Dahle	Name of Father: Joseph F. Rhodes	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: State of California, Vital Statistics Section	Date Issued: Feb.4,1974	Date Orig. Entry: child born Dec.27,1933	
	Date of Birth: Age: 24	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: MAR 26 1974

FORM BH 56067

8-2-73

MAR 2 7 1974

469-226-010-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-176

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louise Astrid Morley			2. Date Of Birth (month) May (day) 26 (year) 1909	
	3. Color or Race: Caucasion	4. Sex: F	5. Place of Birth a. County: Idaho Falls Bonneville	b. City or Town of Birth: Idaho Falls, Idaho	
FATHER	6. Full Name of Father: Joseph Morley			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Astrid Johannesen			9. State or Country of Mother's Birth: Oslo, Norway	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louise M Gomez		11. Present Address of Registrant: 1472 Pico Ct., Walnut Cre[illegible]ek	
NOTARY (Seal)	Subscribed and sworn to before me on: March 16 1974	12. Signature of Notary: Violet S. Klemm		13. Notary Commission expires: [illegible] Calif.	

OFFICIAL
VIOLET S. KLEMM
NOTARY PUBLIC-CALIFORNIA
CONTRA COSTA COUNTY
My Commission Expires Feb. 18, 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of record of membership	By whom issued and signed: LDS Church, Dallis J. Christensen, Custodian of Records	Date Issued: [illegible]	Date Orig. Entry: Baptized on June 30, 1917
	Date of Birth: May 26,1909 / Birth Place: Idaho Falls,Idaho	Full Name of Mother: Astrid Johannesen	Name of Father: Joseph Morley	2424 Buena Vista Ave., Walnut Creek, CA. 94596
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital record of own child's birth	By whom issued and signed: Alta Bates Hospital,Berkeley, CA G. Ellis, M.D.	Date Issued: ---	Date Orig. Entry: child born Jan.10,1940
	Date of Birth: May 26,1909 / Birth Place: Idaho Falls,Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of affidavit by by father	By whom issued and signed: Joseph Morley	Date Issued: orig.dated July 7,1965	Date Orig. Entry: -----
	Date of Birth: May 26,1909 / Birth Place: Idaho Falls, Idaho (at home)	Full Name of Mother: Astrid Johannesen Morley	Name of Father: Joseph Morley	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	APR 10 1974

FORM BH 56067

APR 11 1974

294-203-001-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-199

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rosemary Brunger		2. Date Of Birth (month) 4 (day) 3 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County Ada (at home) b. City or Town of Birth Boise Idaho
FATHER	6. Full Name of Father: Walter Jackson Brunger		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Emma Catherine Brunger		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rosemary Hugo	11. Present Address of Registrant: 807 Jeri Ave Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 4-15 1974	12. Signature of Notary: Dale Johns	13. Notary Commission expires 3-6 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Will of father		By whom issued and signed: Walter J. Brunger	Date Issued: Sept.23,1966	Date Orig. Entry: -----
	Date of Birth: Apr.3,1909	Birth Place: ----	Full Name of Mother: Emma Catherine Brunger	Name of Father: Walter Jackson Brunger	
SUPPORTING RECORD 2.	Type of Document: Own childs certificate		By whom issued and signed: on file - Idaho - # 190877	Date Issued: -----	Date Orig. Entry: child born Apr.18,1931
	Date of Birth: age 22	Birth Place: Boise, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Dr's Statement		By whom issued and signed: G. C. Waid M. D.	Date Issued: Apr.15,1974	Date Orig. Entry: patient on March 7, 1962
	Date of Birth: Age 53	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Florence Curtright	Date Filed: Apr.18,1974

FORM BH 56067

4-11-74

APR 18 1974

DECEASED

bbl

255-203-004-969

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-200

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Opal Bee			2. Date Of Birth (month) (day) (year): March 3 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Georgetown
FATHER	6. Full Name of Father: John M. Bee			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Sarah Rozella			9. State or Country of Mother's Birth: Georgetown, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Opal Skinner		11. Present Address of Registrant: 236 So. 2nd W. Brigham City Utah
NOTARY (Seal)	Subscribed and sworn to before me on: April 15 1974	12. Signature of Notary: "Dee" Nora Lowe		13. Notary Commission expires: Sept. 18 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File#224196		Date Issued: ------	Date Orig. Entry: Child born Aug. 10, 1934
	Date of Birth: Age 25 yrs	Birth Place: Georgetown, Idaho	Full Name of Mother: --------		Name of Father: ---------
SUPPORTING RECORD 2.	Type of Document: Church Birth Certificate	By whom issued and signed: Archivist LDS Church -Earl E. Olson		Date Issued: Apri.9,1974	Date Orig. Entry: Entered on Record May 5, 1909
	Date of Birth: Mar. 3,1909	Birth Place: Georgetown, Idaho	Full Name of Mother: Sarah Rosella Bee		Name of Father: John M. Bee
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 83642	By whom issued and signed: Idaho Mutual Benefit Assn.		Date Issued: Jun.10,1941	Date Orig. Entry: 1941
	Date of Birth: Mar.3,1909	Birth Place: Georgetown, Idaho	Full Name of Mother: ----		Name of Father: ------
QUALIFYING INFORMATION					

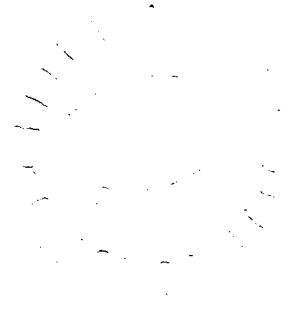
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sl Florence Curtright	April 18, 1974

FORM BH 56067

APR 1 8 1974



452-22-4036-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-212

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Shelba Deschamps
2. Date Of Birth: (month) June (day) 24 (year) 1909
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Oneida; b. City or Town of Birth: St. John (near Malad) Oneida C.

FATHER

6. Full Name of Father: David Stephen Deschamps
7. State or Country of Father's Birth: St. John, Oneida, Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Blanch Davis
9. State or Country of Mother's Birth: St. John, Oneida, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Shelba D Dredge
11. Present Address of Registrant: 496 N 600 W Malad, Ida

NOTARY (Seal)

Subscribed and sworn to before me on March 25 1974

12. Signature of Notary: Barbara Colton Deputy Clerk of the district court
13. Notary Commission expires: X 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #247461	----	child born Sep.26,1936
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 27 / Malad, Idaho	---	---	
SUPPORTING RECORD 2.	Statement regarding church records	LDS Church, William W. Price, Ward Clerk	----	baptized Aug.14,1921
	June 24,1909 / St. John, Idaho Oneida County	Blanche Davis	David Deschamps	
SUPPORTING RECORD 3.	Affidavit by relative, friend & neighbor of family	Anella J. Price Age:76	Apr.11,1974	---
	June 24,1909 / St. John	Mary Blanch Davis	David S. Deschamps	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: APR 23 1974

FORM BH 56067

3-15-74

APR 24 1974

249-115-6022-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-214

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Clinton Smith		2. Date Of Birth (month) August (day) 15 (year) 1909
	3. Color or Race: White	4. Sex: male	5. Place of Birth: a. County Fremont; b. City or Town of Birth: Farnum
FATHER	6. Full Name of Father: Henry Watkins Smith		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Aurilla Jane Richardson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geo. Clinton Smith	11. Present Address of Registrant: 370 West Center Blackfoot, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on March 16 1974	12. Signature of Notary	13. Notary Commission expires: Dec 6 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Farnum Ward, D.H. Gibson, Clerk	Date Issued: Oct.10,1909	Date Orig. Entry: blessed Oct.3,1909
	Date of Birth: Aug.15,1909 / Birth Place: Farnum, Idaho Fremont County	Full Name of Mother: Aurilla Jane Richardson	Name of Father: Henry W. Smith	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Farnum Ward, Henry W. Smith, Clerk	Date Issued: ---	Date Orig. Entry: baptized Aug.15,1917
	Date of Birth: Aug.15,1909 / Birth Place: Farnum, Idaho Fremont County	Full Name of Mother: Aurilla J. Richardson	Name of Father: Henry W. Smith	
SUPPORTING RECORD 3.	Type of Document: Affidavit by paternal uncle	By whom issued and signed: Joseph S. Smith Age:80	Date Issued: Apr.13,1974	Date Orig. Entry: ---
	Date of Birth: Aug.15,1909 / Birth Place: Farnum, Idaho Fremont County	Full Name of Mother: Aurilla Jane Richardson	Name of Father: Henry Watkins Smith	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	APR 24 1974

FORM BH 56067

10-9-68

APR 24 1974

231-105 014-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-217

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth			2. Date Of Birth (month) (day) (year)
	3. Color or Race	4. Sex	5. Place of Birth a. County	b. City or Town of Birth
FATHER	6. Full Name of Father			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Joe Arthur Slate	11. Present Address of Registrant: 12 MINN. AVE. BEND, OR 97701
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 16, 1959		12. Signature of Notary: R H Kimpales	13. Notary Commission expires: Jany. 9, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother --Age 85	By whom issued and signed: Susie Bell Tanner	Date Issued: February 4, 1959	Date Orig. Entry:
	Date of Birth: Oct. 5, 1909 / Birth Place: New Plymouth, Idaho	Full Name of Mother: Susie Bell Slate	Name of Father: Lee C. Slate	
SUPPORTING RECORD 2.	Type of Document: photocopy of baptismal record	By whom issued and signed: Trinity Episcopal Church, Bend Oregon	Date Issued: ---	Date Orig. Entry: baptized May 12, 1951
	Date of Birth: Oct.5,1909 / Birth Place: New Plymouth, Idaho	Full Name of Mother: Susie Bell Clark	Name of Father: Lee Roy Slate	
SUPPORTING RECORD 3.	Type of Document: Statement regarding lodge records	By whom issued and signed: Charles L. Beckley, Sec., Bend Oregon Lodge #1371, B.P.O.E.	Date Issued: Oct.10,1973	Date Orig. Entry: Sept.20,1938
	Date of Birth: Oct.5,1909 / Birth Place: New Plymouth, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	ses gml Glenda Larson	APR 24 1974

FORM BH 56067

APR 24 1974

699-215-028-636

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-220

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JULIA MARIE WRIGHT			2. Date Of Birth (month) MAY (day) 15 (year) 1909	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: COEUR D'ALENE IDAHO USA	b. City or Town of Birth: COEUR D'ALENE IDAHO USA	
FATHER	6. Full Name of Father: HARRY JOHN WRIGHT			7. State or Country of Father's Birth: COLUMBUS OHIO	
MOTHER	8. Full Maiden Name of Mother: ANNIE MAY FLOOD			9. State or Country of Mother's Birth: LINCOLN NEBRASKA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Julia M Wright	11. Present Address of Registrant: BOX 3123 FORT ST JOHN B.C.	
NOTARY (Seal)	Subscribed and sworn to before me on: APRIL 5TH 1974		12. Signature of Notary	13. Notary Commission expires: DECEMBER 31ST 1974	

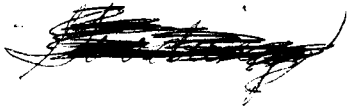
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage registration		By whom issued and signed: Edmonton, Alberta, CANADA, Division of Vital Statistics	Date Issued: Mar.21,1974	Date Orig. Entry: Nov.14,1933
	Date of Birth: Age: 24	Birth Place: Coeur d'Alene, Idaho U.S.A.	Full Name of Mother: Annie May Flod	Name of Father: Harry John Wright	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Annie Mae Wright	Date Issued: Jan.3,1974	Date Orig. Entry: ---
	Date of Birth: May 15,1909	Birth Place: Coeur d'Alene, Idaho, U.S.A.	Full Name of Mother: Annie Mae Wright	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: photocopy of naturalization certificate of father		By whom issued and signed: Dept. of Secretary of State, Canada-Arthur Brophy, Chief Clerk	Date Issued: ---	Date Orig. Entry: May 25,1920
	Date of Birth: May 15,1909	Birth Place: Coeur d'Alene, Idaho U.S.A.	Full Name of Mother: Annie May Wright	Name of Father: Harry John Wright	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: APR 24 1974

FORM BH 56067

12-4-73



APR 2 6 1974

318-125-036-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-229

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Theron James Taylor			2. Date of Birth (month) April (day) 25 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Dayton	
FATHER	6. Full Name of Father: William R. Taylor			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Ellen Mickleson			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Theron James Taylor	11. Present Address of Registrant: 2611 Regan Boise Ida	
NOTARY (Seal)	Subscribed and sworn to before me on April 24 1974		12. Signature of Notary: "Sue" Nora Lowe	13. Notary Commission expires: Sept 18 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church -S.J. Callan, Bishop	Date Issued: ------	Date Orig. Entry: Blessed July 4, 1909
	Date of Birth: April 25, 1909	Birth Place: Dayton, Idaho	Full Name of Mother: Ellen Mickleson	Name of Father: William R. Taylor
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File # 269758	Date Issued: -----	Date Orig. Entry: Child Born May 5, 1938
	Date of Birth: Age 28 yrs	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: ---------
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 75	By whom issued and signed: Joyce McBride	Date Issued: May 1, 1974	Date Orig. Entry: ------
	Date of Birth: Apr. 25, 1909	Birth Place: Dayton, Idaho	Full Name of Mother: Ellen Mickleson	Name of Father: William R. Taylor
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: sl Florence Curtright	Date Filed: May 1, 1974

FORM BH 56067

MAY 1974

312-108-007-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-238

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NEIL G. LABRUM			2. Date Of Birth (month) June (day) 8, (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: ~~Manard~~, Blaine,	b. City or Town of Birth: Manard
FATHER	6. Full Name of Father: HENRY GEORGE LABRUM			7. State or Country of Father's Birth: Salt Lake County, Utah
MOTHER	8. Full Maiden Name of Mother: SARAH EMMA GREENHALGH			9. State or Country of Mother's Birth: Millard County, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: N. G. Labrum		11. Present Address of Registrant: 3512 Grover Ct., Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 13 1974	12. Signature of Notary: Nolen Smith		13. Notary Commission expires: Boise Idaho March 22 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Life Insurance Policy		By whom issued and signed: Beneficial Life Ins.	Date Issued: Mar.8,1946	Date Orig. Entry: ------
	Date of Birth: Jun.8,1909	Birth Place: Manard, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Church Record of birth		By whom issued and signed: L.D.S.Church	Date Issued: Feb.11,1942	Date Orig. Entry: Recorded July 1, 1917
	Date of Birth: Jun.8,1909	Birth Place: Manard, Idaho	Full Name of Mother: Sarah E. Greenhalgh	Name of Father: Henry G. Labrum	
SUPPORTING RECORD 3.	Type of Document: Employment Record		By whom issued and signed: First Security Bank	Date Issued:	Date Orig. Entry: Employed Dec.5,1966
	Date of Birth: Jun.8,1909	Birth Place: Manard, Idaho	Full Name of Mother: -----	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Florence Curtright	Date Filed: May 13, 1974

FORM BH 56067

MAY 13 1974

252-22-4-032-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-241

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arvilla Emma Kessinger			2. Date Of Birth (month) April (day) 24 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Rupert
FATHER	6. Full Name of Father: Ira Naasson Kessinger			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Amanda Dora Kromrei			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arvilla McCabe		11. Present Address of Registrant: 316 Rose St. Boise, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: May 14 1974	12. Signature of Notary: "Sue" Nora Lowe		13. Notary Commission expires: Sept. 18, 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record-Certified copy	By whom issued and signed: Boise High School, Boise, Idaho	Date Issued: May 13,1974	Date Orig. Entry: Sept.2,1924
	Date of Birth: April 24,1909	Birth Place: Rupert, Idaho	Full Name of Mother: --------	Name of Father: I. N. Kessinger
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File # 158978	Date Issued: ------	Date Orig. Entry: Child born Feb. 9, 1928
	Date of Birth: Age 18 yrs	Birth Place: Rupert, Idaho	Full Name of Mother: -------	Name of Father: --------
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother Age 87Yrs	By whom issued and signed: Amanda D. Kessinger	Date Issued: May 15,1974	Date Orig. Entry: ------
	Date of Birth: April 24,1909	Birth Place: Rupert, Idaho	Full Name of Mother: Amanda Dora Kromrei	Name of Father: Ira Naasson Kessinger
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Hicks	Evidence reviewed by: sl "Sue" Nora Lowe	Date Filed: May 15, 1974

FORM BH 56067

MAY 1 5 1974

46528-036-175

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-268

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Axel Elvoid Monson
2. Date Of Birth (month) (day) (year): October 28 1909
3. Color or Race: white
4. Sex: Male
5. Place of Birth: a. County: at home- Oneida
b. City or Town of Birth: Preston, Idaho

FATHER

6. Full Name of Father: Parley Herman Monson
7. State or Country of Father's Birth: Richmond Cache Utah

MOTHER

8. Full Maiden Name of Mother: Augusta Louise Axelson
9. State or Country of Mother's Birth: Oija Sodermanland, Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Axel Elvoid Monson
11. Present Address of Registrant: 578 S. 1st E. Preston, Id.

NOTARY (Seal)

Subscribed and sworn to before me on: May 2, 1974
12. Signature of Notary: Richard D Kay
13. Notary Commission expires: April 1, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #50-9581	----	child born Aug.1,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 40	Preston, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy	The Beneficial Life Ins. Co.	----	Aug.4,1961

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.28,1909	Preston, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by cousin who was a neighbor at time	Mrs. Armina S. Bright Age:77	May 2,1974	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.28,1909	Preston, Idaho Oneida County	Augusta Louise Axelson	Parley Herman Monson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	MAY 28 1974

FORM BH 56067

MAY 2 9 1974

859-121 to 29-869

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-297

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leslie Frank Heimgartner		2. Date Of Birth (month) (day) (year): Aug 21 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: ~~Latah~~ Nez Perce; b. City or Town of Birth: Juliaetta Idaho
FATHER	6. Full Name of Father: Robert Christ Heimgartner		7. State or Country of Father's Birth: Iowa Hinton
MOTHER	8. Full Maiden Name of Mother: Bessie Hairington		9. State or Country of Mother's Birth: Idaho Troy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leslie Frank Heimgartner	11. Present Address of Registrant: Juliaetta, Idaho 83535
NOTARY (Seal)	Subscribed and sworn to before me on: May 9 1974	12. Signature of Notary: David O. Ballinger	13. Notary Commission expires: OCTOBER 1 1977

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #48-15148	Date Issued: ----	Date Orig. Entry: child born Nov.22,1948
	Date of Birth: Age: 39	Birth Place: Juliaetta, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother's sister		By whom issued and signed: Lona Heimgartner	Date Issued: May 9,1974	Date Orig. Entry: ---
	Date of Birth: Aug.21,1909	Birth Place: Juliaetta, Idaho	Full Name of Mother: Bessie Heimgartner	Name of Father: Robert Heimgartner	
SUPPORTING RECORD 3.	Type of Document: certified copy of school census report, Dist.#23		By whom issued and signed: Nez Perce,County, Idaho	Date Issued: Dec.14,1970	Date Orig. Entry: Sept.1923
	Date of Birth: Age: 14	Birth Place: ---	Full Name of Mother: ---	Name of Father: Robert Heimgartner	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

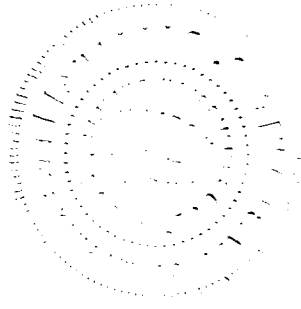
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	JUN 10 1974

FORM BH 56067

10-1-11

JUN 1 0 1974



253-22-044-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-316

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lenna May Ketchum		2. Date Of Birth (month) August (day) 21 (year) 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Council
FATHER	6. Full Name of Father: Fred Ketchum		7. State or Country of Father's Birth:	
MOTHER	8. Full Maiden Name of Mother: Allie Marriah Bacus		9. State or Country of Mother's Birth:	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Lenna May Ketchum Brewer	11. Present Address of Registrant: 3880 Adams, Boise Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 17, 1974	12. Signature of Notary: Dolores Scrivner	13. Notary Commission expires: Oct. 3, 1976	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: U. S. Dept. of Commerce	Date Issued: July 12,1971	Date Orig. Entry: Census taken Apr. 15,1910
	Date of Birth: age 6months	Birth Place: Idaho	Full Name of Mother: Allie Ketchum	Name of Father: Fred Ketchum
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho - 210761	Date Issued: ----	Date Orig. Entry: child born Apr.3,1933
	Date of Birth: age 23	Birth Place: Council, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother Age 94yrs	By whom issued and signed: Allie Marriah Ketchum	Date Issued: June 17,1974	Date Orig. Entry: ------
	Date of Birth: Aug.21,1909	Birth Place: Council, Idaho	Full Name of Mother: Allie Marriah Bacus	Name of Father: Charles Fredrick Ketchum
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: fc Sue Lowe	Date Filed: June 17, 1974

FORM BH 56067

6-3-74

JUN 1 8 1974

331-20-031-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-318

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FAY IVY CLARK
2. Date Of Birth (month) Sept (day) 20 (year) 1909
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: IDAHO LEWIS
b. City or Town of Birth: NEZPERCE

FATHER

6. Full Name of Father: LEWIS CLARK
7. State or Country of Father's Birth: DECATUR, ILLINOIS U.S.A.

MOTHER

8. Full Maiden Name of Mother: MABEL PEARL MARKER
9. State or Country of Mother's Birth: LATAH, WASHINGTON, U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fay L. Kelley
11. Present Address of Registrant: E 628 EMPIRE SPOKANE, WA

NOTARY (seal)

Subscribed and sworn to before me on APRIL 17 1974

12. Signature of Notary: Alfred R Butz
13. Notary Commission expires: August 28 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Mable P. Clark	Apr.18,1974	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.20,1909	Nezperce, Idaho	Mabel Pearl Marker Clark	Lewis Clark

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance policy #62 0392837	Bankers Life & Casualty Co.	Oct.18,1962	Oct.17,1962

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.20,1909	Nezperce, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of affidavit for marriage license	Kootenai County Recorder's Office, Idaho #115267	---	May 2,1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 29	----	---	---

QUALIFYING INFORMATION

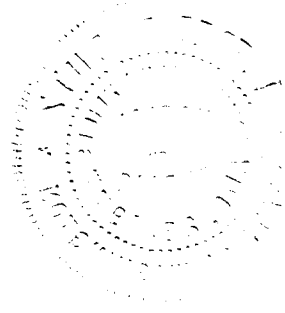
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	JUN 18 1974

FORM BH 56067

JUN 1 9 1974



967-106-025-349

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-326

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CHESLEY LEWIS ROGERS
2. Date Of Birth: October 6, 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Green Creek

FATHER

6. Full Name of Father: Lewis Cornelius Rogers
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Ida Isabell Curtis
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Chesley Lewis Rogers
11. Present Address of Registrant: 3618 So. Ainsworth, Tacoma Wn.

NOTARY (Seal)

Subscribed and sworn to before me on April 1 1974

12. Signature of Notary: Marilyn M. Meek
13. Notary Commission expires: Jan 17 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of honorable discharge	U.S. Navy, R.Hayden,Capt.(MC) USN,Yosemite,CA	discharged Dec.19,1944	Enlisted Oct.18,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.6,1909	Green Creek,Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by maternal aunt	Anna A. Curtis Sawyer Age: 76	May 24,1974	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.6,1909	Green Creek, Idaho	Ida Isabell Curtis	Louis Cornelius Rogers

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of insurance policy #10 349 805	Metropolitan Life Ins. Co.	July 1,1942	May 11,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.6,1909	Greencreek, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

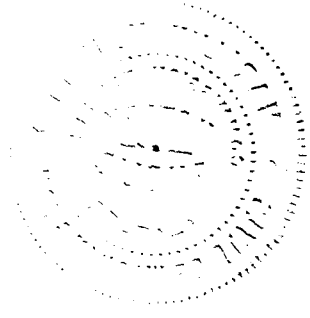
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	JUN 19 1974

FORM BH 56067

3-6-74

Rogers

JUN 2 0 1974



493-215-005-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-372

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Edna Miller			2. Date of Birth (month) (day) (year): April 15, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Benewah	b. City or Town of Birth: Sanders
FATHER	6. Full Name of Father: Robert Vance Miller			7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Nora Isabelle Kenoyer			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle Edna Elliott		11. Present Address of Registrant: Valley Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: January 29 19 74	12. Signature of Notary: [illegible]		13. Notary Commission expires: 3-1-74 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at time of birth	By whom issued and signed: Firman B. Kenoyer Age:76	Date Issued: Jan.22,1974	Date Orig. Entry: ----
	Date of Birth: Apr.15,1909 / Birth Place: Sanders, Idaho	Full Name of Mother: Nora Isabelle Miller	Name of Father: Robert Vance Miller	
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: U.S.Dept. of Commerce	Date Issued: May 28,1974	Date Orig. Entry: Census taken April 15,1910
	Date of Birth: Age 1 / Birth Place: Idaho	Full Name of Mother: Nora Belle Miller	Name of Father: Robert Vance Miller	
SUPPORTING RECORD 3.	Type of Document: Statement regarding Bible	By whom issued and signed: Family	Date Issued: Apr.29,1974	Date Orig. Entry: original obviously old
	Date of Birth: Apr.15,1909 / Birth Place: Sanders, Idaho	Full Name of Mother: Nora Isabelle Kenoyer	Name of Father: Robert Vance Miller	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Florence Curtright	Date Filed: July 23,1974

FORM BH 56067

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1 15 74 gml

JUL 23 1974

359-108-022-431

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-386

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Terry
2. Date Of Birth (month) (day) (year): Oct. 8 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Wilford, Fremont
b. City or Town of Birth: Wilford

FATHER

6. Full Name of Father: William Reynolds Terry
7. State or Country of Father's Birth: Utah, Draper

MOTHER

8. Full Maiden Name of Mother: Florence McArthur
9. State or Country of Mother's Birth: Utah, Paradise

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John Terry
11. Present Address of Registrant: Box 74 Rexburg Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: June 27 1974
12. Signature of Notary: Phillip W Garn
13. Notary Commission expires: 10 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	L.D.S.Church	Mar.24,1910	Blessed Mar.24,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.8,1909	Wilford, Idaho	Florence McArthur	Florence McArthur

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	L.D.S. Arnold Miller, Jr. -Bishop	---	Baptized July 6, 1918

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.8,1909	Wilford, Idaho	Florence McArthur	William R. Terry

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit for Marriage License	L. Kingford, Recorder Fremont County, Idaho	June 24,1974	Applied Oct.5,1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 21	Idaho	------	-------

QUALIFYING INFORMATION

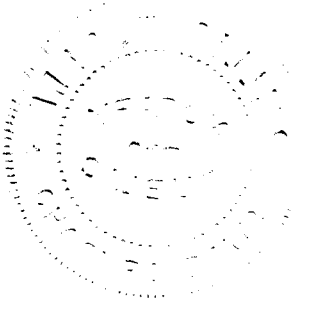
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	July 25,1974

FORM BH 56067

JUL 2 5 1974



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963-103-015-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-404

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lawrence E. Holbrook
2. Date of Birth (month) (day) (year): Aug. 3 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County Caribou (formerly Bannock) b. City or Town of Birth: Chesterfield

FATHER

6. Full Name of Father: Jonathan Earl Holbrook
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mamie Call
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lawrence E. Holbrook
11. Present Address of Registrant: Bancroft Ida. Rt 1, Box 13

NOTARY (Seal)

Subscribed and sworn to before me on: July 12 1974

12. Signature of Notary: Christina Hatch
13. Notary Commission expires: Nov. 1 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #49-12429	----	child born Oct.2,1949
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 40 / Chesterfield,Idaho	---	----	
SUPPORTING RECORD 2.	Affidavit by mother	Mamie Call Holbrook	Dec.11,1964	----
	Aug.3,1909 / Chesterfield,IDAHO	Mamie Call Holbrook	Jonathan Earl Holbrook	
SUPPORTING RECORD 3.	Federal Census record Chesterfield,Bannock Co,Idaho	U.S. Department of Commerce Bureau of the Census	May 18,1966	Apr.15,1910
	Age: 8 mos. / Idaho	Mamie Holbrook	Earl J. Holbrook	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	AUG - 5 1974

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FORM BH 56067

AUG 6 1974

693-222-004-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-407

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wilda Lucille Williams
2. Date Of Birth (month) May (day) 22 (year) 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Idaho Bear Lake County
b. City or Town of Birth: Nounan

FATHER

6. Full Name of Father: Oliver Williams
7. State or Country of Father's Birth: Idaho, Bear Lake Co.

MOTHER

8. Full Maiden Name of Mother: Hanah Denina Johnson
9. State or Country of Mother's Birth: Idaho Bear Lake Co.,

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wilda L. Hymas
11. Present Address of Registrant: 6096 Upland Terrace So., Seattle Wash. 98118

NOTARY (Seal)

Subscribed and sworn to before me on: July 10 1973
12. Signature of Notary: R. Lee Stalker
13. Notary Commission expires: July 15 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of certificate of Blessing	Nounan Ward, LDS Church, Nephi A. Skinner, Clerk	orig. dated Aug. 6, 1909	Blessed July 4, 1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 22, 1909	Nounan, Idaho Bear Lake County	Hanna Johnson	Olliver Williams

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of own child's birth certificate	City of Seattle, Washington Vol. #1932 Reg. #1449	cert. copy (9/24/45)	child born Apr. 16, 1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 22	Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of application for license to marry #61983	Salt Lake County, Utah	July 2, 1974	May 12, 1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 22, 1909	Idaho	Hana Johnson	Oliver Williams

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

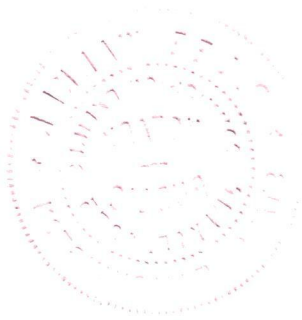
State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: AUG 13 1974

FORM BH 56067

7-3-73

Hymas

AUG 13 1974



814-210-003-435

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-414

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Idaho Hadley
2. Date Of Birth (month) (day) (year): May 10, 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bannock
b. City or Town of Birth: SWAN LAKE, IDAHO

FATHER

6. Full Name of Father: James Andrew Hadley
7. State or Country of Father's Birth: Swan Lake, Idaho

MOTHER

8. Full Maiden Name of Mother: Ida Ione McNeil
9. State or Country of Mother's Birth: New Mexico

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Idaho Hadley Pratt
11. Present Address of Registrant: [illegible] Meridian

NOTARY (Seal)

Subscribed and sworn to before me on: August 20 1974
12. Signature of Notary: "Sue" Nora Lowe
13. Notary Commission expires: Sept. 18 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	State of Idaho File# 239698	-------	Child born Jan. 24, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 27 yrs	Swan Lake, Idaho	--------	---------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Copy of Idaho Drivers Application	State of Idaho	Aug. 20, 1974	May 10, 1967

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 10, 1909	-------	----------	---------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Family Friend Age 77 yrs	Laura P. Gamble	Aug. 20, 1974	--------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 10, 1909	Swan Lake, Idaho	Ida Ione McNeil	James Angrew Hadley

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	"Sue" Nora Lowe sl	August 20, 1974

FORM BH 56067

Mail [illegible] 7-30-74

Pratt

AUG 2 0 1974

865-119-029-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-415

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kermit Hove		2. Date Of Birth (month) 12 (day) 19 (year) 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Genesee, Idaho Latah; b. City or Town of Birth: Genesee, Idaho
FATHER	6. Full Name of Father: John Hove		7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Clara Peterson		9. State or Country of Mother's Birth: North Dakato USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kermit Hove	11. Present Address of Registrant: 946 Beachview Drive Clarkston Washington. ~~99411~~ 99403
NOTARY (Seal)	Subscribed and sworn to before me on: August 3 1974	12. Signature of Notary: L. F. Treff	13. Notary Commission expires: 8/21 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother (10 years older)		By whom issued and signed: William Hove	Date issued: Aug.3,1974	Date Orig. Entry: ---
	Date of Birth: Dec.19,1909	Birth Place: Genesee, Idaho	Full Name of Mother: Clara Hove	Name of Father: John Hove	
SUPPORTING RECORD 2.	Type of Document: photocopy of church record		By whom issued and signed: O.C.Hellekson,Genesee,Idaho	Date issued: ----	Date Orig. Entry: Apr.10,1910
	Date of Birth: Dec.19,1909	Birth Place: ---	Full Name of Mother: Clara Hove	Name of Father: John Hove	
SUPPORTING RECORD 3.	Type of Document: photocopy of military record		By whom issued and signed: John N.Alders,1st LT AGD,FT. Lewis, WA Separation Center	Date issued: from duty Feb.2,1946	Date Orig. Entry: Jan.22,1941
	Date of Birth: Dec.19,1909	Birth Place: Genesee, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	AUG 21 1974

FORM BH 56067

Moved

AUG 2 1 1974

SEP 3 1974

693-124-036-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-429

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Homer David Williams		2. Date Of Birth (month) March (day) 24 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: John Oliver Williams		7. State or Country of Father's Birth: Idaho U. S. A.
MOTHER	8. Full Maiden Name of Mother: Eve Jardine Williams		9. State or Country of Mother's Birth: Idaho U. S. A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Homer D. Williams	11. Present Address of Registrant: 1080 Krall Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 26 1974	12. Signature of Notary: Madeline E. Scarlett	13. Notary Commission expires: May 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File # 401641	Date Issued: -------	Date Orig. Entry: Child born Dec. 24, 1944
	Date of Birth: Age 35 yrs	Birth Place: Malad, Idaho	Full Name of Mother: --------	Name of Father: --------
SUPPORTING RECORD 2.	Type of Document: Insurance Policy # 74874	By whom issued and signed: California State Life Ins. Co.	Date Issued: May 21, 1930	Date Orig. Entry: --------
	Date of Birth: Mar. 24, 1909	Birth Place: Malad, Idaho	Full Name of Mother: Eve J. Williams	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt age 86	By whom issued and signed: Rebecca Jardine Paddock	Date Issued: July 30, 1974	Date Orig. Entry: ------
	Date of Birth: Mar. 24, 1909	Birth Place: Malad, Idaho	Full Name of Mother: Eve Jardine	Name of Father: John Oliver Williams
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	$1 Florence Curtright	Aug 28, 1974

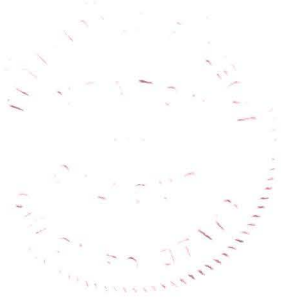
FORM BH 56067

1 cp Pd Rec. # 12302 (7-25-74)

6-26-74

Williams

AUG 2 8 1974



127

755-213-035-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-433

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Violet Nada Peer			2. Date Of Birth (month) (day) (year): December 13 1909	
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Reubens Nez Perce	b. City or Town of Birth: Reubens, Idaho	
FATHER	6. Full Name of Father: Alphonso Peer			7. State or Country of Father's Birth: Ohio	
MOTHER	8. Full Maiden Name of Mother: Mary Margaret Crawford			9. State or Country of Mother's Birth: Washington	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Violet Nada DeHaven		11. Present Address of Registrant: Rt. 1, Box 141, Lapwai, Id.	
NOTARY (Seal)	Subscribed and sworn to before me on: July 16, 1974 19---	12. Signature of Notary: Eli Rapaich		13. Notary Commission expires: April 12 19 76	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: St.Joseph's Hospital,Lewiston, Idaho,Arlene Pinckard,Med.Rec.		Date Issued: May 8,1974	Date Orig. Entry: 1950
	Date of Birth: Dec.13,1909	Birth Place: Reubens, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: notarized photocopy of family record	By whom issued and signed: Family Records in Household Memoranda book/Eli Rapaich,Notary		Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Dec.13,1909	Birth Place: ---	Full Name of Mother: Mary Margaret Peer	Name of Father: Alphonso Peer	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record	By whom issued and signed: Reubens School Dist. #59		Date Issued: ----	Date Orig. Entry: Sept.10,1923
	Date of Birth: Age: 13	Birth Place: ---	Full Name of Mother: ----	Name of Father: Alfonso Peer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: AUG 29 1974

FORM BH 56067

SEP 4 1974

445-16-032-716

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-438

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harrison Edward Dunn			2. Date of Birth (month) (day) (year): September 6 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Rupert
FATHER	6. Full Name of Father: William J. Dunn			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Anna Evelyn Rawley			9. State or Country of Mother's Birth: New York
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harrison Edward Dunn		11. Present Address of Registrant: 818 E Street, Rupert, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 22 19 74	12. Signature of Notary: [signature]		13. Notary Commission expires: Dec. 24 19 74

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #49-6026		Date Issued: ---	Date Orig. Entry: child born Feb.27,1949
	Date of Birth: Age: 39	Birth Place: Rupert, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Minidoka County Schools /s/ Doyle Lowder		Date Issued: July 22,1974	Date Orig. Entry: 1919
	Date of Birth: Sep.6,1909	Birth Place: Rupert, Idaho	Full Name of Mother: Anna Evelyn Rawley Dunn	Name of Father: William J. Dunn	
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of insurance policy #9 295 198	By whom issued and signed: New York Life Ins. Co. /Wm.T.Goodman,Notary		Date Issued: ---	Date Orig. Entry: Dec.3,1925
	Date of Birth: Sep.6,1909	Birth Place: Rupert, Idaho	Full Name of Mother: Anna E. Dunlap	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: SEP - 4 1974

FORM BH 56067

SEP 5 - 1974

414-217-015-954

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-460

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Della Redford Maughan		2. Date Of Birth (month) (day) (year): September 17, 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Caribou; b. City or Town of Birth: Central
FATHER	6. Full Name of Father: William Parkinson Maughan		7. State or Country of Father's Birth: Wellsville, Utah
MOTHER	8. Full Maiden Name of Mother: Martha Dell Redford		9. State or Country of Mother's Birth: Wellsville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Della R. Maughan	11. Present Address of Registrant: 191 No. 1st East Soda Springs
NOTARY (Seal)	Subscribed and sworn to before me on: August 28, 1974	12. Signature of Notary: Kenneth M. Fowler Clerk of District Court By Myrna Archibald, Deputy	13. ~~Notary Commission expires~~ 19

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at time of birth		By whom issued and signed: Ethel Maughan Jones (bd. 11/29/91)	Date issued: May 9, 1974	Date Orig. Entry: ----
	Date of Birth: Sep. 17, 1909	Birth Place: Central, Idaho	Full Name of Mother: Martha Redford Maughan	Name of Father: William Parkinson Maughan	
SUPPORTING RECORD 2.	Type of Document: photocopy of Church Record (LDS Church)		By whom issued and signed: Darrell Lindsay, Ward Clerk Cert. by Court Deputy	Date issued: 8-28-74	Date Orig. Entry: blessed Nov. 7, 1909
	Date of Birth: 9-17-09	Birth Place: Central, Idaho	Full Name of Mother: Martha Redford	Name of Father: William P. Maughan	
SUPPORTING RECORD 3.	Type of Document: certified copy of Insurance Card		By whom issued and signed: Kenneth M. Fowler 6-18-69 Cert. by Deputy 8-28-74	Date issued: 8-28-74	Date Orig. Entry: 6-18-69
	Date of Birth: 9-17-09	Birth Place: Central, Idaho	Full Name of Mother: Not shown Not	Name of Father: shown	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: SEP 13 1974

FORM BH 56067

~~SEP 16 1974~~

SEP 25 1974

24911-209-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-468

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clement-Edwin-Smith		2. Date Of Birth (month) 8 (day) 11 (year) 1909	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County	b. City or Town of Birth: Sandpoint Idaho
FATHER	6. Full Name of Father: Samuel-Edwin-Smith			7. State or Country of Father's Birth: Wisc.
MOTHER	8. Full Maiden Name of Mother: MARY MATey GARY			9. State or Country of Mother's Birth: N.Y
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Clement Edwin Smith	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: August 20 19 74		12. Signature of Notary: Dorothy H. LeDoux	13. Notary Commission expires: DOROTHY H. LeDOUX NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN SACRAMENTO COUNTY My Commission Expires July 23, 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: St.Francis Church, Sacramento, CA, Fr.Harold Moran O.F.M.	Date Issued: Aug.19,1974	Date Orig. Entry: baptized Jan.11,1948
	Date of Birth: Aug.11,1909	Birth Place: SandPoint, Idaho	Full Name of Mother: Mary Gary	Name of Father: Samuel E. Smith	
SUPPORTING RECORD 2.	Type of Document: certified copy of military discharge by Sacramento Co.Rec.		By whom issued and signed: U.S. Navy, Sep.Center Shoemaker, CA, J.F.Helmers, Lt.(jg) USNR	Date Issued: discharge 15 NOV 45	Date Orig. Entry: enlisted March 15,1944
	Date of Birth: Aug.11,1909	Birth Place: Sandpoint, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage record		By whom issued and signed: Sacramento County, CA	Date Issued: Aug.8,1974	Date Orig. Entry: Oct.7,1948
	Date of Birth: Age: 39	Birth Place: Idaho	Full Name of Mother: Mary Gary	Name of Father: Samuel Edwin Smith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	SEP 20 1974

FORM BH 56067

7/21/74

SEP 23 1974

318-206-021-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-516

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: LaVern Marler Taylor
2. Date of Birth (month) Sept. (day) 6 (year) 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idho Franklin
b. City or Town of Birth: Clifton

FATHER

6. Full Name of Father: LeRoy Taylor
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Verna ann Marler
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: LaVern M. Sturla
11. Present Address of Registrant: 742 N. Sparks Burbank Calif.

NOTARY (Seal)

OFFICIAL SEAL
SUSAN C NOWKA
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Feb. 15, 1978

Subscribed and sworn to before me on: September 24 1974

12. Signature of Notary: Susan C. Nowka

13. Notary Commission expires: February 15, 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Record of Membership	LDS Church	------	Blessed Nov. 7, 1909
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Sept. 6, 1909 Clifton, Idaho	Verna Ann Marler	Leroy Taylor	
SUPPORTING RECORD 2.	Statement regarding Insurance Policy # 43543423	Insurance Company John Hancock -Mutual Life	Policy May 15, 1957	-------
	Sept. 6, 1909 Clifton, Idaho	--------	--------	
SUPPORTING RECORD 3.	Affidavit by Aunt Age 77yrs	Janey Harris	June 20, 1972	---------
	Sept. 6, 1909 Clifton, Idaho	Verna Ann Marler Taylor	LeRoy Taylor	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Jean M. Wick	Sue Lowe	Oct. 8, 1974

FORM BH 56067 WM

T 9-17-2011

Struhs (nee Gaylor)

OCT 8 1974

MAY 7 1975

364-210-244-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-531

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELIZABETH FRANCES COULTER		2. Date Of Birth (month) August (day) 10 (year) 1909	
	3. Color or Race: Cauc.	4. Sex: F	5. Place of Birth a. County: Washington	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Ed. R. Coulter		7. State or Country of Father's Birth: Kentucky	
MOTHER	8. Full Maiden Name of Mother: Lucina Williams		9. State or Country of Mother's Birth: Pennsylvania	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth Frances Coulter	11. Present Address of Registrant: Weiser, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: September 4 1974	12. Signature of Notary: Francis H. Wanker	13. Notary Commission expires: August 1 1975	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records, Dist.#1 (Weiser High)	By whom issued and signed: Washington County, Idaho	Date Issued: Aug.2,1974	Date Orig. Entry: 1920
	Date of Birth: Aug.10,1909 / Birth Place: ----	Full Name of Mother: ---	Name of Father: Ed R. Coulter	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend of family at time of birth	By whom issued and signed: Fred Rufner Age: 87	Date Issued: Sep.3,1974	Date Orig. Entry: ---
	Date of Birth: Aug.10,1909 / Birth Place: Weiser, Idaho	Full Name of Mother: Lucina W. Coulter	Name of Father: Ed.R. Coulter	
SUPPORTING RECORD 3.	Type of Document: Insurance policy #6,099,423N	By whom issued and signed: The Mutual Life Ins. Co. of New York	Date Issued: Dec.17,1946	Date Orig. Entry: Dec.17,1946
	Date of Birth: Aug.10,1909 / Birth Place: Weiser, Idaho USA	Full Name of Mother: ---	Name of Father: Ed R. Coulter	

QUALIFYING INFORMATION

Certified copy of County Register of Births, Washington County, Idaho issued 9/3/74 gives, unnamed female born to Ed R. Coulter and Licina W. Coulter (nee Williams) on August 10, 1909 in Weiser on Page #12 entry #346.

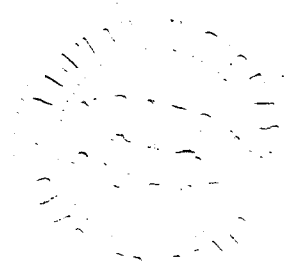
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	OCT 17 1974

FORM BH 56067

OCT 1 8 1974



415-119-036-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-532

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Daniel Del Mar Daniels			2. Date Of Birth (month) (day) (year): April 19, 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: David M. Daniels, Jr.			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Amelia Davis			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Daniel Del Mar Daniels		11. Present Address of Registrant: 408 East Terry, Pocatello, Idaho 83201
NOTARY (Seal)	Subscribed and sworn to before me on: October 1, 1974	12. Signature of Notary: D. D. Brooks		13. Notary Commission expires: May 15, 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin	By whom issued and signed: Ralph H. Jones (bd.6/30/1894)	Date Issued: May 24,1974	Date Orig. Entry: ----
	Date of Birth: Apr.19,1909 / Birth Place: Malad City,Idaho Oneida County	Full Name of Mother: Amelia Davis Daniels	Name of Father: David Daniels, Jr.	
SUPPORTING RECORD 2.	Type of Document: Statement and photocopy of school records	By whom issued and signed: Washington School,Pocatello,ID Mrs. Carol Lloyd,Sec.	Date Issued: July 17,1974	Date Orig. Entry: Sep.12,1921
	Date of Birth: Apr.19,1909 / Birth Place: ---	Full Name of Mother: Amelia Daniels	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of employment records	By whom issued and signed: U.S.Civil Service Comm., Treasury Department	Date Issued: ---	Date Orig. Entry: Jan.5,1937
	Date of Birth: Apr.19,1909 / Birth Place: Malad City,Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: OCT 17 1974

FORM BH 56067

OCT 18 1974

243-212-016-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-554

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DELIA OLIVE BULL
2. Date Of Birth: (month) Sept (day) 12 (year) 1909
3. Color or Race: WA
4. Sex: Fem
5. Place of Birth: a. County: Rupert Ida. Cassia; b. City or Town of Birth:

FATHER

6. Full Name of Father: WALTER A. BULL
7. State or Country of Father's Birth: N.Y State - Geneca Falls

MOTHER

8. Full Maiden Name of Mother: VICTORIA VIRGINIA HOWELL
9. State or Country of Mother's Birth: Kentucky

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Delia Hoal Erickson
11. Present Address of Registrant: 11826 SE Harold Portland Ore

NOTARY (Seal)

Subscribed and sworn to before me on August 30 19 74

12. Signature of Notary: Alice N. Erickson
13. Notary Commission expires: May 9 19 75

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of marriage record affidavit of consent	Minidoka County, Idaho	----	Oct.25,1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 17	----	Victoria Belknap	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt	Margaret Howell Age:88	Oct.7,1974	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.12,1909	Family homestead abt.4 mi.E. of Rupert	Victoria Virginia Howell Bull	Walter A. Bull

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for social security #519-01-6241	Social Security Adm.	Aug.29,1974	May 17,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.12,1909	Rupert, Idaho	Victoria Howell	Walter A. Bull

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	OCT 31 1974

FORM BH 56067

NOV 1 1974

814125-022-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
AUG 12 1974
Bureau of Vital Statistics

State File No. DE 74-561

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: REMO KERMIT HAMBLIN		2. Date Of Birth (month) (day) (year): NOVEMBER 25, 1909
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: IDAHO, FREMONT; b. City or Town of Birth: VICTOR
FATHER	6. Full Name of Father: WILLIAM HAINES HAMBLIN		7. State or Country of Father's Birth: NEVADA
MOTHER	8. Full Maiden Name of Mother: MARY EVELINE JONES		9. State or Country of Mother's Birth: ARIZONA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Remo Kermit Hamblin	11. Present Address of Registrant: Roosevelt, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: August 8 1974	12. Signature of Notary: Alta M. Beck	13. Notary Commission expires: My Commission Expires November 22, 1976 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of enlisted record & report of Separation Honorable Discharge	By whom issued and signed: U.S. Army, Ft. Douglas, UT	Date issued: separation Oct. 4, 1945	Date Orig. Entry: induction May 2, 1942
	Date of Birth: Nov. 25, 1909	Birth Place: Victor, Idaho	Full Name of Mother: ----	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date issued: Sept. 21, 1974	Date Orig. Entry: Baptized July 2, 1921
	Date of Birth: Nov. 25, 1909	Birth Place: Victor, Idaho	Full Name of Mother: Mary Eveline Jones	Name of Father: William H. Hamblin
SUPPORTING RECORD 3.	Type of Document: Notorized copy of application for marriage license	By whom issued and signed: County of Duchesne, Utah	Date issued: Oct. 3, 1974	Date Orig. Entry: Applied Aug. 23, 1958
	Date of Birth: Nov. 25, 1909	Birth Place: Victor, Idaho	Full Name of Mother: Mary Evelyn Jones	Name of Father: William Hanes Hamblin
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wilson	Evidence reviewed by: gml Florence Curtright	Date Filed: Nov. 6, 1974

FORM BH 56067

NOV 7 1974

349-229-001-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-585

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beatrice Mary Curtis			2. Date Of Birth (month) (day) (year): October 29 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada County, Idaho	b. City or Town of Birth: BOISE IDAHO	
FATHER	6. Full Name of Father: John ALFRED CURTIS			7. State or Country of Father's Birth: Salt Lake City Utah	
MOTHER	8. Full Maiden Name of Mother: Annie Marie Larsen			9. State or Country of Mother's Birth: MENDON Cache County Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beatrice Mary Curtis		11. Present Address of Registrant: 115 Halsted ST EAST ORANGE NJ.	
NOTARY (Seal)	Subscribed and sworn to before me on: 22 Oct. 1974	12. Signature of Notary: S Frederick Dunnell		13. Notary Commission expires: December 1977	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of membership	By whom issued and signed: LDS Church, Ensign Ward, SLC, UT Willard Rogers, Clerk		Date Issued: Feb. 11, 1940	Date Orig. Entry: baptized July 3, 1920
	Date of Birth: Oct. 29, 1909	Birth Place: Boise, Idaho	Full Name of Mother: Annie M. Larsen	Name of Father: John A. Curtis	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy 2 033 394	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: Aug. 5, 1950	Date Orig. Entry: Aug. 5, 1950
	Date of Birth: Oct. 29, 1909	Birth Place: Boise, Idaho	Full Name of Mother: Anne M. Curtis	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy & Notary's statement regarding family Bible record	By whom issued and signed: Family Bible/S. Frederick Dunnell, Notary, New Jersey		Date Issued: Oct. 22, 1974	Date Orig. Entry: ---
	Date of Birth: Oct. 29, 1909	Birth Place: at noon Boise, Idaho St. Luke's Hospital	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

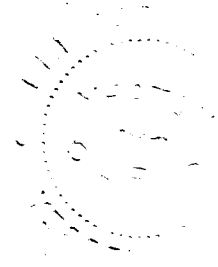
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	NOV 26 1974

FORM BH 56067 NM.

C 10-15-74 GmL

Carter

NOV 2 6 1974



113-111-044-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE74-624

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Creston Leo Jackson			2. Date Of Birth (month) April (day) 11 (year) 1909	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington	b. City or Town of Birth: Manns Creek	
FATHER	6. Full Name of Father: Russel R. Jackson			7. State or Country of Father's Birth: Kelton, Utah	
MOTHER	8. Full Maiden Name of Mother: Mabel Edna Moore			9. State or Country of Mother's Birth: Madrid, Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Creston Jackson		11. Present Address of Registrant: 703 No. Oregon St. Ontario, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 10 1974	12. Signature of Notary: "Sue" Nora Lowe		13. Notary Commission expires: Sept. 18 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible	By whom issued and signed: Family		Date Issued: ------	Date Orig. Entry: Obviously Old
	Date of Birth: April 11,1909	Birth Place: Manns Creek, Idaho	Full Name of Mother: Mabel Edna Moore		Name of Father: Russel R. Jackson
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File 240091		Date Issued: -----	Date Orig. Entry: Child born Jan. 12, 1936
	Date of Birth: Age 26 yrs	Birth Place: Idaho	Full Name of Mother: ---- - -		Name of Father: ---- ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by Cousin Age 76yrs	By whom issued and signed: Charles D. Jones		Date Issued: Dec.11,1974	Date Orig. Entry: --------
	Date of Birth: April 11 1909	Birth Place: Manns Creek, Idaho	Full Name of Mother: Mabel Edna Moore		Name of Father: Russel R. Jackson
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sl "Sue"Nora Lowe	Dec. 13 1974

FORM BH 56067

DEC 1 3 1974

709-208-033-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-629

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Louise Child Porter Clarke
2. Date Of Birth (month) Sept. (day) 8 (year) 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Idaho Madison
b. City or Town of Birth: Rexburg

FATHER

6. Full Name of Father: Arthur Porter Jr.
7. State or Country of Father's Birth: New Zealand

MOTHER

8. Full Maiden Name of Mother: Nelle Child
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louise P. Clarke
11. Present Address of Registrant: Clarkston Utah

NOTARY (Seal)

Subscribed and sworn to before me on Friday, Nov. 13 19 74

12. Signature of Notary: John C. Porter
13. Notary Commission expires: May 24 19 76

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Blessing
By whom issued and signed: Clarkston Ward, Smithfield Stake, LDS Church
Date Issued: Aug. 18, 1964
Date Orig. Entry: blessed Oct. 3, 1909

Date of Birth: Sept. 8, 1909
Birth Place: Rexburg, Idaho Madison County
Full Name of Mother: Nell Child
Name of Father: Arthur Porter, Jr.

SUPPORTING RECORD 2.

Type of Document: Certified copy of application for license to marry #30
By whom issued and signed: Cache County, Utah
Date Issued: Aug. 19, 1964
Date Orig. Entry: Feb. 19, 1931

Date of Birth: Sep. 8, 1909
Birth Place: Rexburg, Idaho
Full Name of Mother: Nell Child
Name of Father: Arthur Porter, Jr.

SUPPORTING RECORD 3.

Type of Document: Affidavit by aunt Age: 79
By whom issued and signed: Elizabeth Porter Whittle
Date Issued: Dec. 12, 1974
Date Orig. Entry: ---

Date of Birth: Sept. 8, 1909
Birth Place: Rexburg, Idaho
Full Name of Mother: Nelle Child
Name of Father: Arthur Porter, Jr.

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Glenda Larson
Date Filed: DEC 16 1974

FORM BH 56067

DEC 17 1974

866-104-022-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-644

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Reynold Peter Hoffman		2. Date Of Birth (month) (day) (year): August - 4 - 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Fremont (Now - Jefferson) b. City or Town of Birth: Bybee Ward-or-Lewisville
FATHER	6. Full Name of Father: Axel C. H. Hoffman		7. State or Country of Father's Birth: ?Amager - Isl. Denmark
MOTHER	8. Full Maiden Name of Mother: Treena Peterson		9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Reynold Peter Hoffman	11. Present Address of Registrant: 550 - 10th St. Idaho Falls, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: 7, Nov 1974	12. Signature of Notary: Lavone V. Miller	13. Notary Commission expires: _____ 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother (10½ years older)	By whom issued and signed: C. H. Hoffman	Date issued: Nov.14,1974	Date Orig. Entry: ----
	Date of Birth: Aug.4,1909 / Birth Place: Bybee Ward (now Lewisville area) ID	Full Name of Mother: Treena Peterson	Name of Father: Axel C. H. Hoffman	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of ordination as a teacher	By whom issued and signed: LDS Church, Bybee Ward, J. Norman Brown, Clerk	Date issued: ---	Date Orig. Entry: ordained Apr.25,1927
	Date of Birth: Aug.4,1909 / Birth Place: Bybee, Idaho Fremont County	Full Name of Mother: Trena Peterson	Name of Father: Axel Hoffman	
SUPPORTING RECORD 3.	Type of Document: photocopy of certificate of blessing	By whom issued and signed: LDS Church, Bybee Ward, John Cuthbert, Clerk	Date issued: ---	Date Orig. Entry: blessed Nov.7,1909
	Date of Birth: Aug.4,1909 / Birth Place: Bybee, Idaho Fremont County	Full Name of Mother: Trena Peterson	Name of Father: Axel Hoffman	
QUALIFYING INFORMATION				

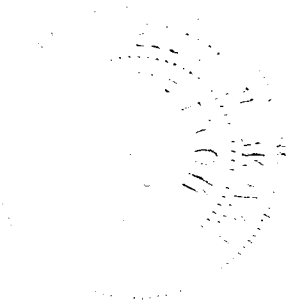
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	DEC 23 1974

FORM BH 56067 1cp pd re, # 19024 10-31-74 gml

DEC 2 4 1974



815-205-027-842

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-069

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Martha Hanks
2. Date Of Birth (month) Aug. (day) 5 (year) 1909
3. Color or Race: White, Cau. | 4. Sex: Female | 5. Place of Birth: a. County: Fremont | b. City or Town of Birth: Hayden, Idaho

FATHER

6. Full Name of Father: Sidney Alva Hanks
7. State or Country of Father's Birth: Parleys Park, Summit, Utah

MOTHER

8. Full Maiden Name of Mother: Martha Elizabeth Huber
9. State or Country of Mother's Birth: Payson, Utah County, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Martha H. Remington
11. Present Address of Registrant: Parker Idaho, Box 105

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 29, 1975
12. Signature of Notary: S.G. Hathaway
13. Notary Commission expires: April 10 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Photocopy of Certificate of membership in LDS church
By whom issued and signed: Kilgore Ward, Yellowstone St. John Vetterli, Bishop
Date Issued: ---
Date Orig. Entry: Aug.31, 1920
Date of Birth: 5 Aug.1909
Birth Place: Haden, Idaho
Full Name of Mother: Martha Huber
Name of Father: Sidney A. Hanks

SUPPORTING RECORD 2.

Type of Document: Photocopy of School Census Fremont County
By whom issued and signed: Edna Burns, Deputy 7th Judicial Dist., Fremont County
Date Issued: 1-29-75
Date Orig. Entry: 1926
Date of Birth: Aug.5,1909
Birth Place: ---
Full Name of Mother: ---
Name of Father: Sidney Hanks

SUPPORTING RECORD 3.

Type of Document: Photocopy of Application for Insurance.
By whom issued and signed: Beneficial Life Insurance Co. Salt Lake City, Utah
Date Issued: --
Date Orig. Entry: 27 April 1965
Date of Birth: Aug.5,1909
Birth Place: Tetonia, Idaho
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

Haden no longer exists but was located about 1 mile west of the present town of Tetonia. The Idaho Encyclopedia published 1938.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: FEB 3 - 1975

FORM BH 56067

FEB 3 1975

753-206-022-763

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-118

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: INEZ PETERSON
2. Date Of Birth (month) (day) (year): DEC. 6 1909
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: KILGORE FREMONT
b. City or Town of Birth: KILGORE

FATHER

6. Full Name of Father: CLARENCE ALFRED PETERSON
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: MINNIE POLSON
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Inez Duckworth
11. Present Address of Registrant: 568 Benen Poca. Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: January 15 1975
12. Signature of Notary: Robert E. Bailey
13. Notary Commission expires: May 16 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Photocopy of Patient index card.
By whom issued and signed: Mabel L. Stanturf, Medical Record Dept. St.Anthony Com. Hosp. Pocatello
Date Issued: Nov.4,1974
Date Orig. Entry: Feb.8,1946
Date of Birth: Dec.6,1909
Birth Place: --
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 2.

Type of Document: Life Insurance Policy photocopy #540425 MI
By whom issued and signed: Metropolitan Life Insurance Company.
Date Issued: ---
Date Orig. Entry: Apr. 1, 1943
Date of Birth: Age 34
Birth Place: ---
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: Affidavit by Cousin of Mother Age:78
By whom issued and signed: A.H. Christiansen
Date Issued: Nov.14,1974
Date Orig. Entry: ---
Date of Birth: 6 Dec.1909
Birth Place: Kilgore, Fremont Idaho
Full Name of Mother: Minnie Poulsen
Name of Father: Clarence Petersen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Jane M. Wick
Evidence reviewed by: md Margaret Davis
Date Filed: Feb.19, 1975

FORM BH 56067

11-1-74

Duckworth

FEB 20 1975

763-416-031-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-133

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HAROLD WESLEY POLLOCK
2. Date Of Birth (month) Dec. (day) 16th (year) 1909
3. Color or Race: W
4. Sex: Male
5. Place of Birth: a. County: Lewis; b. City or Town of Birth: Nez Perce

FATHER

6. Full Name of Father: Alexander Pollock
7. State or Country of Father's Birth: Canada

MOTHER

8. Full Maiden Name of Mother: Minnie A. Birchard
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harold W. Pollock
11. Present Address of Registrant: 2780 Lincoln, Eugene, Ore

NOTARY (Seal)

Subscribed and sworn to before me on January 28 19 75

12. Signature of Notary: Bertha C Horner
13. Notary Commission expires: October 18 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Photocopy of own child's birth certificate
By whom issued and signed: Oregon State Board of Health #26
Date Issued: Jan.17,1975
Date Orig. Entry: Child born Jan.10,1935
Date of Birth: 25 years.
Birth Place: Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 2.

Type of Document: Photocopy of Return of Marriage
By whom issued and signed: Circuit Court of the State of Oregon, Mary Plunkett, Dep.
Date Issued: 4 June 69
Date Orig. Entry: July 19,1931
Date of Birth: 21 years
Birth Place: Nez Perce, Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: Photocopy of page from Family Bible.
By whom issued and signed: Attested to by: Bertha C. Horner. Family Record
Date Issued: Feb.25,75
Date Orig. Entry: Bible Obviously Old
Date of Birth: Dec.16,1909
Birth Place: Nez Perce, ID.
Full Name of Mother: Minnie A. Birchard
Name of Father: Alexander Pollock

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: mdd Margaret Davis
Date Filed: Feb.25,1975

FORM BH 56067

12/31/74 ml

FEB 2 6 1975

Hoffman, Mo[illegible], Van Rijsselberghe, & Hargreaves, attys

213-29-007-951

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:-75137

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lonzo Wesley Baldwin			2. Date Of Birth (month) (day) (year): October 29 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Soldier
FATHER	6. Full Name of Father: W. D. Baldwin			7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother: Ida Reagan			9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lonzo Wesley Baldwin		11. Present Address of Registrant: Fairfield Ida
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 5 1975	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Register of births	By whom issued and signed: Blaine Co. Jane Andrews, Dpy.	Date Issued: Jan. 24, 1975	Date Orig. Entry: Recorded 1909
	Date of Birth: Oct. 29, 1909 / Birth Place: Soldier, Idaho	Full Name of Mother: Ida Reagan	Name of Father: W. D. Baldwin	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 55-14584	Date Issued: ----	Date Orig. Entry: child born Oct. 31, 1955
	Date of Birth: Age 46 / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother Age 84	By whom issued and signed: Ida J. Baldwin	Date Issued: 19 Feb. 75	Date Orig. Entry: ---
	Date of Birth: Oct. 29 1909 / Birth Place: Soldier, Blaine Idaho	Full Name of Mother: Ida J. Reagan Baldwin	Name of Father: W.D. Baldwin	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	fc Margaret Davis	28 Feb. 1975

FORM BH 56067

2-5-75

Baldwin

FEB 2 8 1975

319-218-013-809

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75:180

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mayme Laird
2. Date Of Birth (month) May (day) 18 (year) 1909
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Dubois-Idaho Clark
b. City or Town of Birth: Dubois Idaho

FATHER

6. Full Name of Father: James Laird
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mayme Vilate Harries
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mayme Laird (Hull)
11. Present Address of Registrant: [illegible] Logan Utah

NOTARY (Seal)

Subscribed and sworn to before me on March 14 1975

12. Signature of Notary: Lucile L. Ferguson
13. Notary Commission expires: 12-8-76 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Transcript from church Records	A Kay Randall, Ward Clerk Logan 5th Ward, East Stake	Aug.18,1974	May 26,1909
	Date of Birth 18 May 1909 / **Birth Place** Dubois,Clark Co. Idaho	**Full Name of Mother** ---	**Name of Father** ---	
SUPPORTING RECORD 2.	Affidavit by Aunt Age 73 in 1958	Louise B. Laird	Sept.10,1958	----
	Date of Birth May 18,1909 / **Birth Place** Dubois,Clark Co. Idaho	**Full Name of Mother** Mayme Vilate Harries Laird	**Name of Father** James Laird	
SUPPORTING RECORD 3.	Carbon copy of Personal History (Job Application) Husband's	By whom issued and signed Food and Agriculture Organ. of the United Nations	Date issued ---	Date Orig. Entry Oct. 11, 1953
	Date of Birth May 18,1909 / **Birth Place** ---	**Full Name of Mother** ---	**Name of Father** ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wilcox	Margaret Davis	MAR [illegible] 1975

FORM BH 56067

MAR 3 1 1975

759-131-016-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-221

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mrs Estel Phippen Perrins	2. Date of Birth (month) (day) (year): Oct. 31. 1909
	3. Color or Race: White; 4. Sex: M; 5. Place of Birth a. County: Albion Cassia	b. City or Town of Birth: Albion, Idaho
FATHER	6. Full Name of Father: Samuel Perrins	7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Edna Clare Phippen	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Estel Perrins; 11. Present Address of Registrant: 765 W Ida Ontario Or
NOTARY (Seal)	Subscribed and sworn to before me on: March 25 1975	12. Signature of Notary: [signature]; 13. Notary Commission expires: 10-15 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of church record	By whom issued and signed: L.D.S. Church	Date issued: ---	Date Orig. Entry: Blessed Feb.26,1910
	Date of Birth: Oct.31,1909; Birth Place: Albion,Cassia, Idaho	Full Name of Mother: Edna C. Phippen	Name of Father: Samuel Perrins	
SUPPORTING RECORD 2.	Type of Document: Photocopy of School Record	By whom issued and signed: Southern Idaho College of Education, Albion	Date issued: 5/7/49	Date Orig. Entry: 1927
	Date of Birth: Oct.31,1909; Birth Place: Albion, Idaho	Full Name of Mother: ---	Name of Father: Sam Perrins	
SUPPORTING RECORD 3.	Type of Document: Photocopy of Insurance Appl.	By whom issued and signed: New York Life Insurance Co.	Date issued: ---	Date Orig. Entry: Sept. 24,1949
	Date of Birth: 31 Oct.1909; Birth Place: Albion, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	MD Margaret Davis	APR 1 1975

FORM BH 56067

Perrins

APR 2 1975

386-223-033-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-379

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jessie Walker Thornton		2. Date Of Birth (month) (day) (year): Nov. 23 1909	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Fremont Idaho b. City or Town of Birth: Rexburg Idaho	
FATHER	6. Full Name of Father: George Leonard Thornton		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Louvina Lee Fitzgerald		9. State or Country of Mother's Birth: Virginia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jessie W Roberts	11. Present Address of Registrant: 704 D. Holly	
NOTARY (Seal)	Subscribed and sworn to before me on: June 17 1975	12. Signature of Notary: Darlene L. Dynge	13. Notary Commission expires: 3/21 1979	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School transcript	By whom issued and signed: Robert A. Batty, Supt. Intermediate Education Dist.	Date Issued: 5/14/75	Date Orig. Entry: Sept. 6, 1915	
	Date of Birth: 6 years.	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Oregon #382	Date Issued: 7/13/70	Date Orig. Entry: child born Jan. 25, 1946	
	Date of Birth: 36 years.	Birth Place: Rexburg, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Lodge Record	By whom issued and signed: Amethyst Rebekah Lodge #97 Gold Hill, Oregon	Date Issued: 1/6/74	Date Orig. Entry: May 3, 1967	
	Date of Birth: Nov. 23, 1909	Birth Place: Rexburg, ID.	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Record from University of Oregon dated Feb. 27, 1975 (Original Date Sept. 25, 1930) lists Tessie W. Thornton Robrts born Nov. 23, 1909 in Rexburg, Idaho. Letter of 6/11/75 lists Tessie Walker' Thornton's Parents as George and Louvina Thornton.

REGISTRAR'S CERTIFICATION (seal)

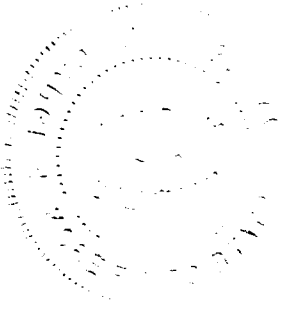
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks, M.D., C	Margaret Davis	JUN 20 1975

FORM BH 56067

11-19-74

JUN 2 0 1975



693 - 215-022-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-418

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Martha Wilcox		2. Date Of Birth: (month) May (day) 15 (year) 1909	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Archer
FATHER	6. Full Name of Father: David A. Wilcox		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Martha S. Hansen		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle M. Kennington	11. Present Address of Registrant: Rt. 3, Rexburg, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: June 30 1975	12. Signature of Notary: Mary Smith	13. Notary Commission expires: June 25 1979	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for membership	By whom issued and signed: Society of Daughters of the Utah Pioneers	Date Issued: Sept. 20, 1943	Date Orig. Entry: April. 1942
	Date of Birth: May 15, 1909	Birth Place: ---	Full Name of Mother: Martha Sarah Hansen	Name of Father: David Almearn Wilcox
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Archer Ward, LDS church	Date Issued: July 7, 1918	Date Orig. Entry: Baptised July 6, 1918
	Date of Birth: May 15, 1909	Birth Place: Archer, Idaho	Full Name of Mother: Martha S. Hansen	Name of Father: David A. Wilcox
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #376883	Date Issued: Aug. 4, 1943	Date Orig. Entry: Child born July 9, 1943
	Date of Birth: 34 years.	Birth Place: Archer, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: JUL 8 1975	

FORM BH 56067

JUL 9 1975
FEB 27 1998

255-139-000-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-534

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marvin Mathias Benson			2. Date Of Birth (month) (day) (year): June 29, 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Moreland
FATHER	6. Full Name of Father: Mathias Julius Benson			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Margaret Belnap			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marvin Mathias Benson		11. Present Address of Registrant: 5901 Overland, Boise 83705
NOTARY (Seal)	Subscribed and sworn to before me on: 8th September 1975	12. Signature of Notary: Marlow Slaterus		13. Notary Commission expires: No expiration date Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Record of Membership	By whom issued and signed: L. D. S. Church	Date Issued: Jan.8,1974	Date Orig. Entry: Blessed Sept. 4,1909
	Date of Birth: Jun.29,1909 / Birth Place: Moreland, Idaho	Full Name of Mother: Margaret Belnap	Name of Father: Mathias Julius	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 272429	Date Issued: ----	Date Orig. Entry: child born Oct. 16, 1938
	Date of Birth: Age 29 / Birth Place: Moreland, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy 3 800 562	By whom issued and signed: The Mutual Life Ins. Co. N.Y.	Date Issued: Apr.20,1927	Date Orig. Entry: -----
	Date of Birth: Jun 29,1909 / Birth Place: Moreland, Idaho	Full Name of Mother: ------	Name of Father: Mathias Benson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Sept. 8,1975

FORM BH 56067

— no comp —

7-18-75

SEP 9 1975

719106-016-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE75-541

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: PAUL BLYTHE PARKE
2. Date Of Birth (month) (day) (year): NOV. 6 1909
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: CASSIA
b. City or Town of Birth: MALTA IDAHO

FATHER

6. Full Name of Father: JOESPH LAMONIE PARKE
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: MARY ISIDOUR MALLOT
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Paul Blythe Parke
11. Present Address of Registrant: CHALLIS IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on: FEBRUARY 10 1975
12. Signature of Notary: Clayton Thurlow
13. Notary Commission expires: AUGUST 1 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Friend of family (Since before birth)	Age 85 yrs Jesse M. Pierce	Jan. 22, 1975	--------
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Nov. 6, 1909 Malta, Idaho	Mary Mallott	J. L. Parke	
SUPPORTING RECORD 2.	Type of Document: US Department of Commerce Census of April 15, 1910	By whom issued and signed: Bureau of Census	Date Issued: Sept. 3, 1975	Date Orig. Entry: April 15, 1910
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Age ½ year Old Idaho	Mary Parks	Joseph L. Parks	
SUPPORTING RECORD 3.	Type of Document: Copy of Cassia County School Census	By whom issued and signed: School Dist. # 151 Cassia County	Date issued: Aug. 20, 1975	Date Orig. Entry: Dec. 30, 1916
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Age 7 yrs ------	-------	J. L. Parke	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	sl Sue Lowe	Sept. 10, 1975

FORM BH 56067, 10p Pd Rec #01715

1-30-10

SEP 1 0 1975

213-116-042-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE75-549

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emory Lawrence Kalbfleisch			2. Date Of Birth (month) (day) (year): August 16, 1909
	3. Color or Race: Cauc.	4. Sex: Male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Filer
FATHER	6. Full Name of Father: Jacob Ezra Kalbfleisch			7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Laura Matilda Locke			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Emory L. Kalbfleisch	11. Present Address of Registrant: 1602 Priest Ave, Boise
NOTARY (Seal)	Subscribed and sworn to before me on: April 3, 1974		12. Signature of Notary: Glenda Mae Lessor	13. Notary Commission expires: September 15, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of high school record		By whom issued and signed: Filer High School, Dist.#413 Filer, Idaho	Date Issued: ---	Date Orig. Entry: Sept.4,1923
	Date of Birth: Age: 14	Birth Place: ---	Full Name of Mother: ---	Name of Father: J. E. Kalbfleisch	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #228443	Date Issued: ---	Date Orig. Entry: child born Dec.6,1934
	Date of Birth: Age: 25	Birth Place: Filer, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Cousin Age 74yrs		By whom issued and signed: Mildred M. Jones	Date Issued: Aug.6,1974	Date Orig. Entry: --------
	Date of Birth: Aug.16,1909	Birth Place: Filer, Idaho	Full Name of Mother: Laura M.Kalbfleisch	Name of Father: Jacob E. Kalbfleisch	
QUALIFYING INFORMATION					

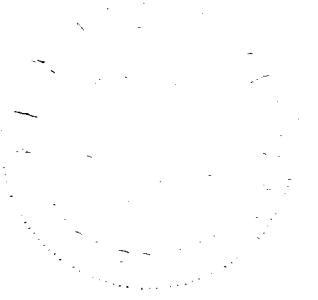
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Weiske	gml Sue Lowe	Sept. 5, 1975

FORM BH 56067

SEP 1 6 1975



239-119-003-537

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-639

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William David Stratford
2. Date Of Birth (month) July (day) 19 (year) 1909
3. Color or Race: white
4. Sex: Male
5. Place of Birth: a. County Bannock; b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: Egbert C. Stratford
7. State or Country of Father's Birth: UTAH USA

MOTHER

8. Full Maiden Name of Mother: Edna Eldredge
9. State or Country of Mother's Birth: UTAH USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William D. Stratford
11. Present Address of Registrant: Weber State College 3750 Harrison Blvd. Ogden Utah

NOTARY (Seal)

Subscribed and sworn to before me on October 28 1975
12. Signature of Notary: Marjorie M. Mofrell
13. Notary Commission expires 7 31 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Sister Age 80	By whom issued and signed: Marval S. Cox	Date Issued: 21 Oct.1975	Date Orig. Entry: ---
	Date of Birth: July 19,1909 / Birth Place: Pocatello	Full Name of Mother: Edna Pratt Eldredge	Name of Father: Egbert Chapman Stratford	
SUPPORTING RECORD 2.	Type of Document: Copy of page from County Birth Register	By whom issued and signed: Lucile B. Nelson, Deputy County of Bannock	Date Issued: 16 Oct.75	Date Orig. Entry: July 19,1909
	Date of Birth: July 19,1909 / Birth Place: Pocatello	Full Name of Mother: Edna E. Stratford	Name of Father: Egbret C. Stratford	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination to the Holy Priesthood	By whom issued and signed: Charles A. Halverson 17 ward Mt. Ogden Stake	Date Issued: Dec.8,1925	Date Orig. Entry: Baptised 4 Aug.1917
	Date of Birth: 19 July 1909 / Birth Place: Pocatello	Full Name of Mother: Edna P. Eldredge	Name of Father: Egbert C. Stratford	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	md Margaret Davis	OCT 3 [illegible]

FORM BH 56067

OCT 3 1 1975

613-122-0025-463

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-667

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Joseph Oatman			2. Date Of Birth (month) (day) (year): March 22, 1909
	3. Color or Race: Indian	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Ferdinand
FATHER	6. Full Name of Father: James Oatman			7. State or Country of Father's Birth: Whitebird , Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Mocton			9. State or Country of Mother's Birth: Nespelem, Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles J. Oatman		11. Present Address of Registrant: 805 Main Lapwai Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 12 1975	12. Signature of Notary: "Sue" Nora Lowe		13. Notary Commission expires: Sept 18 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License & Certificate	By whom issued and signed: State of Idaho Nez Perce County	Date Issued: ------	Date Orig. Entry: Married Mar.8,1964
	Date of Birth: Age 54 yrs	Birth Place: Ferdinand, Idaho	Full Name of Mother: ----------	Name of Father: --------
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle Age 79 yrs	By whom issued and signed: Enoch Oatman	Date Issued: Nov.7,1975	Date Orig. Entry: -------
	Date of Birth: Mar.22,1909	Birth Place: Ferdinand,Idaho	Full Name of Mother: Mary Mocton	Name of Father: James Oatman
SUPPORTING RECORD 3.	Type of Document: Discharge Papers	By whom issued and signed: U.S. Army, Fort Lewis,WN.	Date Issued: Separation 4 Dec.45	Date Orig. Entry: Inducted 13 Apr.43
	Date of Birth: Mar.22,1909	Birth Place: Ferdinand	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sl Margaret Davis	NOV 17 1975

FORM BH 56067 1 cp Pd Rec'd XI 11-12-75

Dutman

NOV 17 1975

635120-006-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-696

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maurice Oler		2. Date Of Birth (month) Nov. (day) 20 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Idaho Bingham; b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: Joseph Oler		7. State or Country of Father's Birth: U.S.A.
MOTHER	8. Full Maiden Name of Mother: Alice Green		9. State or Country of Mother's Birth: U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maurice Oler	11. Present Address of Registrant: 505 Sugar Drive Shelley, Idaho 83274
NOTARY (Seal)	Subscribed and sworn to before me on: December 4 1975	12. Signature of Notary: Alva A Harris	13. Notary Commission expires: 11-27- 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Shelley 2nd Ward Shelley Stake	Date Issued: 7/7/1918	Date Orig. Entry: Baptised July 6,1918
	Date of Birth: Nov.20,1909 Birth Place: Shelley,ID.	Full Name of Mother: Alice Green	Name of Father: Joseph Oler	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: J.E. Kelley,Bishop	Date Issued: 1/2/1922	Date Orig. Entry: Ordained Jan.2,1922
	Date of Birth: Nov.20,1909 Birth Place: Shelley, ID.	Full Name of Mother: Alice Green	Name of Father: Joseph Oler	
SUPPORTING RECORD 3.	Type of Document: Photocopy of page from family Bible	By whom issued and signed: Family Bible Records	Date Issued: Mar.22,1967	Date Orig. Entry: Obviously old
	Date of Birth: Nov.20,1909 Birth Place: Shelley, ID.	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	DEC 9 1975

FORM BH 56067

DEC 9 1975

133-17-022-518

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-033

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Paul Lavier Allen
2. Date Of Birth (month) (day) (year): 17 August 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho — Fremont
b. City or Town of Birth: Teton

FATHER

6. Full Name of Father: Hyrum Allen
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Isabell Lenor Naylor
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Paul Lavier Allen
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: January 15 1976
12. Signature of Notary: Evelyn Allen
13. Notary Commission expires: Life 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Friend of Family Age 80	Abbie Velora Haws	7 Jan.76	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.17,1909	Teton City	Isebell Naylor Allen	Hyrum Allen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Census Report	School Dist.#7 Fremont	1 /6/76	Sept. 30, 1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.17,1909	---	---	Hyrum Allen

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
LDS Church Records	North Rexburg Stake	1/14/76	24 June 1883

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 17,1909	Teton City	Isabell Lenor Naylor	Hyrum Allen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	JAN 2[illegible] 1976

FORM BH 56067

JAN 2 0 1976

851-208-016-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-220

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Neva Dayley Yearsley
2. Date Of Birth (month) Sep (day) 8 (year) 1909
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: Grandmothers home Cassia
b. City or Town of Birth: Albion (Idaho)

FATHER

6. Full Name of Father: John Henry Yearsley
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Eva M Lounsbury
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Neva Dayley
11. Present Address of Registrant: 6736 W 4005 Heyburn Rd

NOTARY (Seal)

Subscribed and sworn to before me on Feb. 9 1976

12. Signature of Notary: Paul B. Yorm
13. Notary Commission expires: 3-21 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit of Consent to Marriage of a Minor	Frank B. Kearns, Recorder	10/Feb./76	5/28/26
	Date of Birth: 16 years.	Birth Place: ---	Full Name of Mother: Mrs. Eva Yearsley	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Hospital Records	By whom issued and signed: Cassia Memorial Hospital	Date Issued: 2/8/76	Date Orig. Entry: 5/30/69
	Date of Birth: 9/8/09	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Copy of Church Record	By whom issued and signed: Emerson 1st Ward	Date Issued: 2 July 75	Date Orig. Entry: Baptised 3 July 27
	Date of Birth: 8 Sep. 09	Birth Place: Albion	Full Name of Mother: Eva M. Lounsbury	Name of Father: John M. Yearsley

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

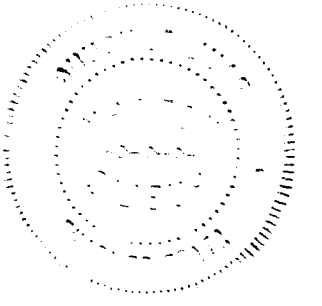
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Hicks
Evidence reviewed by: md Margaret Davis
Date Filed: APR 7 1976

FORM BH 56067

Dupley

APR 8 1976



863-211-042-154

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-368
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hazel Fern Holloway
2. Date of Birth (month) May (day) 11 (year) 1909
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Twin Falls
b. City or Town of Birth: Twin Falls

FATHER

6. Full Name of Father: Leonard L. Holloway
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Mary T. Anderson
9. State or Country of Mother's Birth: Tennessee

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant (Black): Hazel Fern Holloway
11. Present Address of Registrant: Rt. 2 Twin Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: February 4 1965
12. Signature of Notary: Greta N Smith
13. Notary Commission expires: May 15 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavits by parents
By whom issued and signed: Leonard L. Holloway and Mary T. Holloway
Date Issued: Jan.26,1965
Date Orig. Entry: -----
Date of Birth: May 11,1909
Birth Place: Twin Falls, Idaho
Full Name of Mother: Mary T. Anderson
Name of Father: Leonard L. Holloway
Class*

SUPPORTING RECORD 2.

Type of Document: Statement regarding school census records
By whom issued and signed: Doris Stradley, Co. Supt. Twin Falls, County, Idaho
Date Issued: Apr.4,1955
Date Orig. Entry: Sept.5,1917
Date of Birth: Age 8
Birth Place: -----
Full Name of Mother: ------
Name of Father: L. L. Holloway
Class

SUPPORTING RECORD 3.

Type of Document: Insurance policy
By whom issued and signed: National Public Service Insurance Co.
Date Issued: Nov. 7,1946
Date Orig. Entry: Jan.21,1946
Date of Birth: age 37
Birth Place: Twin Falls, Id.
Full Name of Mother: Mary Anderson Holloway
Name of Father: Leonard Louis Holloway
Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Linda Cook	July 8, 1976

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

4-28-

JUL 9 1976

243-21-10006-262

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE76-436

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FREDARICKA Bucklin
2. Date of Birth (month) Aug (day) 15 (year) 1909
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Idaho Bingham
b. City or Town of Birth: Blackfoot

FATHER

6. Full Name of Father: HENRY Culver Bucklin
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Botilda Bosen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Freda B. Beach
11. Present Address of Registrant: 644 SCREENLAND DR. BURBANK-CA. 91505

NOTARY (Seal)

Subscribed and sworn to before me on July 19, 1976

12. Signature of Notary: Bette A. Williams
13. Notary Commission expires: 12-11 1977

OFFICIAL SEAL
BETTE A. WILLIAMS
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires December 11, 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit of sister age 78
By whom issued and signed: Muriel B. Johnson
Date Issued: July2,1976
Date Orig. Entry: -----
Date of Birth: Aug.15,1909
Birth Place: Blackfoot, Idaho Bingham County
Full Name of Mother: Tilda Bucklin
Name of Father: Henry C. Bucklin

SUPPORTING RECORD 2.

Type of Document: Marriage Certificate
By whom issued and signed: State of California
Date Issued: Jan25,1928
Date Orig. Entry: Jan.17,1928
Date of Birth: age 18
Birth Place: Idaho
Full Name of Mother: Mathilda Bosen
Name of Father: Henry "Harry" Bucklin

SUPPORTING RECORD 3.

Type of Document: Membership record
By whom issued and signed: LDS Church
Date Issued: Aug.22,1975
Date Orig. Entry: baptised member Sept. 1, 1917
Date of Birth: Aug.15,1909
Birth Place: Blackfoot, Id.
Full Name of Mother: Botilda Bosen
Name of Father: H. C. Bucklin

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	lc Linda Cook	August 25, 1976

FORM BH 56067

AUG 2 6 1976

244-207-035-464

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-485

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Georgia Elizabeth Summers			2. Date Of Birth (month) (day) (year): January 7 1909	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Idaho Nez Perce	b. City or Town of Birth: Lewiston, Idaho	
FATHER	6. Full Name of Father: Lee Summers			7. State or Country of Father's Birth: Bates County, Missouri	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Ellen Dowell			9. State or Country of Mother's Birth: Polk County, Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Georgia Elizabeth Kennedy		11. Present Address of Registrant: W. 225 Nebraska	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 15 1976	12. Signature of Notary: Lucille Dillery		13. Notary Commission expires: Apr 14 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: State of Idaho #160372	Date Issued: 6-18-76	Date Orig. Entry: child born Mar. 31, 1928	
	Date of Birth: age 19	Birth Place: Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: transcript of hospital record	By whom issued and signed: St. Joseph's Hospital Lewiston	Date Issued: Apr. 20, 1962	Date Orig. Entry: May 14, 1924	
	Date of Birth: age 14	Birth Place: --	Full Name of Mother: --	Name of Father: Lee Summers	
SUPPORTING RECORD 3.	Type of Document: Social security application	By whom issued and signed: Social Security Administration US Treasury Department	Date Issued: --	Date Orig. Entry: Apr. 3, 1944	
	Date of Birth: Jan. 7, 1909	Birth Place: Lewiston, Idaho	Full Name of Mother: Elizabeth Ellen Dowell	Name of Father: Lee Summers	
QUALIFYING INFORMATION					

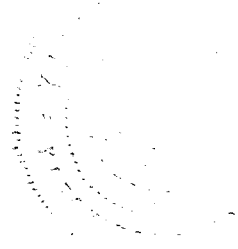
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Sept. 20, 1976

FORM BH 56067 ICD Pdl 1-30-62

SEP 2 1 1976



265-202-036-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 76-496

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Connie Swensen			2. Date of Birth (month) 10 (day) 2 (year) 1909	
	3. Color or Race: Caucasian	4. Sex: F	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Preston Idaho		
FATHER	6. Full Name of Father: Peter Swensen Jr.			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: Mahala Clayton			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Connie Sage		11. Present Address of Registrant: RT # Box 240 Payette Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: September 27 1976	12. Signature of Notary: Elward		13. Notary Commission expires: Lifetime 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Patriarchal Blessing	By whom issued and signed: L.D.S.Church Vol. 1 # 216		Date Issued: Dec.5,1947	Date Orig. Entry: Dec.5,1947
	Date of Birth: Oct.2,1909	Birth Place: Preston, Idaho	Full Name of Mother: May Clayton	Name of Father: Peter Swenson	
SUPPORTING RECORD 2.	Type of Document: Family Record	By whom issued and signed: Family		Date Issued: May 5, 1959	Date Orig. Entry: May 5,1959
	Date of Birth: Oct.2,1909	Birth Place: Preston, Idaho	Full Name of Mother: Mahala Clayton	Name of Father: Peter Swensen,Jr.	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: Elder Boyd Porter, LD.S.Church		Date Issued: Jan.2,1910	Date Orig. Entry: Blessed Jan.2,1910
	Date of Birth: Oct.2,1909	Birth Place: Preston,Idaho	Full Name of Mother: Mahala Clayton	Name of Father: Peter Swensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Florence Curtright	Date Filed: Sept.27,1976

FORM BH 56067

SEP 27 1976

682 209-220-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 76-503

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Gertrude Whitson			2. Date Of Birth (month) (day) (year): August 9 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Elmore	b. City or Town of Birth: Mountain Home
FATHER	6. Full Name of Father: Jefferson Davis Whitson			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Anna Gertrude Harley			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen D. McCoy		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: September 28 1976	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Aug.9,1909	Birth Place: Mountain Home,Ida	Full Name of Mother: Anna Gertrude Harley	Name of Father: Jefferson Davis Whitson	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho - # 231086	Date Issued: ----	Date Orig. Entry: child born Apr.13,1935
	Date of Birth: Age 25	Birth Place: Mountain Home,Ida	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Dist. # 6 Elmore County	Date Issued: Sept.28,1976	Date Orig. Entry: School year 1916 - 1917
	Date of Birth: Age 7	Birth Place: ----	Full Name of Mother: -----	Name of Father: J. D. Whitson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substentiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Florence Curtright	Date Filed: Sept. 28,1976

FORM BH 56067

SEP 29 1976

466217-041-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-511

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leatha Rebecca Moffat Kunz
2. Date of Birth (month) Aug. (day) 17 (year) 1909
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County Teton; b. City or Town of Birth: Cache VIA Tetonia, Idaho

FATHER

6. Full Name of Father: Andrew Moffat
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Rebecca Mickelsen
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leatha M. Kunz
11. Present Address of Registrant: Victor, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Sept 29 1976

12. Signature of Notary: [illegible]
13. Notary Commission expires: July 2 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by close family friend at time of birth age 82	Eva K. Dustin	Sep.28,1976	--

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.17,1909	Cache, Idaho	Rebecca Mickelsen	Andrew Moffat

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
insurance policy	Beneficial Life Insurance Company	--	Feb. 10,1959

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 49	--	--	--

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
record of baptism	LDS Church	Sep.29,1976	baptised Sep.1,1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.17,1909	Cache, Idaho	Rebecca Mickelsen	Andrew Moffat

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Oct.5,1976

FORM BH 56067

9-88-76

OCT 6 1976

695-124-021-754

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-543

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Herman Viehweg			2. Date Of Birth (month) May (day) 24 (year) 1909	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Clifton, Franklin	b. City or Town of Birth: Clifton, Idaho	
FATHER	6. Full Name of Father: Carl Julius Viehweg			7. State or Country of Father's Birth: Heinholz, Germany	
MOTHER	8. Full Maiden Name of Mother: Annie Christina Pedersen			9. State or Country of Mother's Birth: Samso, Denmark	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Herman Viehweg		11. Present Address of Registrant: Clifton, Idaho 83228	
NOTARY (Seal)	Subscribed and sworn to before me on 10/18/76 19	12. Signature of Notary: Connie Westover		13. Notary Commission expires Bond 7/25 19 78	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by family friend at time of birth more than 10 years older	By whom issued and signed: Mary Ann Moser		Date Issued: Oct.18,1976	Date Orig. Entry: --
	Date of Birth: May24,1909	Birth Place: Clifton, Idaho	Full Name of Mother: Annie Christina Petersen	Name of Father: Carl Julius Viehweg	
SUPPORTING RECORD 2.	Type of Document: certificate of baptism	By whom issued and signed: LDS Church		Date Issued: July1,1917	Date Orig. Entry: June 30,1917
	Date of Birth: May24,1909	Birth Place: Clifton, Idaho	Full Name of Mother: Christina Petersen	Name of Father: Carl Viehweg	
SUPPORTING RECORD 3.	Type of Document: transcript Utah State Univer. school records	By whom issued and signed: G. Karl Lambert, Registrar Utah State University		Date Issued: Oct.18,1976	Date Orig. Entry: July25,1960
	Date of Birth: May24,1909	Birth Place: Clifton, Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Oct.25,1976

FORM BH 56067 ICP Paid rec# 04572 9/28/76

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OCT 2 5 1976

847-128-036-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 76-606

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jesse Hughes		2. Date Of Birth (month) May (day) 28 (year) 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Malad Oneida, Idaho b. City or Town of Birth: Malad, Idaho
FATHER	6. Full Name of Father: Taliesen Hughes Jr.		7. State or Country of Father's Birth: Idaho - 3-23-1880
MOTHER	8. Full Maiden Name of Mother: Sarah Elizabeth Thorpe		9. State or Country of Mother's Birth: Pitsmore Sheffield Yorkshire England 4-16-1880
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jesse Hughes	11. Present Address of Registrant: 81 W. 200 N Malad, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 11 1974	12. Signature of Notary: Clerk of the district court Colen Sweetland	13. Notary Commission expires: _____ 19__ 05

APPLICANT — DO NOT WRITE BELOW THIS LINE

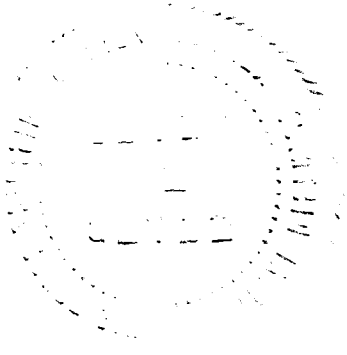
SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho - # 304058	Date Issued: ----	Date Orig. Entry: Child born Nov. 26,1940
	Date of Birth: Age 31	Birth Place: Malad, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Ina Insurance Policy #		By whom issued and signed: Business Mens Assurance Col	Date Issued: Oct.18,1937	Date Orig. Entry: Oct.18,1937
	Date of Birth: May 28,1909	Birth Place: Malad, Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt Age 81		By whom issued and signed: Belle Thorpe Evans	Date issued: Mar.11,1974	Date Orig. Entry: -----
	Date of Birth: May 28,1909	Birth Place: Malad, Idaho	Full Name of Mother: Sarah Elizabeth Thorpe	Name of Father: Taliesen Hughes, Jr.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M Wick	Florence Curtright	Nov. 22,1976

FORM BH 56067



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= 162-117-006-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-617

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clarence Ernest Josephson
2. Date Of Birth (month) (day) (year): April 17 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Idaho Bingham; b. City or Town of Birth: Pingree

FATHER

6. Full Name of Father: John Josephson
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Hannah Hendrickson
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clarence Ernest Josephson
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on November 29 1976
12. Signature of Notary:
13. Notary Commission expires: December 8 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Issued by Methodist Episcopal Church	6-27-1909	;child baptised 6/27/09

Date of Birth	Birth Place	Full Name of Mother	Name of Father
17 Apr. 09	Bingham Co.	Hannah Josephson	John Josephson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #49-10160	11/22/76	child born 8/17/49

Date of Birth	Birth Place	Full Name of Mother	Name of Father
40 yrs.	Pingree	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Brother Age 81yr	Leonard John Josephson	23 Nov.76	--

Date of Birth	Birth Place	Full Name of ~~Mother~~ Father	Name of ~~Father~~ Mother
4/17/09	Pingree, Id.	John Josephson	Hanna Hendrickson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	NOV 30 1976

FORM BH 56067

1976 Bd Rec # 07029

NOV 3 0 1976

689-223-042-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-627

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Naomi Florence White			2. Date of Birth: (month) May (day) 23 (year) 1909	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Twin Falls, Idaho	b. City or Town of Birth: Twin Falls, Idaho	
FATHER	6. Full Name of Father: James Ernest (J.E.) White			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Florence Butler			9. State or Country of Mother's Birth: Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Naomi F. White Johnson	11. Present Address of Registrant: 4457 Bellingham Ave. North Hollywood, Ca. 91604	
NOTARY (Seal) affixed to back	Subscribed and sworn to before me on: October 1, 1976		12. Signature of Notary: Jayne L. Bardoel	13. Notary Commission expires: April 10, 1980	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: school records	By whom issued and signed: twin falls school dristict # 411		Date Issued: --	Date Orig. Entry: Sept. 1, 1925
	Date of Birth: May 23, 1909	Birth Place: --	Full Name of Mother: --	Name of Father: J. E. White	
SUPPORTING RECORD 2.	Type of Document: Own child's birth Certificate	By whom issued and signed: Issued by State of California		Date Issued: 5/14/74	Date Orig. Entry: child born 12/10/48
	Date of Birth: 39 yrs.	Birth Place: Twin Falls, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Age from Marriage Record	By whom issued and signed: Twin Falls County Auditor		Date Issued: 24 Nov. 76	Date Orig. Entry: 12/24/28
	Date of Birth: 19 yrs	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

father's obituary shows her mother to be Florence Butler and her father to be J. E. White

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	lc Margaret Davis	DEC 2 1976

FORM BH 56067

DEC 3 1976

TO 1944 CA (8-74)

(Individual)

TITLE INSURANCE AND TRUST

A TICOR COMPANY

STATE OF CALIFORNIA }
COUNTY OF LOS ANGELES } SS.

On OCTOBER 1, 1976 before me, the undersigned, a Notary Public in and for said State, personally appeared NAOMI F. WHITE JOHNSON,

_____,

_____, known to me to be the person whose name IS subscribed to the within instrument and acknowledged that SHE executed the same.

WITNESS my hand and official seal.

Signature Jayne L Bardoel

STAPLE HERE

OFFICIAL SEAL
JAYNE L. BARDOEL
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires APR 10, 1980

(This area for official notarial seal)

395-229-029-559

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-061

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mabel Catherine Tierney
2. Date Of Birth (month) (day) (year): Jan. 29 1909
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Latah
b. City or Town of Birth: Genesee

FATHER

6. Full Name of Father: William J. Tierney
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Louise Evitz
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mabel C. Schlueter
11. Present Address of Registrant: Genesee, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 2/7 1977

12. Signature of Notary: Donald E. Springer
13. Notary Commission expires 9/8 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of baptism	St. Mary's Catholic Church	Nov.25,1963	baptized Mar.29,1909
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Jan.29,1909 Genesee, Idaho	Louise J. Evitz	William Joseph Tierney	
SUPPORTING RECORD 2.	Type of Document: School records	By whom issued and signed: M.K. Cline, Clerk of Dist. Ct. Latah county, Idaho	Date Issued: Feb.7,1977	Date Orig. Entry: Sep.1,1919
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Age: 10 ----	----	W. J. Tierney	
SUPPORTING RECORD 3.	Type of Document: Hospital Child's birth certificate	By whom issued and signed: St. Ignatius Hospital Colfax, Washington	Date Issued: ---	Date Orig. Entry: child born May20,1940
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Jan.29,1909 Genesee, Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Klick	Colleen Cunningham	FEB 11 1977

FORM BH 56067

Schluter

FEB 14 1977

449-126-022-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-199

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frederick Eli Murri			2. Date Of Birth (month) (day) (year): November 26, 1909
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Rudolph Murri			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Louisa Hunziker			9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frederick Eli Murri		11. Present Address of Registrant: Route 1 Box 126 St. Anthony, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 4-21 1977	12. Signature of Notary: Arthur R. Hoff		13. Notary Commission expires: 9-7 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church		Date Issued: Dec.28,1909	Date Orig. Entry: blessed Dec.9,1909
	Date of Birth: Nov.26,1909	Birth Place: St. Anthony, ID	Full Name of Mother: Louisa Hunziker	Name of Father: Rudolph Murri	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho#53-13011		Date Issued: on file	Date Orig. Entry: child born Oct.31,1953
	Date of Birth: Age: 43	Birth Place: St. Anthony, ID	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: notarized copy School census marshal's report	By whom issued and signed: Fremont county, Idaho School district #54		Date Issued: Apr.20,1977	Date Orig. Entry: Sept., 1919
	Date of Birth: Age: 9	Birth Place: -----	Full Name of Mother: ------	Name of Father: Rudolph Murri	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janice M. Wick	cc Colleen Cunningham	APR 27 1977

FORM BH 56067

ICC H 17999

4-14-77

Murri

APR 28 1977

652-205-021-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-235.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Uarda Mendenhall Webster.
2. Date Of Birth: (month) June (day) 5 (year) 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Franklin; b. City or Town of Birth: Glendale Idaho

FATHER

6. Full Name of Father: Samual John Webster
7. State or Country of Father's Birth: Franklin Idaho

MOTHER

8. Full Maiden Name of Mother: Ada Louisa Mendenhall.
9. State or Country of Mother's Birth: Franklin Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Uarda M Webster Merrill
11. Present Address of Registrant: Blackfoot Idaho Rt # 2

NOTARY (Seal)

Subscribed and sworn to before me on: APRIL 26TH 1977

12. Signature of Notary: Arnold J Dance
13. Notary Commission expires: 31 July 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church certificate of birth	LDS Church	Feb.6,1974	July4,1909

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June5,1909	Glendale, Idaho	Ada Mendenhall	Samual J. Webster

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
notarized copy Marriage license	Cache county, Utah	May5,1977	Sep.22,1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 21	----	--------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor at time	William H. Auger, age 86	May 4,1977	May4,1977

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June5,1909	Glendale, Idaho	Ada Louisa Mendenhall	Samuel John Webster

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Klick	cc Colleen Cunningham	MAY 19 1977

FORM BH 56067 rec #19948

MAY 19 1977

857-121-016-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-304

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Riley Hepworth
2. Date Of Birth (month) (day) (year): May 21 1909
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Malta, Idaho Cassia
b. City or Town of Birth: Malta

FATHER

6. Full Name of Father: John William Hepworth
7. State or Country of Father's Birth: Idaho Bank County

MOTHER

8. Full Maiden Name of Mother: Mahala Parker
9. State or Country of Mother's Birth: Shoreburg, Kane Co, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Riley Hepworth
11. Present Address of Registrant: Filer, Idaho Rt #1

NOTARY (Seal)

Subscribed and sworn to before me on: May 31 1977
12. Signature of Notary: Rita Preston
13. Notary Commission expires: December 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application to marry	Cache County, Utah	Apr.6,1960	Aug.30,1934
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May21,1909 / Idaho	Mahala Parker	John Hepworth	
SUPPORTING RECORD 2.	Type of Document: Own child's hospital birth certificate	By whom issued and signed: St. Valentine's Hospital, Wendell, Idaho	Date Issued: Mar.2,1944	Date Orig. Entry: child born Mar.2,1944
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May21,1909 / Malta, Idaho	----------	---------	
SUPPORTING RECORD 3.	Type of Document: Insurance application	By whom issued and signed: Salt Lake City, Utah Surety Life Ins. Co.	Date Issued: June23,1977	Date Orig. Entry: June4,1959
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May21,1909 / Malta, Idaho	------	---------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Hicks	cc Colleen Cunningham	JUN 23 1977

FORM BH 56067

3-1-60 one copy paid #21007

JUN 24 1977

819-106-028-353

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-316

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edward Franklin Harris
2. Date Of Birth: (month) April (day) 6 (year) 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Kootenai; b. City or Town of Birth: Harrison, Idaho

FATHER

6. Full Name of Father: Edward Peter Harris
7. State or Country of Father's Birth: Massachusetts

MOTHER

8. Full Maiden Name of Mother: Eleanora Tecklenburg
9. State or Country of Mother's Birth: California

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edward F. Harris
11. Present Address of Registrant: 14820 Bothwell Way NE #348, Seattle, WA 98155

NOTARY (Seal)

Subscribed and sworn to before me on June 29 1977
12. Signature of Notary: Sherry [illegible]McClure
13. Notary Commission expires: 12-15 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	age 36 at Eleanora Harris, this child's birth	Dec. 27, 1943	Dec. 27, 1943
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr. 6, 1909 / Harrison, Idaho	Eleanora Tecklenburg	Edward Peter Harris	
SUPPORTING RECORD 2.	Insurance application	Northwestern Mutual Life Ins. Co., Milwaukee, Wisconsin	June 29, 1977	Feb. 12, 1929
	Apr. 6, 1909 / Harrison, Idaho	------	-------	
SUPPORTING RECORD 3.	School record	Gonzaga University	June 29, 1977	Fall of 1948
	Apr. 6, 1909 / -------	---------	--------	

QUALIFYING INFORMATION

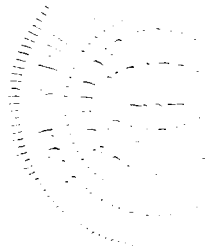
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: JUL 01 1977

FORM BH 56067

JUL 1 1977



845-106-019-349

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-430

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Curtis Hunter		2. Date Of Birth (month) June (day) 6, (year) 1909
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Custer; b. City or Town of Birth: Chilly
FATHER	6. Full Name of Father: Daniel Manche Hunter		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Almira Curtis		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James C Hunter	11. Present Address of Registrant: 840 So. 800 East Bountiful, Utah 84010
NOTARY (Seal)	Subscribed and sworn to before me on: September 6 19 77	12. Signature of Notary: Gary L Gathers	13. Notary Commission expires: MY COMMISSION EXPIRES MAY 5, 1979 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census report, 1910		By whom issued and signed: U.S. Department of Commerce	Date issued: Jan.16,1974	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 10/12*	Birth Place: Idaho	Full Name of Mother: Almira Hunter	Name of Father: Dan M. Hunter	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Almira Curtis Hunter	Date issued: May27,1959	Date Orig. Entry: May27,1959
	Date of Birth: June6,1909	Birth Place: Chilly, Idaho	Full Name of Mother: Almira Curtis Hunter	Name of Father: Daniel Manchie Hunter	
SUPPORTING RECORD 3.	Type of Document: Insurance application		By whom issued and signed: Occidental Life Ins. Co.	Date issued: Sep.9,1977	Date Orig. Entry: Sep.24,1932
	Date of Birth: June6,1909	Birth Place: Chili, Idaho	Full Name of Mother: Almira Hunter	Name of Father: Daniel M. Hunter	
QUALIFYING INFORMATION	* Meaning ten months of age.				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: SEP 12 1977

FORM BH 56067

Hunter

899-112-004-254

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-442

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lewis Edwin Hirschi			2. Date Of Birth (month) October (day) 12 (year) 1909	
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Montpelier	
FATHER	6. Full Name of Father: Johann Jakob Hirschi			7. State or Country of Father's Birth: Switzerland	
MOTHER	8. Full Maiden Name of Mother: Rose Knutti			9. State or Country of Mother's Birth: Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lewis Edwin Hirschi	11. Present Address of Registrant: American Fork, Utah RFD #1, Box 60B	
NOTARY (Seal)	Subscribed and sworn to before me on: SEP 22 1977 19__		12. Signature of Notary: [illegible]	13. Notary Commission expires: May 25 19 78	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church birth certificate		By whom issued and signed: LDS Church	Date Issued: Sep.16,1977	Date Orig. Entry: June17,1910
	Date of Birth: Oct.12,1909	Birth Place: Montpelier, ID	Full Name of Mother: Rose Knutti	Name of Father: Jacob J. Hirschi	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin, age 82		By whom issued and signed: Arthur Hirschi	Date Issued: Sep.19,1977	Date Orig. Entry: Sep.19,1977
	Date of Birth: Oct.12,1909	Birth Place: Montpelier, ID	Full Name of Mother: Rose Knutti	Name of Father: Johann Jakob Hirschi	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: on file Idaho #294110	Date Issued: on file	Date Orig. Entry: child born May14,1940
	Date of Birth: Age: 30	Birth Place: Montpelier, ID	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

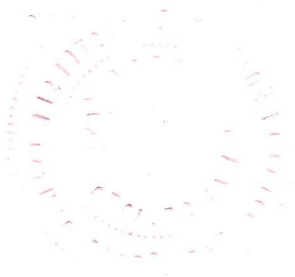
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	SEP 27 1977

FORM BH 56067 20644 7417

1-14-77

Hirschi

SEP 2 8 1977



845-115-022-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-451

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Amos Arnold Hunt
2. Date Of Birth (month) (day) (year): November 15 1909
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Fremont Now Madison; b. City or Town of Birth: Sugar City, Idaho

FATHER

6. Full Name of Father: Jacob Truman Hunt
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Esther Canfield
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Amos Arnold Hunt
11. Present Address of Registrant: 1617 So. 17 E. Salt Lake City Utah

NOTARY (Seal)

Subscribed and sworn to before me on: September 7 1977
12. Signature of Notary: Fay C Johnson
13. Notary Commission expires: 3/13 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	Feb.6,1910	blessed Feb.6,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.15,1909	Sugar, Idaho	Ester Canfield	Jacob T. Hunt

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Jacob T. Hunt	Feb.17,1971	Feb.17,1971

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.15,1909	Sugar City, ID	Esther Canfield	Jacob Truman Hunt

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage license application	Salt Lake County, Utah	Sep.28,1977	Apr.17,1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.15,1909	Sugar City, Idaho	E. Canfield	Jacob T. Hunt

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

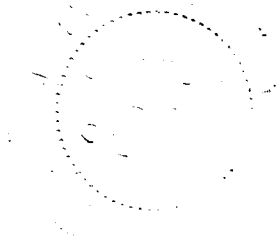
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham cc
Date Filed: OCT 03 1977

FORM BH 56067

9-2-77

Hunt



813-116-006-462

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 77-492

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nathan Hale			2. Date Of Birth (month) May (day) 16 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Groveland Bingham	b. City or Town of Birth: Groveland
FATHER	6. Full Name of Father: Jonathan Harriman Hale			7. State or Country of Father's Birth: Tooele - Utah
MOTHER	8. Full Maiden Name of Mother: Mary R. Moss			9. State or Country of Mother's Birth: Utah - Davis County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nathan Hale		11. Present Address of Registrant: Blackfoot Rt 4 Box 240
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 27 1977	12. Signature of Notary: Elwood N Jennings		13. Notary Commission expires: Life 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date Issued: Oct.27,1977	Date Orig. Entry: blessed Aug.1,1909
	Date of Birth: May16,1909 / Birth Place: Groveland, Idaho	Full Name of Mother: Mary R. Moss	Name of Father: Jonathan H. Hale	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth Age 82	By whom issued and signed: Horace A. Elison	Date Issued: Oct.27,1977	Date Orig. Entry: ------
	Date of Birth: May 16,1909 / Birth Place: Groveland, Idaho	Full Name of Mother: Mary R. Moss	Name of Father: Jonathan Harriman Hale	
SUPPORTING RECORD 3.	Type of Document: Notorized Hospital Record	By whom issued and signed: Bingham Memorial Hospital	Date Issued: Nov.1,1977	Date Orig. Entry: Patient Aug 10,1959
	Date of Birth: May 16,1909 / Birth Place: Groveland, Idaho	Full Name of Mother: --------	Name of Father: -------	
QUALIFYING INFORMATION				

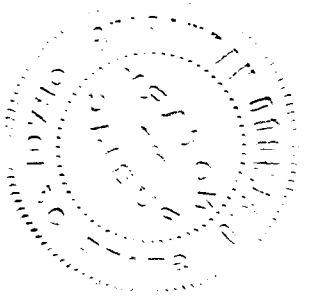
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Florence Curtright	Nov. 3, 1977

FORM BH 56067 1 card 1 cc H 9245 10-24-77

Hale



391-216-010-383

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-009

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dora Elzina Cramer			2. Date Of Birth (month) July (day) 16 (year) 1909	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Ucon	
FATHER	6. Full Name of Father: Alfred Cramer			7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Emily Tyler			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Dora E Frei	11. Present Address of Registrant: Rt.6 Box 403 Idaho Falls Id.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 4 1973		12. Signature of Notary: Jack Owen	13. Notary Commission expires: 7-11 1981	

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Patriarchal Blessing		By whom issued and signed: LDS Patriarch, Robert Bybee	Date Issued: Dec.28,1919	Date Orig. Entry: Dec.28,1919
	Date of Birth: July16,1909	Birth Place: Ucon, Idaho	Full Name of Mother: Emily Tyler	Name of Father: Alfred Cramer	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism/conf.		By whom issued and signed: LDS Church	Date Issued: Dec.9,1977	Date Orig. Entry: baptized Aug.4,1917
	Date of Birth: July16,1909	Birth Place: Ucon, Idaho	Full Name of Mother: Emely Tyler	Name of Father: Alfred Cramer	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 88		By whom issued and signed: Emily Tyler Cramer	Date Issued: Jan.4,1978	Date Orig. Entry: Jan.4,1978
	Date of Birth: July16,1909	Birth Place: Ucon, Idaho	Full Name of Mother: Emily Tyler	Name of Father: Alfred Cramer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Hicks	Colleen Cunningham cc	JAN 10 1978

FORM BH 56067

12-12-17

doc file

JAN 1 1 1978

251-213-037-523

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-050

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDNA MAE BEATON			2. Date Of Birth (month) (day) (year): March 13 1909	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: IDAHO, Owyhee	b. City or Town of Birth: Three Creek	
FATHER	6. Full Name of Father: Neil Beaton			7. State or Country of Father's Birth: Scotland	
MOTHER	8. Full Maiden Name of Mother: Blanche Mae Estes			9. State or Country of Mother's Birth: Oklahoma	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edna Mae Beaton Blick	11. Present Address of Registrant: Rogerson, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 19 19 78		12. Signature of Notary: Joan A. Masoner	13. Notary Commission expires: July 24 19 79	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application Provident Life Ins. Co.		By whom issued and signed: Provident Life Ins. Co. Bismark, North Dakota	Date Issued: May28,1962	Date Orig. Entry: May16,1962
	Date of Birth: Mar.13,1909	Birth Place: Three Creek, ID	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Certificate of age from Marriage record		By whom issued and signed: Twin Falls County, Idaho	Date Issued: Jan.26,1978	Date Orig. Entry: Dec.29,1941
	Date of Birth: Age: 32	Birth Place: -----	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt, age 90		By whom issued and signed: Pearl Ruby Ross	Date Issued: Jan.31,1978	Date Orig. Entry: Jan.31,1978
	Date of Birth: Mar.13,1909	Birth Place: Three-Creek, ID	Full Name of Mother: Blanche Mae Estes Beaton	Name of Father: Neil Beaton	
QUALIFYING INFORMATION					

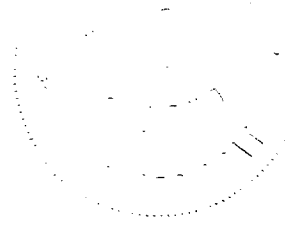
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham cc	Date Filed: FEB 07 1978

FORM BH 56067

12-11-77

blick

FEB 8 1978



249-117-004-195

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-053

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arnell Smith			2. Date Of Birth (month) (day) (year): December 17 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Sharon
FATHER	6. Full Name of Father: William K. Smith			7. State or Country of Father's Birth: Idaho Bear Lake County
MOTHER	8. Full Maiden Name of Mother: Delpha C. Arnell			9. State or Country of Mother's Birth: Idaho Bear Lake County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: Rt 5 Box 226 Blackfoot, Id
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 31 19 78	12. Signature of Notary: [signature]		13. Notary Commission expires: MY COMMISSION EXPIRES November 22, 19719

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: June6,1919	Date Orig. Entry: baptized June6,1919
	Date of Birth: Dec.17,1909 / Birth Place: Sharon, Idaho	Full Name of Mother: Delpha C.	Name of Father: Wm. K. Smith	
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date Issued: Feb.7,1910	Date Orig. Entry: blessed Feb.7,1910
	Date of Birth: Dec.17,1909 / Birth Place: Sharon, Idaho	Full Name of Mother: Delpha C. Arnell	Name of Father: William K. Smith	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend	By whom issued and signed: Nellie E. Lyon,born 3/25/1883	Date Issued: Jan.31,1978	Date Orig. Entry: Jan.31,1978
	Date of Birth: Dec.17,1909 / Birth Place: Sharon, Idaho	Full Name of Mother: Delpha C. Arnell	Name of Father: William K. Smith	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wisk	Evidence reviewed by: Colleen Cunningham cc	Date Filed: FEB 08 1978

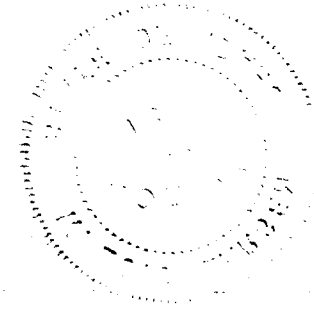
FORM BH 56067

CC # 17090

1-25 1x

Smith

FEB 9 1978



763-226-028-593

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-107

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Lea Potts		2. Date Of Birth (month) Oct (day) 26 (year) 1909	
	3. Color or Race	4. Sex: 7	5. Place of Birth a. County: Coeur d'Alene Kootenai	b. City or Town of Birth: Coeur d' Alene
FATHER	6. Full Name of Father: Claude Henry Potts		7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Helen Lea Nichols		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Lea Potts Reiley	11. Present Address of Registrant: 1919 Heather Lane, Moscow, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 21 1978	12. Signature of Notary: Eleanor M. Clark	13. Notary Commission expires: 3-9 1979	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

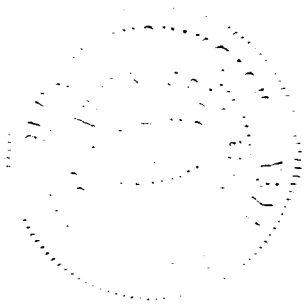
SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Washington	Date Issued: Feb.19,1977	Date Orig. Entry: child born May1,1944
	Date of Birth: Age: 34	Birth Place: Coeur d'Alene, ID	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: School record	By whom issued and signed: Coeur d'Alene High, Idaho	Date Issued: Apr.26,1971	Date Orig. Entry: Sept.,1922
	Date of Birth: Oct.26,1909	Birth Place: ------	Full Name of Mother: -------	Name of Father: C. H. Potts
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Helen Nichols Potts	Date Issued: May19,1976	Date Orig. Entry: May19,1976
	Date of Birth: Oct.26,1909	Birth Place: Coeur d'Alene,ID	Full Name of Mother: Helen Nichols	Name of Father: Claude H. Potts
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wisk	Evidence reviewed by: Colleen Cunningham	Date Filed: MAR 16 1978

K FORM BH 56067 ICC#18639

11-18-10

MAR 16 1978



913-224-001-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise,, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-138

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen McKinley Rathbun		2. Date Of Birth (month) 11 (day) 24 (year) 1909	
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Boise, at home - Ada	b. City or Town of Birth: Boise Idaho
FATHER	6. Full Name of Father: Wells Alfred Rathbun		7. State or Country of Father's Birth: New York state	
MOTHER	8. Full Maiden Name of Mother: Mary Gladys McKinley		9. State or Country of Mother's Birth: Pennsylvania	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen M. Higgins	11. Present Address of Registrant: 3840 E. 6th, Long Beach, Cal.	
NOTARY (Seal)	Subscribed and sworn to before me on: February 7 1974	12. Signature of Notary: D. Jane Dahl	13. Notary Commission expires: 8-12 1975	

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce	Date Issued: Jan.21,1974	Date Orig. Entry: Jan.1,1920	
	Date of Birth: Age: 10	Birth Place: Idaho	Full Name of Mother: Mary M. Rathbun	Name of Father: Wells A. Rathbun	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage certificate #13443	By whom issued and signed: Los Angeles County, California	Date Issued: Feb.1,1974	Date Orig. Entry: Sept.26,1931	
	Date of Birth: Age: 21	Birth Place: Boise, Idaho	Full Name of Mother: Mary McKinley	Name of Father: Wells Alfred Rathbun	
SUPPORTING RECORD 3.	Type of Document: Family birth notice	By whom issued and signed: Family record	Date Issued: viewed Apr.6,1978	Date Orig. Entry: obviously old	
	Date of Birth: Nov.24,1909	Birth Place: ------	Full Name of Mother: Mrs. Wells A. Rathbun	Name of Father: Wells A. Rathbun	
QUALIFYING INFORMATION					

OFFICIAL SEAL
D. JANE DAHL
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Aug. 12, 1975

15503 Eucalyptus Ave., Bellflower, CA 90706

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiske	Colleen Cunningham	APR 06 1978

FORM BH 56067

2CCH2460

APR 7 1978

815-231-022-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-213

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lucille Hansen
2. Date Of Birth: (month) March (day) 31 (year) 1909
3. Color or Race: white
4. Sex: Female
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Wilford, Idaho

FATHER

6. Full Name of Father: Christian Hansen
7. State or Country of Father's Birth: Speigelburg, Denmark

MOTHER

8. Full Maiden Name of Mother: Sarah Annie Greenhalgh
9. State or Country of Mother's Birth: Bloomington, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucille Hansen
11. Present Address of Registrant: RFD #2, Box 89, Rexburg, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on May 18, 19 78
12. Signature of Notary: Dennis H Barnes
13. Notary Commission expires: Jan. 19 79

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church birth certificate	LDS Church	May11,1978	May2,1909
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.31,1909 / Wilford, Idaho	Sarah A. Greenhalgh	Chris Hansen	
SUPPORTING RECORD 2.	Census Marshal's report	Madison County, Idaho	May18,1978	Nov.16,1922
	Age: 13 / ------	------	Criss Hanson	
SUPPORTING RECORD 3.	Marriage license	Cache County, Utah	May12,1978	May3,1933
	Age: 24 / -------	----------	---------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: MAY 23 1978

FORM BH 56067

ICC # 6174

5-15-78

Hiroshi

MAY 2 4 1978

862-102 1021-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-308

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Leslie Hobbs			2. Date Of Birth (month) (day) (year): March 2 1909
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Preston Franklin	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: John Shem Hobbs			7. State or Country of Father's Birth: Franlin County
MOTHER	8. Full Maiden Name of Mother: Erma Grace Wilcox			9. State or Country of Mother's Birth: Ogden Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladis Hobbs		11. Present Address of Registrant: 77 E 3rd S Preston Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: July 21st 19 78	12. Signature of Notary: Stacie Rasmussen		13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family record	By whom issued and signed: Family record	Date Issued: Viewed Aug.2,1978	Date Orig. Entry: obviously old	
	Date of Birth: Mar.2,1909	Birth Place: Preston, Idaho	Full Name of Mother: Erma G. Wilcox	Name of Father: John Shem Hobbs	
SUPPORTING RECORD 2.	Type of Document: Certificate of membership	By whom issued and signed: LDS Church	Date Issued: Dec.18,1922	Date Orig. Entry: baptized Mar.2,1917	
	Date of Birth: Mar.2,1909	Birth Place: Preston, Idaho	Full Name of Mother: Erma G. Wilcox	Name of Father: John S. Hobbs	
SUPPORTING RECORD 3.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date Issued: May2,1909	Date Orig. Entry: blessed ~~May2,1909~~	
	Date of Birth: Mar.2,1909	Birth Place: Preston, Idaho	Full Name of Mother: Erma Wilcox	Name of Father: John Hobbs	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	AUG 02 1978

FORM BH 56067

CC #12319

5-22-78

AUG 3 1978

356-22-0016-653

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-447

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Lewis		2. Date Of Birth (month) (day) (year): August 22 1909
	3. Color or Race: Caucasian	4. Sex: F	5. Place of Birth a. County: Idaho, Cassia — b. City or Town of Birth: Burley
FATHER	6. Full Name of Father: Joseph R. Lewis		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Alice Wells		9. State or Country of Mother's Birth: Coleshill, England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel Coomber	11. Present Address of Registrant: Columbus, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: October 27 19 78	12. Signature of Notary: [signature]	13. Notary Commission expires: July 1 19 80

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church certificate of birth	By whom issued and signed: LDS Church	Date Issued: June12,1959	Date Orig. Entry: Oct.3,1909
	Date of Birth: Aug.22,1909 — Birth Place: Burley, Idaho	Full Name of Mother: Alice Wells	Name of Father: Joseph R. Lewis	
SUPPORTING RECORD 2.	Type of Document: Voting Certificate of Registration	By whom issued and signed: Yellowstone County, Montana	Date Issued: Oct.20,1978	Date Orig. Entry: Feb.11,1952
	Date of Birth: Age: 42 — Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Billings,Montana College transcript	By whom issued and signed: Eastern Montana Coll. of Ed.	Date Issued: Apr.23,1975	Date Orig. Entry: June28,1954
	Date of Birth: Aug.22,1909 — Birth Place: Burley, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Hicks	Evidence reviewed by: Colleen Cunningham	Date Filed: NOV 01 1978

FORM BH 56067

8-21-78

Chamber

NOV 3 1978

238-201-029-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-485

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARGARET LOUISE SCHARBACH
2. Date Of Birth (month) (day) (year): 9 / 1 / 1909
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: IDAHO Latah; b. City or Town of Birth: GENESEE

FATHER

6. Full Name of Father: FRED SCHARBACH
7. State or Country of Father's Birth: MT ANGEL, OREGON

MOTHER

8. Full Maiden Name of Mother: ANNA MARY JACOBS
9. State or Country of Mother's Birth: UNION TOWN WASHINGTON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Louise Lee
1046 18th St.
Santa Monica, CA 90403

Subscribed and sworn to before me on November 30, 1978

12. Signature of Notary: Suellen Morrison

13. Notary Commission expires: December 26, 1981

OFFICIAL SEAL
J. SUELLEN MORRISON
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires December 26, 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Hospital statement	Santa Monica, CA St. John's Hosp.and Health Center	Nov.29,1978	Feb.25,1968
	Date of Birth: Sep.1,1909 / Birth Place: Gennesse, Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: Northwestern Life Ins. Co.	Date Issued: Oct.29,1968	Date Orig. Entry: Oct.29,1968
	Date of Birth: Sep.1,1909 / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Certificate of baptism	By whom issued and signed: Roman Catholic Church	Date Issued: Oct.26,1963	Date Orig. Entry: baptized Sep.26,1909
	Date of Birth: Sep.1,1909 / Birth Place: Genesee, Idaho	Full Name of Mother: Anna Jacobs	Name of Father: Fred Scharbach	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: DEC 04 1978

FORM BH 56067

Lee

DEC 5 1978

314-119-022-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79=042

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Theron Mathews Campbell			2. Date Of Birth (month) May (day) 19 (year) 1909
	3. Color or Race: Cau	4. Sex: M	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Haden, Idaho
FATHER	6. Full Name of Father: Hyrum Alma Campbell			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Caroline Garr			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Theron M Campbell		11. Present Address of Registrant: 98 South Main Providence, Utah 84332
NOTARY (Seal)	Subscribed and sworn to before me on: January 31, 1979	12. Signature of Notary: Beryl L. Ridout		13. Notary Commission expires: 8/29/1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church		Date Issued: Feb.2,1979	Date Orig. Entry: blessed ~~May27,1909~~
	Date of Birth: May19,1909	Birth Place: Haden, Idaho	Full Name of Mother: Caroline Garr	Name of Father: Hyrum A. Campbell	
SUPPORTING RECORD 2.	Type of Document: Marriage license application	By whom issued and signed: Cache County, Utah		Date Issued: Jan.31,1979	Date Orig. Entry: July9,1930
	Date of Birth: May19,1909	Birth Place: Haden, Idaho	Full Name of Mother: Caroline Garr	Name of Father: H. A. Campbell	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother, age 83	By whom issued and signed: Joseph I. Campbell		Date Issued: Jan.31,1979	Date Orig. Entry: Jan.31,1979
	Date of Birth: May19,1909	Birth Place: Haden, Idaho	Full Name of Mother: Caroline Garr	Name of Father: Hyrum A. Campbell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiske	Colleen Cunningham	FEB 05 1979

FORM BH 56067 1-=2[illegible]

1-29-79

Campbell

FEB 5 1979

318-114-022-435

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-047

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marion Earl Taylor
2. Date Of Birth: (month) 3 (day) 14 (year) 1909
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County Fremont; b. City or Town of Birth GRANT

FATHER

6. Full Name of Father: Joseph Lake Taylor
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Nancy Elizabeth McEntire
9. State or Country of Mother's Birth: Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marion E. Taylor
11. Present Address of Registrant: Rt #1 box 123 Rigby Ida.

NOTARY (Seal)

Subscribed and sworn to before me on Jan 31 1979

12. Signature of Notary: Jerry G. Summers
13. Notary Commission expires 1-1 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of blessing	LDS Church	June6,1909	blessed June6,1909
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar14,1909 / Grant, Idaho	Nancy E. McEntire	J. L. Taylor	
SUPPORTING RECORD 2.	Affidavit by sister	Dorothulia Taylor Watson	Feb.6,1979	Feb.6,1979
	Mar.14,1909 / Grant, Idaho	Nancy Elizabeth McEntire	Joseph Lake Taylor	
SUPPORTING RECORD 3.	Own child's birth certificate	State of Idaho #255101	on file	child born May17,1937
	Age: 28 / Grant, Idaho	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 09 1979

FORM BH 56067

1-24-79

Taylor

DECEASED

799-216-036-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-075

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Griffiths		2. Date Of Birth (month) Feb. (day) 16, (year) 1909
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Treasuraton
FATHER	6. Full Name of Father: William Griffiths Jr.		7. State or Country of Father's Birth: Coventry, War. England
MOTHER	8. Full Maiden Name of Mother: Margaret Smith		9. State or Country of Mother's Birth: Clifton, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary G. Hansen	11. Present Address of Registrant: 287 South 1st West Smithfield, Utah 84335
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 21 1979	12. Signature of Notary: [signature]	13. Notary Commission expires: 2-10-82 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by relative, born 1892	By whom issued and signed: William H. Griffiths	Date Issued: Feb.9,1979	Date Orig. Entry: Feb.9,1979
	Date of Birth: Feb.16,1909	Birth Place: Treasuraton, ID	Full Name of Mother: Margaret Smith Griffiths	Name of Father: William Griffiths Jr.
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Utah	Date Issued: May3,1957	Date Orig. Entry: child born Dec.9,1950
	Date of Birth: Age: 41	Birth Place: Treasureton, ID	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: Statement from church records	By whom issued and signed: LDS Church	Date Issued: Feb.18,1979	Date Orig. Entry: Feb.27,1917
	Date of Birth: Feb.16,1909	Birth Place: -----	Full Name of Mother: Margaret Smith	Name of Father: William Griffiths
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	MAR 01 1979

FORM BH 56067

MAR 1 1979

363-227-021-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-140

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Cole			2. Date Of Birth (month) (day) (year): November 27, 1909	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: home Franklin	b. City or Town of Birth: Franklin, Idaho	
FATHER	6. Full Name of Father: John Alfred Cole			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Jane Millington			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alice Cole	11. Present Address of Registrant: Lewiston, Utah 84320	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 20 1979		12. Signature of Notary: Carol P. Hendricks	13. Notary Commission expires: Aug. 7 1980	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church certificate of membership	By whom issued and signed: LDS Church		Date Issued: Mar.9,1979	Date Orig. Entry: Feb.6,1910
	Date of Birth: Nov.27,1909	Birth Place: Franklin, ID	Full Name of Mother: Jane Millington	Name of Father: John A. Cole	
SUPPORTING RECORD 2.	Type of Document: Affidavit by family friend	By whom issued and signed: Ephraim Johnson, born: 9/7/1894		Date Issued: Apr.12,1979	Date Orig. Entry: Apr.12,1979
	Date of Birth: Nov.27,1909	Birth Place: Franklin, ID	Full Name of Mother: Jane Millington	Name of Father: John Alfred Cole	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Utah		Date Issued: May2,1946	Date Orig. Entry: child born
	Date of Birth: Age: 33	Birth Place: Franklin, Idaho	Full Name of Mother: ----------	Name of Father: May26,1943 ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: cc Colleen Cunningham	Date Filed: APR 19 1979

FORM BH 56067

11-22-78

Weeks

APR 2 0 1979

619-12-0941-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-186

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Norval Jumius Wardle
2. Date Of Birth (month) (day) (year): March 21 1909
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Teton
b. City or Town of Birth: Victor

FATHER

6. Full Name of Father: William Haston Wardle
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Annie Serena Sorenson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Norval Wardle
11. Present Address of Registrant: 220 N. 4th. East Logan, Utah 84321

NOTARY (Seal)

Subscribed and sworn to before me on: 26 April 1979

12. Signature of Notary: Karl B. Ware
13. Notary Commission expires: 11-1 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church certificate of membership LDS Church		Apr.14,1927	May2,1909
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.21,1909 / Victor, Idaho	Annie Sorensen	Wm. H. Wardle	
SUPPORTING RECORD 2.	Certificate of ordination	LDS Church	Mar.21,1921	Mar.21,1921
	Mar.21,1909 / Victor, ID	Annie S. Sorenson	William H. Wardle	
SUPPORTING RECORD 3.	Marriage license	Cache County, Utah	May16,1979	Aug.29,1935
	Age: 26 / Idaho	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham cc
Date Filed: MAY 18 1979

FORM BH 56067

4-13-79

Wardle

MAY 18 1979

213-124-001-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:79-219

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Howard Cecil Bates			2. Date Of Birth (month) August (day) 24 (year) 1909
	3. Color or Race: W	4. Sex: male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: William Prince Bates			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Louise Tarter			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: H. C. Bates		11. Present Address of Registrant: Rt. 2 Box 104 Heyburn Ida
NOTARY (Seal)	Subscribed and sworn to before me on: 5-14 19 79	12. Signature of Notary: Florence Cartright		13. Notary Commission expires: 8-22-86 Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Wm. P. Bates	Date Issued: Jan.19,1942	Date Orig. Entry: Jan.19,1942
	Date of Birth: Aug.24,1909 / Birth Place: Boise, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #170960	Date Issued: on file	Date Orig. Entry: child born May13,1929
	Date of Birth: Age: 19 / Birth Place: Boise, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: National Guard Discharge	By whom issued and signed: State of Idaho	Date Issued: 8/6/34	Date Orig. Entry: enlisted 10/26/33
	Date of Birth: 24 yrs. / Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Page from county Register of Births issued by Otto F. Peterson, Ex-officio Recorder 1/20/42 lists Baby Bates born to Wm. Bates and Louise Tarter 8/24/09.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wicke	Evidence reviewed by: cc		Date Filed: JUN 14 1979

FORM BH 56067

JUN 14 1979
JUN 15 1979

363-128-006-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-225

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Theodore Lockyer
2. Date Of Birth (month) (day) (year): March 28, 1909
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Basalt, Idaho, Bingham
b. City or Town of Birth: Basalt

FATHER

6. Full Name of Father: Mayford Luke Lockyer
7. State or Country of Father's Birth: U. S. A. Utah

MOTHER

8. Full Maiden Name of Mother: Kate Goodenough
9. State or Country of Mother's Birth: U. S. A. Nevada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wm Theo Lockyer
11. Present Address of Registrant: P. O. Box 652, Seaside, Ca.

NOTARY (Seal)

Subscribed and sworn to before me on _____ 19__

12. Signature of Notary: [illegible]
13. Notary Commission expires: June 29 19 6[illegible]

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	State of Washington	Feb.6,1945	child born Sep.6,1944
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 35 / Basalt, ID	----------	----------	
SUPPORTING RECORD 2.	Marriage license application	Weber County, Utah	June13,1979	Apr.22,1935
	Mar.28,1909 / Basalt, Idaho	Kate Goodnough	M. L. Lockyer	
SUPPORTING RECORD 3.	Statement of Personal History	U.S. Government	Aug.27,1955	Aug.27,1955
	Mar.28,1909 / Basalt, Idaho	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham cc
Date Filed: JUN 20 1979

FORM BH 56067

5-31-79

Lockyer.

JUN 20 1979

OFFICIAL SEAL
JOHN M. PATULLO II
NOTARY PUBLIC - CALIFORNIA
Principal Office in MONTEREY County.
My Commission Expires June 29, 1980

113-111-016-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:79-275

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WILLIAM ADELBERT JACKSON
2. Date Of Birth: (month) OCT. (day) 11 (year) 1909
3. Color or Race: W
4. Sex: m
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: ALBION, IDA.

FATHER

6. Full Name of Father: CLARK H. JACKSON
7. State or Country of Father's Birth: UTAH U.S.A.

MOTHER

8. Full Maiden Name of Mother: LAURA CHRISTINA PRATT
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William Adelbert Jackson
11. Present Address of Registrant: 1442 NORMAL AVE. BURLEY, IDA. 83318

NOTARY (Seal)

Subscribed and sworn to before me on July 24 19 79

12. Signature of Notary: Ron G. Clawson
13. Notary Commission expires: LIFE 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
CERTIFICATE OF BLESSING	Issued by Plano Ward	7/25/79	Blessed 1/2/10

Date of Birth	Birth Place	Full Name of Mother	Name of Father
11 Oct. 09	Albion, Id.	Laura Pratt	Clark H. Jackson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Life Insurance Policy	Idaho Mutual Benefit Asso.	2/2/46	2/2/46

Date of Birth	Birth Place	Full Name of Mother	Name of Father
10/11/09	Albion, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Burley 2nd Branch	4/11/79	Baptised 12/24/17

Date of Birth	Birth Place	Full Name of Mother	Name of Father
10/11/09	Albion, Idaho	Laura Christina Pratt	Clark H. Jackson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

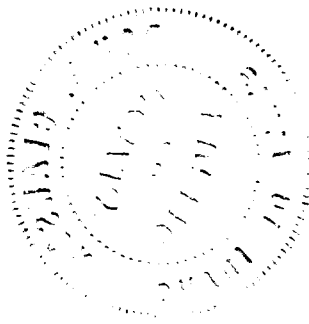
State Registrar	Evidence reviewed by	Date Filed
Janet M. Hicks	md Margaret Davis	JUL 27 1979

FORM BH 56067

3-14-79

Jackson

JUL 27 1979



293-229-026-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-369

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ora Killian
2. Date Of Birth (month) 9 (day) 29 (year) 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Milo, Ida. Jefferson
b. City or Town of Birth: Milo

FATHER

6. Full Name of Father: Earl Henry Killian
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Jane Coles
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ora Stacey
11. Present Address of Registrant: 258 W 2nd South Rigby Idaho

NOTARY (Seal)

Subscribed and sworn to before me on September 28 1979

12. Signature of Notary: J Harrison Dennis
13. Notary Commission expires: November 1 1980

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church record	LDS Church	Oct.9,1979	baptized Aug.2,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.29,1909	Milo, Idaho	Sarah Coles	Earl Killian

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church record of confirmation	LDS Church	Oct.9,1979	confirmed Aug.3,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.29,1909	Milo, Idaho	Sarah Coles	Earl Killian

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 86	Sarah Jane Coles Killian	Oct.3,1979	Oct.3,1979

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.29,1909	Milo, Idaho	Sarah Jane Coles Killian	Earl Henry Killian

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

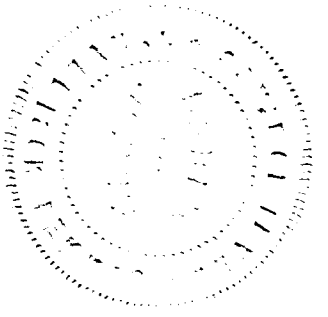
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	OCT 26 1979

FORM BH 56067

9-24-79

STACEY

OCT 29 1979



796-224-022-867

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-032

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Isabella Grover
2. Date Of Birth (month) (day) (year): May 24 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Salem Fremont
   b. City or Town of Birth: [redacted] Salem

FATHER

6. Full Name of Father: Thomas Martin Grover
7. State or Country of Father's Birth: [redacted] Utah

MOTHER

8. Full Maiden Name of Mother: Isabella Hogg
9. State or Country of Mother's Birth: Scotland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Isabella G. Simmons
11. Present Address of Registrant: 1451 Sage, apt C Idaho Falls

NOTARY (Seal)

Subscribed and sworn to before me on January 28 1980

12. Signature of Notary: Marsha K. McKinlay
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism/conf.	LDS Church	Aug.5,1917	baptized Aug.4,1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May24,1909	Salem, Idaho	Ksabella Hogg	Thomas M. Grover

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother, age 82	Leo T. Grover	Jan.28,1980	Jan.28,1980

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May24,1909	Salem, Idaho	Isabella Hogg	Thomas Martin Grover

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	Beneficial Life Ins. Co.	Jan.28,1980	Nov.18,1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May24,1909	Salem, Idaho	----------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 06 1980

FORM BH 56067

Ammons

FEB 14 1980

643-103-023-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-070

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Arthur Wills			2. Date Of Birth (month) February (day) 3 (year) 1909
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Gem	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: James Albert Wills			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Ruth Olive Poole			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James A. Wills		11. Present Address of Registrant: 406 W 5TH Emmett, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 25 19 80	12. Signature of Notary: Margaret D. Davis		13. Notary Commission expires: Lifetime 19 ___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #271770	Date Issued: Jan.25,1980	Date Orig. Entry: child born Sep.27,1938
	Date of Birth: Age: 29	Birth Place: Emmett, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Family bible record	By whom issued and signed: Family bible	Date Issued: viewed Jan.25,1980	Date Orig. Entry: obviously old
	Date of Birth: Feb.3,1909	Birth Place: Emmett, Idaho	Full Name of Mother: Ruth Olive Poole Wills	Name of Father: James Albert Wills
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, age 84	By whom issued and signed: Addie Belle Wills Aston	Date Issued: Feb.12,1980	Date Orig. Entry: Feb.12,1980
	Date of Birth: Feb.3,1909	Birth Place: Emmett, Idaho	Full Name of Mother: Ruth Olive Wills	Name of Father: James Albert Wills
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: cc Colleen Cunningham	Date Filed: MAR 12 1980

FORM BH 56067

MAR 1 3 1980

734-210-037-335

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 80-108

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Josephine M Gluch.
2. Date Of Birth: April 10 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Pleasant Valley Owyhee; b. City or Town of Birth: Pleasant Valley

FATHER

6. Full Name of Father: Joseph Gluch (mailing address Jordan Valley Ore)
7. State or Country of Father's Birth: Pozan, Germany.

MOTHER

8. Full Maiden Name of Mother: Margaret Jane (Maggie) Clegg.
9. State or Country of Mother's Birth: Owyhee County, Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Josephine Margaret Gluch
11. Present Address of Registrant: Jordan Valley Oregon

NOTARY (Seal)

Subscribed and sworn to before me on April 7 1980

12. Signature of Notary: Jane Sellers
13. Notary Commission expires: 7-30-83 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor Age 83 (at time of bir)	Aileen Staples	Apr.4,1980	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.10,1909	Pleasant Valley	Maggie Clegg	Joseph Gluch

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Jordan Valley High School	1927	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.10,1909	Idaho	Maggie Gluch	Joseph Gluch

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Oregon # 173	Mar.18,1980	child born May 21,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 33	Pleasant Valley	---------	- ---------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Apr.8,1980

FORM BH 56067

4-4-80

Carson

801

718-24-001-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-117

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Dunlap Paynton
2. Date Of Birth (month) (day) (year): SEPT 24 1909
3. Color or Race: CAUC
4. Sex: M
5. Place of Birth a. County: Ada
   b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Charles (NMN) Paynton
7. State or Country of Father's Birth: New York

MOTHER

8. Full Maiden Name of Mother: Helen Virginia Schaefer
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George D. Paynton
11. Present Address of Registrant: 2632 W. Plymouth St, Seattle, Wa. 98199

NOTARY (Seal)

Subscribed and sworn to before me on: March 18 1980
12. Signature of Notary (Wash. State): Marlin Dine
13. Notary Commission expires: 6-28 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism	Roman Catholic Church	May18,1945	baptized Feb.7,1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.24,1909	Boise, ID	Helen Schaefer	Charles Paynton

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by cousin, age 82	Margaretta Hagman	Jan.18,1980	Jan.18,1980

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.24,1909	Boise, ID	Helen Schaefer Paynton	Charles Paynton

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military record	U.S. Military	Dec.13,1945	entered Service June30,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.24,1909	Boise, Idaho	=----------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

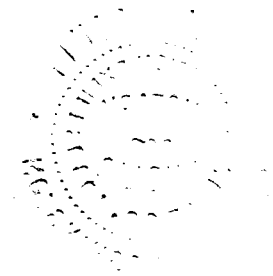
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	APR 14 1980

FORM BH 56067

4-11-19

Payriton

APR 15 1980



296-108-009-843

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-190

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Ellis Brown			2. Date Of Birth (month) November (day) 8 (year) 1909
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Sandpoint
FATHER	6. Full Name of Father: James J. Brown			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Bessie Irene Hutchinson			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert Ellis Brown		11. Present Address of Registrant: 6575 SW ELM BEAVERTON OR 97005
NOTARY (Seal)	Subscribed and sworn to before me on: June 10 1980	12. Signature of Notary: Colleen Cunningham		13. Notary Commission expires: Lifetime

APPLICANT— DO NOT WRITE BELOW THIS LINE

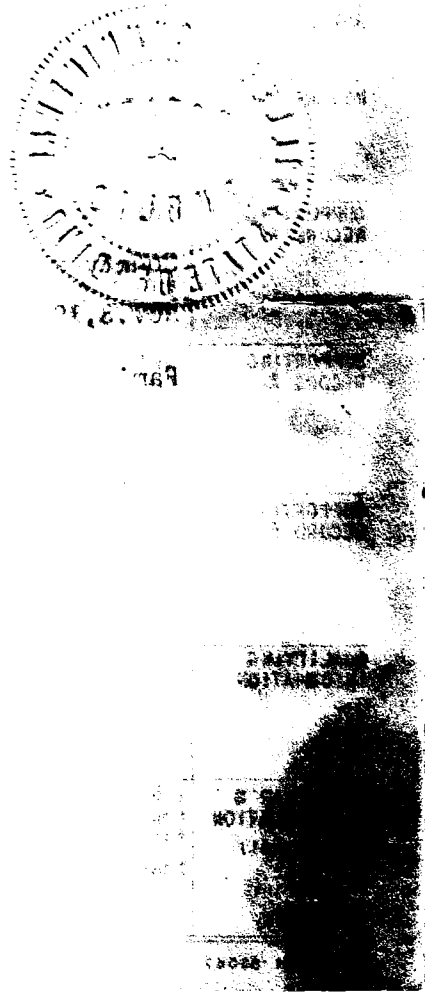
SUPPORTING RECORD 1.	Type of Document: County record of birth		By whom issued and signed: Bonner County, IDAHO	Date Issued: May5,1947	Date Orig. Entry: Nov.,1909
	Date of Birth: Nov.8,1909	Birth Place: Sandpoint, ID	Full Name of Mother: Bessie Irene Hutchinson	Name of Father: James J. Brown	
SUPPORTING RECORD 2.	Type of Document: Family bible record		By whom issued and signed: Family bible	Date Issued: viewed June10,1980	Date Orig. Entry: obviously old
	Date of Birth: Nov.8,1909	Birth Place: Idaho	Full Name of Mother: Bessie Irene Hutchinson	Name of Father: James J. Brown	
SUPPORTING RECORD 3.	Type of Document: Permanent resident fishing license Oregon Fish and Wildlife		By whom issued and signed:	Date Issued: 1967	Date Orig. Entry: 1967
	Date of Birth: Nov.8,1909	Birth Place: --	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: JUN 10 1980

FORM BH 56067

Brown

JUN 10 1980



42-128-004-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-247

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GROVER ROBERT AUSTAD
2. Date Of Birth (month) (day) (year): November 28 1909
3. Color or Race: WHITE
4. Sex: Male
5. Place of Birth a. County: St. Charles (home) Bear Lake
b. City or Town of Birth: St. Charles, Ida.

FATHER

6. Full Name of Father: Robert Christian Austad
7. State or Country of Father's Birth: Risor Norway

MOTHER

8. Full Maiden Name of Mother: Dora Marie Wilkes
9. State or Country of Mother's Birth: St. Charles, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Grover Austad
11. Present Address of Registrant: 801 Seventh Ave. No. Great Falls, Mont. 59401

NOTARY (Seal)

Subscribed and sworn to before me on July 18 1980

12. Signature of Notary: Seth Hahn
13. Notary Commission expires: 1-7 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Employment record	By whom issued and signed: United States Civil Service	Date Issued: Oct.1,1934	Date Orig. Entry: Oct.1,1934
	Date of Birth: Nov.28,1909 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: 1929	Date Orig. Entry: 1929
	Date of Birth: Nov.28,1909 / Birth Place: St. Charles, ID	Full Name of Mother: Dora W. Austad	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of membership	By whom issued and signed: LDS Church	Date Issued: July22,1980	Date Orig. Entry: Apr.2,1919
	Date of Birth: Nov.28,1909 / Birth Place: St. Charles, ID	Full Name of Mother: Dora M. Wilkes	Name of Father: Robert Austad	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: JUL 25 1980

FORM BH 56067

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JUL 28 1980

841-121-003-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-300

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arnold J Qualman			2. Date Of Birth (month) (day) (year): March 21 1909
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Central Bannock, Ida.	b. City or Town of Birth:
FATHER	6. Full Name of Father: Fredrick Qualman			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Edith Amelia Rosdahl			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Arnold J. Qualman		11. Present Address of Registrant: Star Route, Bancroft, Idaho 83217
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 12 1980	12. Signature of Notary: Jana R. Christensen		13. Notary Commission expires: 4-15 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record	By whom issued and signed: LDS Church		Date Issued: Aug.25,1980	Date Orig. Entry: May2,1909
	Date of Birth: Mar.21,1909	Birth Place: Central, ID	Full Name of Mother: Edith A. Rosdahl	Name of Father: Frederick Qualman	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time	By whom issued and signed: Neils Andersen, age 86		Date Issued: Sep.12,1980	Date Orig. Entry: Sep.12,1980
	Date of Birth: Mar.21,1909	Birth Place: Central, ID	Full Name of Mother: Edith Amelia Rosdahl	Name of Father: Fredrick Qualman	
SUPPORTING RECORD 3.	Type of Document: Insurance application	By whom issued and signed: American Reserve Life Ins.		Date Issued: Co. Sep.17,1980	Date Orig. Entry: Sep.21,1960
	Date of Birth: Mar.21,1909	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	SEP 25 1980

FORM BH 56067

9-4

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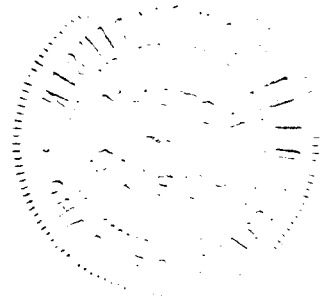
SEP 26 1980



212-201-029-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-343

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hilda Meta Elizabeth Babst		2. Date Of Birth (month) May (day) 1st (year) 1909
	3. Color or Race: White	4. Sex: female	5. Place of Birth: Genesee Idaho a. County: Latah b. City or Town of Birth: Genesee
FATHER	6. Full Name of Father: William Ernest Babst		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Kathryn Marie (but went by Mary K) Siltman		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hilda M. Lol	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Okanogan County Washington August 13 1980	12. Signature of Notary: Nancy Jackson residing in Clouville	13. Notary Commission expires: 6/15 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism	By whom issued and signed: Lutheran Church	Date issued: May30,1909	Date Orig. Entry: baptized May30,1909
	Date of Birth: May1,1909	Birth Place: Genesee, ID	Full Name of Mother: Mary K. Siltman	Name of Father: Wilhelm E. Babst
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Washington	Date issued: Oct.14,1980	Date Orig. Entry: child born July2,1929
	Date of Birth: Age: 20	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Marriage record	By whom issued and signed: Okanogan County, Washington	Date issued: Oct.6,1980	Date Orig. Entry: June26,1928
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: Marie Siltman	Name of Father: William Babst
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	OCT 29 1980

FORM BH 56067

1cp pd rec # 1564 7-28-80

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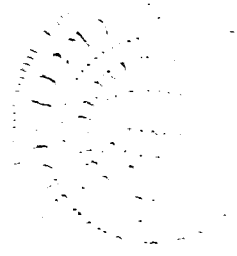
OCT 31 1980



295-104-004-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-024

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LAWRENCE THOMAS KING
2. Date Of Birth (month) JAN. (day) 4 (year) 1909
3. Color or Race: WHITE
4. Sex: M.
5. Place of Birth: a. County BEAR LAKE; b. City or Town of Birth SHARON

FATHER

6. Full Name of Father: DAVID CHARLES KING
7. State or Country of Father's Birth: LIBERTY B-LK IDAHO

MOTHER

8. Full Maiden Name of Mother: ROSE MARIA THORNOCK
9. State or Country of Mother's Birth: BLOOMINGTON-B-LK-IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: + Lawrence T King
11. Present Address of Registrant: Box 5 Montpelier Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 4-21 19 80

12. Signature of Notary: Betty L Johnson
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of baptism/conf.	LDS Church	Apr.25,1980	baptized
	Date of Birth / Birth Place: Jan.4,1909 / Sharon, ID	Full Name of Mother: Rose Thornock	Name of Father: David C. King	June17,1917
SUPPORTING RECORD 2.	Certificate of blessing	LDS Church	July13,1973	blessed
	Date of Birth / Birth Place: Jan.4,1909 / Sharon, ID	Full Name of Mother: Rose Myria Thornock	Name of Father: David Charles King	Mar.7,1909
SUPPORTING RECORD 3.	SOC. SEC. # APPLICATION	SOC. SEC. ADM.	DEC.8,1980	AUG.7,1939
	Date of Birth / Birth Place: JAN.4,1909 / SHARON,ID	Full Name of Mother: ROSE THORNOCK	Name of Father: DAVID CHARLES KING	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham CC
Date Filed: FEB 4 1981

FORM BH 56067

1-4-80

FEB 5 1981

154-216-036-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-127

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARIA ANDERSON
2. Date Of Birth (month) JULY (day) 16th (year) 1909
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: SAMARIA Oneida
b. City or Town of Birth: SAMARIA

FATHER

6. Full Name of Father: David Hutton Anderson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Maria Morse
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Maria A. Lee
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on March 3 1981
12. Signature of Notary: Gerald L. Gelver
13. Notary Commission expires 12-5- 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Letter from Hospital	Utah Valley Hosp, Ogden, Utah	Feb10, 1961	Aug 16,1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 16,1909	Samaria, Idaho	Maria Morse	David Anderson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Blessing certificate	LDS Church	Mar 13,1961	Oct 3,1909Bless.

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 16, 1909	Samaria, Idaho	Maria Morse	David H. Anderson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal record	LDS Church	Mar13, 1961	Baptized Aug. 5, 1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July16,1909	Samaria, Idaho	Maria Morse	David H. Anderson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

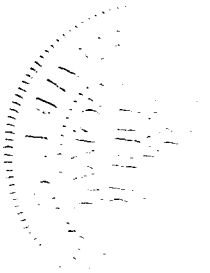
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Teresa L. Cleverly	APR 9 1981

FORM BH 56067

7-23-81

lee

APR 13 1981



569-215-031-895

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81- 173

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ettie Mahilda Northup		2. Date Of Birth (month) March (day) 15 (year) 1909
	3. Color or Race: Caucasion	4. Sex: Female	5. Place of Birth a. County: Kamiah, Lewis Co., Idaho; b. City or Town of Birth: Kamiah
FATHER	6. Full Name of Father: Iorn Osco Northup		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Mary Susan Yingst		9. State or Country of Mother's Birth: Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ettie Mahilda Northup (Parker)	11. Present Address of Registrant: 1217 Elinore Drive Orlando, Fl. 32803
NOTARY (Seal)	Subscribed and sworn to before me on: November 13 1980	12. Signature of Notary: Jeanette Charles	13. Notary Commission expires: Notary Public, State of Florida at Large My Commission Expires Feb. [illegible] 19[illegible] Bonded By American Fire & Casualty Company

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage record		By whom issued and signed: Hardee County, Florida	Date Issued: Aug.11,1924	Date Orig. Entry: Aug.11,1924
	Date of Birth: Mar.15,1909	Birth Place: ------	Full Name of Mother: M.S. Northup	Name of Father: I. O. Northup	
SUPPORTING RECORD 2.	Type of Document: Family bible		By whom issued and signed: family bible	Date Issued: Dec.11,1980 viewed	Date Orig. Entry: obviously old
	Date of Birth: Mar.15,1909	Birth Place: Kamiah, ID	Full Name of Mother: Mary Susie Yingst	Name of Father: Iorn Osco Northup	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt age 88 yrs		By whom issued and signed: Lou Anna Smith	Date Issued: Mar4,1981	Date Orig. Entry: -----
	Date of Birth: Mar15,1909	Birth Place: Kamiah, Idaho	Full Name of Mother: Mary Susan Yingst	Name of Father: Iorn Osco Northup	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiak	cc Teresa L. Cleverly	MAY 16 1981

FORM BH 56067

MAY 18 1981

363-222-016-555

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-232

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna L. Collins
2. Date Of Birth (month) April (day) 22 (year) 09
3. Color or Race: is White
4. Sex: Female
5. Place of Birth a. County: Cassia b. City or Town of Birth: Burley Idaho

FATHER

6. Full Name of Father: Thomas E. Collins
7. State or Country of Father's Birth: Kansas Bellevill

MOTHER

8. Full Maiden Name of Mother: Elsie Venable
9. State or Country of Mother's Birth: Boise Idaho, Ada Co,

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna L Jordan
11. Present Address of Registrant: 1320 W. Flamingo #17 Nampa Idaho

NOTARY (Seal)

Subscribed and sworn to before me on April 16 1981
12. Signature of Notary: Helen M. Greene
13. Notary Commission expires: May 24 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Bible record	Elsie V. Collins	obviously old	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr22,1909	Idaho	Elsie Venable	Thomas E. Collins

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by friend of Family age 83yrs	Cassie Collins	Apr 16,1981	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr22,1909	Burley, Idaho	Elsie Venable	Thomas E. Collins

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #207524	Apr11,1951	Child born Oct 10, 1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 23yrs	Burley, Idaho	---------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUN 23 1981

FORM BH 56067

Copied # 26347

4-13-81

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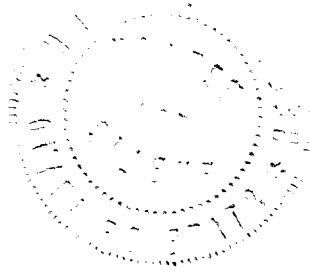


239-221-010-599

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-266

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaruite Lorraine Stromquist		2. Date Of Birth (month) July (day) 21 (year) 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Idaho Falls, Idaho Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Gustaf Luther Stromquist		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Ida Ericson		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorraine Miller Stromquist	11. Present Address of Registrant: 415 Terry St. Longmont Colo.
NOTARY (Seal)	Subscribed and sworn to before me on: June 30 1981	12. Signature of Notary: Patricia Ann Stratton	13. Notary Commission expires: January 15 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: A. H. Framem, Pastor	Date Issued: Aug 27, 1909 Baptized	Date Orig. Entry: Aug 27, 1909 Baptized
	Date of Birth: July21,1909	Birth Place: Idaho Falls,Ida.	Full Name of Mother: Ida Stromquist	Name of Father: Luther Stromquist
SUPPORTING RECORD 2.	Type of Document: Affidavitby friend age 87	By whom issued and signed: Jenni Anderson	Date Issued: June 30, 1981	Date Orig. Entry: -----
	Date of Birth: July21,1909	Birth Place: IdahoFalls,Idaho	Full Name of Mother: Ida Ericson	Name of Father: Luther Stromquist
SUPPORTING RECORD 3.	Type of Document: Family History book	By whom issued and signed: Family Member	Date Issued: Dec15,1940	Date Orig. Entry: -----
	Date of Birth: July21,1909	Birth Place: Idaho	Full Name of Mother: Ida Erickson	Name of Father: Gustaf Luther Stromquist
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	JUL 2[illegible]

FORM BH 56067

JUL 22 1981

253-20-036-843

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-331

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma Beckstead
2. Date Of Birth (month) (day) (year): Dec. 1 1909
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Oneida Co. Franklin now
b. City or Town of Birth: Whitney

FATHER

6. Full Name of Father: Sidney Marcuis Beckstead
7. State or Country of Father's Birth: South Jordan Utah

MOTHER

8. Full Maiden Name of Mother: Lela Eliza Hull
9. State or Country of Mother's Birth: Franklin Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thelma Beckstead Bodrero
11. Present Address of Registrant: 54½ West 3rd No Logan Utah

NOTARY (Seal)

Subscribed and sworn to before me on: April 28 1981
12. Signature of Notary: L. Bud Hoggan
13. Notary Commission expires: 6/15 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	LDS Church, Idaho	Baptized Dec29,1917	Baptized Dec29,1917
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec 1,1909 / Whitney, Idaho	Lela Hull	Sidney M. Beckstead	
SUPPORTING RECORD 2.	Blessing record	LDS Church, Idaho	Blessed Feb 6,1910	Blessed Feb 6, 1910
	Dec 1, 1909 / Whitney, Idaho	Lela Eliza Beckstead	Sidney Marcuis Beckstead	
SUPPORTING RECORD 3.	Child's own birth certificate	State of Utah	Jan18,1979	Child born Apr 6,1941
	age32yrs / Idaho	-------	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	SEP 23 1981

FORM BH 56067

2-6-78

SEP 2 4 1981
DEC 1 4 1981

493-127-004-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-030

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Wilford Joseph Michel			2. Date Of Birth (month) August (day) 27 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Paris, Idaho
FATHER	6. Full Name of Father: Jacob Michel			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Emma Barfus			9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilford Michel		11. Present Address of Registrant: 75 East Center, Paris, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 1 1982	12. Signature of Notary: Dean D. Ebarn		13. Notary Commission expires: LIFETIME 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certif. of Ordination (Elder)	By whom issued and signed: LDS Church	Date Issued: Sept.13,1931	Date Orig. Entry: Sept.20,1931
	Date of Birth: Aug.27,1909 / Birth Place: Paris, Idaho	Full Name of Mother: Emma Barfuss	Name of Father: Jackob Michel	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #275453	Date Issued: child born Aug.27,1938	Date Orig. Entry: child born Aug. 27,1938
	Date of Birth: Age 29yrs / Birth Place: Paris, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor age 84yrs	By whom issued and signed: Calvin B. Smedley	Date Issued: Feb.1,1982	Date Orig. Entry: -----
	Date of Birth: Aug.27,1909 / Birth Place: Paris, Idaho	Full Name of Mother: Emma Michel	Name of Father: Jacob Michel	
QUALIFYING INFORMATION				

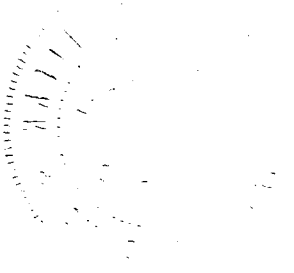
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: tc Teresa L. Cleverly	Date Filed: FEB 16 1982

FORM BH 56067

ICCRA-#1445

1-21-82

FEB 16 1982



659-226-007962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 82-043

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elizabeth Louise Werry
2. Date Of Birth (month) (day) (year): February 26, 1909
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Blaine
b. City or Town of Birth: Bellevue

FATHER

6. Full Name of Father: Joe Werry
7. State or Country of Father's Birth: Cornwall, England

MOTHER

8. Full Maiden Name of Mother: Sarah Roberts Werry
9. State or Country of Mother's Birth: Wales

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elizabeth Briner
11. Present Address of Registrant: 1458 Mangina St Eugene, Ore. 97404

NOTARY (Seal)

Subscribed and sworn to before me on _____ 19____

MARGARET L. McNUGH
NOTARY PUBLIC-OREGON
My Commission Expires

12. Signature of Notary: Margaret L McHugh
13. Notary Commission expires: 1-27 19 85

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
College Record	Albion State Normal School	Nov.22,1963	school year 1928 - 1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.26,1909	Bellevue, Idaho	-----	Joe Werry, Jr.

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother age 82	Ellwood R. Werry	Jan29,1982	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.26,1909	Bellevue, Idaho	Sarah Roberts Werry	Joe Werry

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Census Report	Dist. #4 Blaine County	Jan.11,1982	Census taken Oct.30,1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.26,1909	Idaho	Sarah Werry	J. Werry

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, RN	fcfc Florence Curtright	March 1, 1982

FORM BH 56067

918-120-022-916

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-135

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Jedediah Raymond	2. Date Of Birth (month) May (day) 20, (year) 1909
	3. Color or Race:	4. Sex: male
	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Menan
FATHER	6. Full Name of Father: Orson Curtis Raymond Sr.	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ann Eliza Rawson	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: W. J. Raymond
		11. Present Address of Registrant: Rt 1 Box 110 Menan, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 29 June 19 82	12. Signature of Notary: Gary J. Walker
		13. Notary Commission expires: 16 June 19 86

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother age84yrs	By whom issued and signed: O. C. Raymond, Jr.	Date issued: June 18, 1982	Date Orig. Entry: ----
	Date of Birth: May 20, 1909	Birth Place: Menan, Idaho	Full Name of Mother: Ann Eliza Rawson	Name of Father: Orson Curtis Raymond Sr.
SUPPORTING RECORD 2.	Type of Document: Marriage license	By whom issued and signed: State of Idaho	Date issued: Married May 6, 1949	Date Orig. Entry: Married May 6, 1949
	Date of Birth: age 39yrs.	Birth Place: Menan, Idaho	Full Name of Mother: -----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination	By whom issued and signed: LDS Church	Date issued: May 19, 1924	Date Orig. Entry: May 19, 1924
	Date of Birth: May20,1909	Birth Place: Menan, Idaho	Full Name of Mother: Annie E. Rawson	Name of Father: Orson C. Raymond
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUL 1 1982

FORM BH 56067 Rush 1C cpd # 15319 6-24-82

Raymond

JUL 1 1982

NOV 08 1999

DECEASED

389-112-006-743

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 82-137

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Louis Eugene Christensen
2. Date of Birth: (month) April (day) 12 (year) 1909
3. Color or Race: white
4. Sex: m
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Jamestown

FATHER

6. Full Name of Father: Louis Peter Christensen
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Amanda Eliza Gutke
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eugene Christensen
11. Present Address of Registrant: 478 So. Park Shelley, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on May 5 1982
12. Signature of Notary: Carl A Hall
13. Notary Commission expires: 3-26-1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church membership record	LDS Church	Aug. 9, 1978	Endowed ~~Aug. 7,~~ 1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.12,1909	Jamestown, Idaho	Amanda Eliza Gutke	Lewis P. Christesen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certif. of Ordination	LDS Church	Apr.5,1925	July 7,1917 Baptized

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.12,1909	Jamestown, Idaho	Amanda Gutkey	Lewis Peter Christensen

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's own birth certif.	State of Idaho #49-5351	child born May 8,1949	child born May 8, 1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 40yrs	Idaho	-----	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUL 5 1982

FORM BH 56067 100pdh 7299

4-12-82

Christensen

JUL 6 1982

365-21-042-019

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 82-142

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HELEN MARIE LONGETEIG			2. Date Of Birth (month) (day) (year): Dec. 19 1909	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls	
FATHER	6. Full Name of Father: George C. Longeteig			7. State or Country of Father's Birth: Norway	
MOTHER	8. Full Maiden Name of Mother: May Lilly Darby			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen M. Kellogs		11. Present Address of Registrant: 141 Park Ave. #77 Burley, Idaho 83318	
NOTARY (Seal)	Subscribed and sworn to before me on: July 9 1982	12. Signature of Notary: E. Dean Shaac		13. Notary Commission expires: May 10, 1983 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Birth certificate from County	By whom issued and signed: Twin Falls County, Idaho		Date Issued: 1982	Date Orig. Entry: Dec. 1909
	Date of Birth: Dec.19,1909	Birth Place: Twin Falls, Idaho	Full Name of Mother: May Dearby Longteig	Name of Father: George Longteig	
SUPPORTING RECORD 2.	Type of Document: Notarized copy of Bible rec. (Family)	By whom issued and signed: William A. Parsons, Notary		Date Issued: July 9,1982	Date Orig. Entry: December 1909
	Date of Birth: Dec.19,1909	Birth Place: Twin Falls, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Own duahgter's birth Certif.	By whom issued and signed: State of Idaho #199237		Date Issued: Child born Jan 9,1932	Date Orig. Entry: Child born Jan. 9,1932
	Date of Birth: age 22 yrs	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: ----------	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Teresa L. Cleverly		Date Filed: JUL 12 1982	

FORM BH 56067 NM Rush!

7-8-82

Parsons

JUL 12 1982

123-129-003-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-187

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Duane Aslett
2. Date Of Birth (month) (day) (year): Sept. 29 1909
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Lava Hot Springs Bannock
b. City or Town of Birth: Lava Hot Springs

FATHER

6. Full Name of Father: David Aslett
7. State or Country of Father's Birth: Beautiful Utah

MOTHER

8. Full Maiden Name of Mother: Elizabeth Ester Bell
9. State or Country of Mother's Birth: Western Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Duane Aslett
11. Present Address of Registrant: Rexburg, Ida

NOTARY (Seal)

Subscribed and sworn to before me on June 21 1983
12. Signature of Notary: Darrell A Thorne
13. Notary Commission expires: April 9 1985

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	Twin Falls Co. Hosp. Twin Falls, Idaho	child born May 21, 1942	child born May 21, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.29,1909	Lava Hot Sprgs, Idaho	--------	-------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church,Charles M. Bell, SR	Baptized Feb.1,1917	Baptized Feb 1, 1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.29,1909	Lava Hot Springs, Idaho	Elizabeth Bell	David Aslett

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage Registrar	Jerome Co., Idaho	July 1983	May 26,1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 23yrs	Idaho	-- -------	--------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	JUL 21 1983

FORM BH 56067

10 cpd #25155 Rush

6-3-83

Docket

JUL 2 1 1983

468-202-006-468

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-299

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Moyer		2. Date Of Birth (month) (day) (year): August 2, 1909
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Just Lee Moyer		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Anna Page Moyer		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Moyer Neider	11. Present Address of Registrant: P.O. Box 4817, Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 17th day of November, 1983 Helen W. Sims 19__	12. Signature of Notary: Helen W. Sims	13. Notary Commission expires: 11/26/86 19__

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for insurance		By whom issued and signed: New York Life Ins.	Date issued: Sept.3,1930	Date Orig. Entry: Sept. 3, 1930
	Date of Birth: Aug.2,1909	Birth Place: Blackfoot, Idaho	Full Name of Mother: Anna P. Moyer	Name of Father: Lee Moyer	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #260761	Date issued: Sept.23,1983	Date Orig. Entry: child born Nov.25,1937
	Date of Birth: age 28 yrs	Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Register of birth		By whom issued and signed: Bingham County	Date issued: Oct.1,1962	Date Orig. Entry: -----
	Date of Birth: Aug.2,1909	Birth Place: Blackfoot, Idaho	Full Name of Mother: Anna Page Moyer	Name of Father: Lee Moyer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	NOV 18 1983

FORM BH 56067

8-23-83

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NOV 18 1983

465-209-036-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-130

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Norma Monson
2. Date Of Birth: (month) July (day) 9 (year) 1909
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: Preston, Oneida; b. City or Town of Birth: Preston

FATHER

6. Full Name of Father: Alma Hyrum Monson
7. State or Country of Father's Birth: Preston Idaho

MOTHER

8. Full Maiden Name of Mother: Margaret Ena Peterson
9. State or Country of Mother's Birth: Preston Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Norma M. Ward
11. Present Address of Registrant: 1518 Willowdale, NAMPA, IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on 5-18 1984
12. Signature of Notary: [signature]
13. Notary Commission expires: 2-27-1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	LDS Church	Sept12,1909	Blessed Sept 12,1909
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July9,1909 / Preston, Idaho	Margreta Ena Peterson	Alma H. Monson	
SUPPORTING RECORD 2.	Certificate of Child's Birth	State of Idaho #212366	----	child born May 15,1933
	Age: 23 / Preston, Idaho	--------	--------	
SUPPORTING RECORD 3.	Church Membership Record	L. D. S. Church	May 24,1984	Recorded Sept. 1909
	July 9,1909 / Preston, Idaho	Margaret Ena Peterson	Alma Hyrum Monson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature], R.N.	lh Florence Curtright	May 31,1984

FORM BH 56067

452.114.006.433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-057

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edwin Roy DeKay			2. Date Of Birth (month) 12 (day) 14 (year) 09	
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot	
FATHER	6. Full Name of Father: Frank E. DeKay			7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Kate Cameron McLeod			9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edwin R DeKay	11. Present Address of Registrant: 13149 N. Hiline Road Pocatello, Id. 83202	
NOTARY (Seal)	Subscribed and sworn to before me on: March 7 19 85		12. Signature of Notary: Valarie Peterson	13. Notary Commission expires: life 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County Record	By whom issued and signed: Bingham County	Date Issued: 1-31-30	Date Orig. Entry: 12-14-09
	Date of Birth: Dec 14, 09 / Birth Place: Blackfoot ID	Full Name of Mother: Katherine DeKay	Name of Father: F.E. DeKay	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: University of Idaho	Date Issued: Feb 13, 85	Date Orig. Entry: Sept 1927
	Date of Birth: Dec 14, 09 / Birth Place: Blackfoot ID	Full Name of Mother: ----	Name of Father: F.E. DeKay	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Department of Commerce	Date Issued: May 1910	Date Orig. Entry: May 1910
	Date of Birth: 4 months old / Birth Place: Idaho	Full Name of Mother: Kate C. DeKay	Name of Father: Frank DeKay	
QUALIFYING INFORMATION				

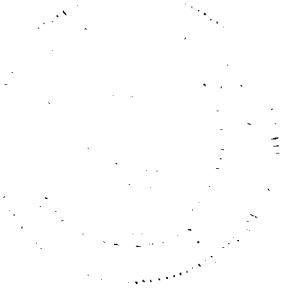
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	JS Teresa L. Cleverly	MAR 25 1985

FORM BH 56067

MAR 2 5 1985



STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 85-121

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: KENDRICK CHARLES HAWKES
2. Date Of Birth (month) (day) (year): DEC. 21 1909
3. Color or Race: WHT
4. Sex: M
5. Place of Birth: ~~PRESTON~~ a. County: FRANKLIN; b. City or Town of Birth: PRESTON

FATHER

6. Full Name of Father: CHARLES FREDERICK HAWKES
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: FLORENCE ARABELLA PRATT
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]
11. Present Address of Registrant: 1311 100th N.E. BELLEVUE, WA 98004

NOTARY (Seal)

Subscribed and sworn to before me on: AUGUST 13 1985
12. Signature of Notary: [signature]
13. Notary Commission expires: 5/10 1988

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church	Blessed Feb.6,1910	Blessed Feb.6, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.21,1909	Preston, Idaho	Florence Pratt	Chas. F. Hawkes

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Ordination	LDS Church,Preston 1 Ward,ID	Jan.4,1925	Jan.4,1925

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.21,1909	Preston, Idaho	Florence Pratt	Charles F. Hawkes

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
App. for life insurance	Mutual Life of New York	Oct 30, 53	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec 21, 09	Preston ID	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature] K. M.	tc James J. Stewart	8-30-85

FORM BH 56067 600 Fd #46349

8-9-85

Hawkes

AUG 30 1985

165-215-011-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-149

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ida Fay Jones		2. Date Of Birth (month) (day) (year): Mar. 15 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Boundry b. City or Town of Birth: Bonnersferry
FATHER	6. Full Name of Father: Richard Jones		7. State or Country of Father's Birth: U.S.
MOTHER	8. Full Maiden Name of Mother: Nettie Farus		9. State or Country of Mother's Birth: U.S.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ida Christ	11. Present Address of Registrant: 141 Delmar Rd. Rochester N.Y.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 30 1985	12. Signature of Notary: [signature]	13. Notary Commission expires: 3-30 19[illegible]

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: U.S. Census Record	By whom issued and signed: U.S. Census Bureau Washington, D.C.	Date Issued: Dec. 28, 1970	Date Orig. Entry: Apr. 1, 1940
	Date of Birth: age 31yrs / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Baptismal record	By whom issued and signed: Rev. Paul G. Wohlrab	Date Issued: May 9, 1937	Date Orig. Entry: May 9, 1937
	Date of Birth: Mar. 15, 1909 / Birth Place: Bonnersferry, Id	Full Name of Mother: Netti Farus	Name of Father: Richard Jones	
SUPPORTING RECORD 3.	Type of Document: Onw child's birth certif.	By whom issued and signed: State of Oregon	Date Issued: Aug. 4, 1943	Date Orig. Entry: child born Mar. 28, 1934
	Date of Birth: age 25yrs / Birth Place: Bonners Ferry, Id	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

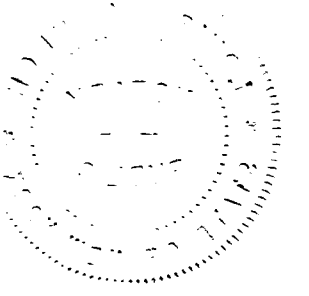
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	OCT 9 1985

FORM BH 56067 $6 pd # 45805 #2 Check enclosed to make it #8. 8-1-85

Christ

OCT 9 1985



395.124.010.962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-196

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELTON EUGENE LINDSEY			2. Date Of Birth (month) (day) (year): August 24, 1909
	3. Color or Race: Cauc.	4. Sex: M.	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Ammon
FATHER	6. Full Name of Father: Frank K. Lindsey			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Leva V. Roberts			9. State or Country of Mother's Birth: Alabama
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elton Eugene Lindsey		11. Present Address of Registrant: P.O.Box 358 Rockland, Idaho 83271
NOTARY (Seal)	Subscribed and sworn to before me on: October 18 1985	12. Signature of Notary: Carol DeReida		13. Notary Commission expires: July 17 1987

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents		By whom issued and signed: Frank K. Lindsey, Leva V. Lindsey	Date Issued: Mar.30,1957	Date Orig. Entry: -----
	Date of Birth: Aug.24,1909	Birth Place: Bonneville Co.ID	Full Name of Mother: Leva V. Lindsey	Name of Father: Frank K. Lindsey	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church	Date Issued: May 17, 1974	Date Orig. Entry: Aug. 2, 1918
	Date of Birth: Aug.24, 1909	Birth Place: Ammon, Idaho	Full Name of Mother: Leva Virginia Roberts	Name of Father: Frank K. Lindsey	
SUPPORTING RECORD 3.	Type of Document: Own son's birth certificate		By whom issued and signed: State of Idaho #172887	Date Issued: child born June 7, 1929	Date Orig. Entry: child born June 7, 1929
	Date of Birth: age 19yrs	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly tc	DEC 20 1985

FORM BH 56067

Lindsay.

DEC 2 0 1985

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE88-107

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles Valmore Carroll
2. Date Of Birth (month) (day) (year): 1 7 1909
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Kootenai Co.
b. City or Town of Birth: Athol, Kootenai Co.

FATHER

6. Full Name of Father: Henry P. Carroll
7. State or Country of Father's Birth: Georgia USA

MOTHER

8. Full Maiden Name of Mother: Rosie Rutz
9. State or Country of Mother's Birth: Minnesota USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles Carroll
11. Present Address of Registrant: Greenville Calif

NOTARY (Seal)

Subscribed and sworn to before me on: November 18, 1988
12. Signature of Notary: Rafa F. Perez
13. Notary Commission expires: September 15, 1989

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit of Birth by mother	Mrs. Rosie Rutz Carroll	Oct.30,1942	Oct. 30, 1942
	Date of Birth / **Birth Place**: Jan. 7,1909 / Athol, Idaho	**Full Name of Mother**: Rosie Rutz	**Name of Father**: Henry P. Carroll	
SUPPORTING RECORD 2.	Application for Marrige Lic.	Douglas County, Oregon	Nov.3, 1988	May 5, 1975
	Date of Birth / **Birth Place**: Jan. 7,1909 / Kootenai Co., ID	**Full Name of Mother**: Rosie Rutz	**Name of Father**: Henry Carroll	
SUPPORTING RECORD 3.	Census record	US Census Bureau	May2,1910	May 2, 1910
	Date of Birth / **Birth Place**: Age: 1 3/12 / Idaho	**Full Name of Mother**: Rose Carroll	**Name of Father**: Henry Carroll	

QUALIFYING INFORMATION

RAFA F. PEREZ
NOTARY PUBLIC - CALIFORNIA
PLUMAS COUNTY
My Comm. Expires Sept 15, 1989

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Bee Briggs, R.N.
Evidence reviewed by: tc Teresa L. Cleverly
Date Filed: DEC 5 1988

FORM BH 56067

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9-13-88

DEC 5 1988

carroll

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De93-025

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Catherine Brooke		2. Date Of Birth (month) (day) (year): July 30 1909
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lincoln; b. City or Town of Birth: Rupert
FATHER	6. Full Name of Father: William McDonald Brooke		7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: Mary Frances Kelly		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys C. Baur	11. Present Address of Registrant: 221 Perry Ave Biggs Ca. 95917
NOTARY (Seal) attached to reverse side	Subscribed and sworn to before me on: April 22, 1993	12. Signature of Notary: J. Donnahoe	13. Notary Commission expires: February 28 1997

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: 1910 Census Record	By whom issued and signed: Bureau of Census Washington, D. C.	Date Issued: Nov.21,1966	Date Orig. Entry: April 15, 1910
	Date of Birth: age: 8 mos	Birth Place: Rupert, Idaho	Full Name of Mother: Mary F. Brooke	Name of Father: William M. Brooke
SUPPORTING RECORD 2.	Type of Document: Statement from School	By whom issued and signed: Minidoka County Schools Rupert, Idaho	Date Issued: Oct.24,1966	Date Orig. Entry: 1916-1918
	Date of Birth: July30,1909	Birth Place: Rupert, Idaho	Full Name of Mother: Mary Kelly Brooke	Name of Father: William Brooke
SUPPORTING RECORD 3.	Type of Document: Own son's birth certificate	By whom issued and signed: State of California	Date Issued: Apr.19,1993	Date Orig. Entry: child born Aug.29, 1925
	Date of Birth: age: 16yrs	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Joyce A. Smith	Evidence reviewed by: tlc Teresa L Cleverly		Date Filed: APR 30 1993

FORM HW 0610

Husband and Wife

Vital Statistics

NAME

FATHER

MOTHER

MARRIAGE RECORD

SUPPORTING DOCUMENTS

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

APR 3 0

STATE OF CALIFORNIA
County of Butte } ss.

Document: Delayed Certificate of Birth

On April 22, 1993, before me, J. Donnahoe
(Name of Notary/Title)

personally appeared Gladys C. Bair, personally known to me (~~or proved to me on the basis of satisfactory evidence~~) to be the person(~~s~~) whose name(~~s~~) is/~~are~~ subscribed to the within instrument and acknowledged to me that ~~he~~/she/~~they~~ executed the same in ~~his~~/her/~~their~~ authorized capacity(~~ies~~) and that by ~~his~~/her/~~their~~ signature(~~s~~) on the instrument the person(~~s~~), or the entity upon behalf of which the person(~~s~~) acted, executed the instrument.

WITNESS my hand and official seal.

J. Donnahoe
(Signature)

GI01 J. DONNAHOE GI01
COMM. #986122
NOTARY PUBLIC-CALIFORNIA
BUTTE COUNTY
My Comm. Expires February 28, 1997

(Seal)

030-04242 (6/92)

Printed on Recycled Paper

APR 3 0 1993

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE95-078

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN SIMPSON BROWN			2. Date Of Birth: (month) JUNE (day) 11 (year) 1909	
	3. Color or Race: CAUC.	4. Sex: MALE	5. Place of Birth a. County: BUTTE	b. City or Town of Birth: CLYDE	
FATHER	6. Full Name of Father: ALVIN RANSON BROWN			7. State or Country of Father's Birth: MISSOURI	
MOTHER	8. Full Maiden Name of Mother: MARY LING TURNBULL			9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Merla J. Brewer		11. Present Address of Registrant: 1614 Austin I.F. 83404	
NOTARY (Seal)	Subscribed and sworn to before me on: 10-24 1995	12. Signature of Notary: Ina Rae Gillies		13. Notary Commission expires: May 1997	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: 1910 Census	By whom issued and signed: U.S. Census Bureau		Date Issued: May23,1910	Date Orig. Entry: May 23, 1910
	Date of Birth: Age: 11mos.	Birth Place: Idaho	Full Name of Mother: Mary Brown	Name of Father: Alvin Brown	
SUPPORTING RECORD 2.	Type of Document: Baptismal Record	By whom issued and signed: LDS Church, Idaho Falls 23rd, North Idaho Falls Stake		Date Issued: Baptized Aug.27,1963	Date Orig. Entry: Baptized Aug.27,1963
	Date of Birth: Junell,1909	Birth Place: Clyde, Idaho	Full Name of Mother: Mary Turnbull	Name of Father: Alvin Ramson Brown	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #61-15666		Date Issued: Junel0,1992	Date Orig. Entry: child born Dec.15,1961
	Date of Birth: Age: 52yrs	Birth Place: Clyde, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Jane S. Smith	Evidence reviewed by: tlc Teresa L Cleverly		Date Filed: OCT 26 1995	

FORM HW 0610

#10 pd 20325

del file

OCT 2 6 1995
AUG 0 8 2001

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE97-0014

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Orson Swainston Broadbent
2. Date Of Birth (month) (day) (year): 9 9 1909
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Home, Marysville Fremont
b. City or Town of Birth: Marysville

FATHER

6. Full Name of Father: George Thomas Broadbent
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Emily Swainston
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Orson Broadbent
11. Present Address of Registrant: 706 W. Tyhee Rd.

NOTARY (Seal)

Subscribed and sworn to before me on November 1 1996

12. Signature of Notary: Marilyn Halford
13. Notary Commission expires: 2-28 1998

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Military Discharge Papers	U S Marine Corps	Nov.14, 1945	Sept.16,1942
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept.9,1909 / Marysville, Idaho	-----	-----	
SUPPORTING RECORD 2.	Church Membership Record	LDS Church	Baptized Sept.1,1917	Baptized Sept.1,1917
	Sept.9,1909 / Marysville, Idaho	Mary Emily Swainston	George Thomas Broadbent	
SUPPORTING RECORD 3.	Registration of Marriage	Province of Alberta, Canada	July2,1946	July 2, 1946
	Age: 36yrs / Marysville, ID	Mary Emily Swainston	George Thomas Broadbent	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Joyce A. Smith
Evidence reviewed by: tlc Teresa L. Cleverly
Date Filed: MAR 17 1997

FORM HW 0610

$8 pd # 268099

7-30-96

Broadbent

MAR 17 1997

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE97-0024

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Wilkie Noble			2. Date Of Birth (month) October (day) 29 (year) 1909
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Moore
FATHER	6. Full Name of Father: Alexander Reid Noble			7. State or Country of Father's Birth: Scotland
MOTHER	8. Full Maiden Name of Mother: Selina Smith			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph R. Bailey		11. Present Address of Registrant: 349 N. Blaine Arco Id. 83213
NOTARY (Seal)	Subscribed and sworn to before me on: April 2, 1997	12. Signature of Notary: Irene N. Woodbridge		13. Notary Commission expires: June 11, 1998

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: Wm. N Patton, Bishop LDS Church	Date issued: Dec.29,1910	Date Orig. Entry: Blessed Dec.5,1909
	Date of Birth: Oct.29,1909	Birth Place: Moore, Idaho	Full Name of Mother: Selina Smith	Name of Father: Alexander Noble	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church, Moore Ward Idaho	Date issued: Jan.19,1919	Date Orig. Entry: Baptized May 4, 1918
	Date of Birth: Oct.29,1909	Birth Place: Moore, Idaho	Full Name of Mother: Salina Smith	Name of Father: Alexander Noble	
SUPPORTING RECORD 3.	Type of Document: Own daughter's birth record		By whom issued and signed: State of Idaho #42-360823	Date issued: Dec.4,1974	Date Orig. Entry: child born Oct.4,1942
	Date of Birth: Age: 32yrs	Birth Place: Moore, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

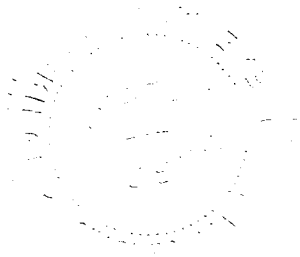
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Jane S. Smith	tc Teresa L. Cleverly	APR 7 1997

FORM BH 56067 $8 pd# 26588 del file 7-3-91

Bailey

APR 07 1997

APR 8 1997